Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the 2	004 calendar year, or tax year beginning		and endir	ng		
B c	heck if pplicable:	Please C Name of organization			DI	mployer ide	entification number
X	Address change	label or FreedomWorks, Inc.				52-13	49353
	Name change	type. Number and street (or P.O. hox if mail is not	delivered to street address)		Room/suite E 1		
	Initial	See Specific 1775 Pennsylvania Ave			11th		83-3870
	Final	Instruc- tions. City or town, state or country, and ZIP + 4				Accounting metho	
	Amende				l 🗀	Other (specify)	•
	Applica Dending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1)</li> </ul>	nonexempt charitable trus	sts H	and lare not applica		on 527 organizations.
	_po	must attach a completed Schedule A (Form 990	or 990-EZ).		(a) Is this a group retu		
G W	Vebsite:	▶www.freedomworks.org			(b) If "Yes," enter numb		
		tion type (check only one) X 501(c) (4) (insert no	o.) 4947(a)(1) or	_	(c) Are all affiliates incl	uded? N	/A Yes No
KC	heck he	ere 🕨 🔲 if the organization's gross receipts are normal	ly not more than \$25,000.	The	(If "No," attach a list (d) Is this a separate re	.) turn filed by	an or-
		tion need not file a return with the IRS; but if the organization		( 11	ganization covered	by a group r	uling? Yes X N
ir	1 the ma	til, it should file a return without financial data. Some states	require a complete returi	n.	Group Exemption N	umber >	
							on is <b>not</b> required to attach
L G	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	3,082,19	1.	Sch. B (Form 990,	990-EZ, or 99	90-PF).
Pa	rt I	Revenue, Expenses, and Changes in N			ces		
	1	Contributions, gifts, grants, and similar amounts received	:				
	a	Direct public support		1a	2,971,43	2.	
	ь	Indirect public support		1b			
	C	Government contributions (grants)		1c			
	d	Total (add lines 1a through 1c) (cash \$ 2,97	1,432. noncash \$		)	1d	2,971,432.
	2	Program service revenue including government fees and					
	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	6,189.
	5	Dividends and interest from securities				. 5	
	6 a	Gross rents See S			50,70	9.□	
	Ь	Less: rental expenses					
	C	Net rental income or (loss) (subtract line 6b from line 6a)				6c	50,709.
•	7	Other investment income (describe	•			) 7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		
ě		than inventory		8a			
α	Ь	Less: cost or other basis and sales expenses		8b			
	C	Gain or (loss) (attach schedule)		8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	9	Special events and activities (attach schedule). If any amount					
	a	Gross revenue (not including \$	of contributions				
2		reported on line 1a)	*******************************	9a			
	b	Less: direct expenses other than fundraising expenses					
- 1	C	Net income or (loss) from special events (subtract line 9th	from line 9a)	,		9c	
ı	10 a	Gross sales of inventory, less returns and allowances		10a			
	Ь	Less; cost of goods sold		10b			
}	C	Groce profit or (local from ed of 57 10 11 10 11 11 11 11 11 11 11 11 11 11	dula) (cubtract line 10b fro	om line 10	a)	10c	
	11	Other revenue (from Part vii, line 100)			***************************************	11	53,861.
oenses	12	Other revenue (from Par vir, line 199)  Total revenue (add 183 1d, 2,3,4,5, 6c, 7, 8d, 9c, 10)  Program services (fitted ine 44, column (8))  Management and general (from line 44, column (C))	and 11)	<u></u>		12	3,082,191.
	13	Program services (first line 44, column 8), 2005  Management and general (from line 44, column (C))				13	2,005,673.
Expenses	14	management and general transport 17, column (c)/					1,005,133.
5 5	15	Fundraising (from line 44, @ @ DFN				15	393,592.
<u>X</u>	16	Payments to anniates (attach schedule)	J			16	
	17	Total expenses (add lines 16 and 44, column (A))	<u></u>			17	3,404,398.
,A	18	Excess or (deficit) for the year (subtract line 17 from line	12)			18	<322,207.
Net ssets	19	Net assets or fund balances at beginning of year (from lir	e 73, column (A))			19	412,041.
Ass	20	Other changes in net assets or fund balances (attach exp	anation) S	lee S	tatement 2	20	241,417.
	21	Net assets or fund balances at end of year (combine lines	18, 19, and 20)	<u></u>	<u></u>	21	331,251.
4230 01-13	01 3-05	LHA For Privacy Act and Paperwork Reduction Act No					Form <b>990</b> (2004

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Part II Statement 5. Functional Expenses Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (C) Management and general Do not include amounts reported on line (B) Program (A) Total (D) Fundraising services 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 195,226 118,112 48,611 28,503<u>.</u> Compensation of officers, directors, etc. 25 156,951. Other salaries and wages 26 631,966. 382,952 9<u>2,063.</u> Pension plan contributions ..... 27 89,091 57,337 17.267. 14,487. 28 Other employee benefits 29 29 Payroll taxes 30 Professional fundraising fees Accounting fees 31 32 Legal fees 14,863. 10,265. 3,899. 699. 33 Supplies 33 28,224. 3,161. 60,502. 29,117 34 Telephone 4,251. Postage and shipping 35 121,809. 115,118. 2,440. 51,266 230,343. 144,401 34,676. 36 Occupancy Equipment rental and maintenance 37 <u>17,750</u>. 10,595. 4,564 2,591. Printing and publications 1,152. 5,096. 128,188. 121,940. 38 18,470. 96,084. 65,987. 11,627. 39 Conferences, conventions, and meetings ..... 70,678 <170.5 21,369. 40 40 49,479. 41 Interest 2,887. Depreciation, depletion, etc. (attach schedule) 42 20,899. 11,403. 6,609. Other expenses not covered above (itemize): 43a 43b 43c 43d See Statement 3 726,999 669,989. 167,150. 43e 889,860 Total functional expenses (add lines 22 through 43).

Organizations completing columns (B)-(D), carry these totals to lines 13-15. 005,133. 404,398. 005,673. Joint Costs. Check | if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? \_\_\_\_\_ 🕨 🛄 Yes 🛣 No If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_\_; (ii) the amount allocated to Program services \$\_\_\_\_\_; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► See Statement Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and See Statement 5 1,512,896. (Grants and allocations \$ b Public Affairs: Advocacy, research and education on how reducing Federal regulations will improve the economy by disseminating information through print, broadcast media, and on-line education. 183,014. (Grants and allocations \$ c Member Services: Monthly mailings to members to keep them informed about issues FreedomWorks is focused on and to mobilize them to ensure their voices are heard in Washington and their state capitals. (Grants and allocations \$ 309,763. d (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,005,673. Form 990 (2004)

## Part IV Balance Sheets

Vote:		e required, attached schedules and amounts wit Id be for end-of-year amounts only.	hin the	description column	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing			112,214.	45	269,436.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	74,615.			
	b	Less: allowance for doubtful accounts	47b	2,543.	18,524.	47c	72,072.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees,					
		and key employees				50	
Assets	51 a	Other notes and loans receivable	51a				
Ass	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
1	53	Prepaid expenses and deferred charges			5,037.	53	97,051.
	54	Investments - securities Stmt 6		Cost X FMV	1,225,410.	54	16,784.
	55 a	Investments - land, buildings, and					<u> </u>
		equipment: basis	55a				
	ь	Less: accumulated depreciation	55b			55c_	
	56	Investments - other			_	56	
	57 a	Land, buildings, and equipment; basis				-	
		Less: accumulated depreciation Stmt 7				57c	148,178.
	58	Other assets (describe  Due from re	late	d parties )	261,860.	58	<u>756,082.</u>
	59	Total assets (add lines 45 through 58) (must equal lines	no 74\		1,623,045.	59	1,359,603.
	60	Accounts payable and accrued expenses			673,102.		872,536.
	61	Grants payable			0/5/±02.	61	07273300
	62					62	
န္မ	63	Deferred revenue Loans from officers, directors, trustees, and key empl				63	
Liabilities		Tax-exempt bond liabilities				64a	
iab		o Mortgages and other notes payable				64b	
_	65	Other liabilities (describe Section Se	ee S	tatement 8 )	537,902.		155,816.
	66	Total liabilities (add lines 60 through 65)			1,211,004.	66	1,028,352.
		nizations that follow SFAS 117, check here	and co	molete lines 67 through	1,211,004.	00	1,020,332.
		69 and lines 73 and 74.					
ès	67	Unrestricted		•	<179,111.	>67	324,823.
auc	68	Temporarily restricted			591,152.		6,428.
Bal	69	Permanently restricted			<u> </u>	69	<u> </u>
P		nizations that do not follow SFAS 117, check here		and complete lines		"	
Fu		70 through 74.				į ,	
ō	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equip				71	
ASS	72	Retained earnings, endowment, accumulated income				72	
let	73	Total net assets or fund balances (add lines 67 throi			<del></del>		
2	. •	column (A) must equal line 19; column (B) must equal			412,041.	73	331,251.
	74	Total liabilities and net assets / fund balances (add	lines 66	and 73)	1,623,045.		1,359,603.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B Reconciliation of Revenue per Audited Financial Statements with Revenue per Return  Total revenue, gains, and other support per audited francial statements with Expenses per Audited Amounts included francial statements with Expenses per Return  Total revenue, gains, and other support per audited francial statements with Expenses per Return  Total revenue, gain and other support per audited francial statements with Expenses per Audited Amounts included on line a but not on line 17, form 890.  Total consenses and use of facilities . \$  Add amounts on lines (1) through (4)	Form 990 (2004) FreedomW	lor	ks, Inc.					52-1			Page
Return  Total revenue, para, and other support per audited financial statements  A 3, 118, 068.  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue, paral and toses per sudded harmonal statements  Total revenue	Part IV-A Reconciliation of Reven	ue	per Audited	Parl		Reconc	iliation of Exp	enses	per	Audite	d
Total revenue, gains, and other support per audiend financial statements Amounts included on line a but not on line 12, Form 290 1) Net unrealized gains on investments \$ 35, 877. 2) Donalide services and use of licitilities \$ 3, 118, 068.  Amounts included on line a but not on line 20, Form 290 \$ 3, 10 Net (specify):  Add amounts on lines (1) through (4)  \$ 35, 877.  Lime a minus line \$ 4, Other (specify):  Add amounts on lines (1) through (4)  \$ 3, 13, 13, 13, 13, 13, 13, 13, 13, 13,	Financial Statements w	ith	Revenue per				al Statements	with	Expe	enses p	er
per audited finencial statements   a 3,118,068   Amounts included on line a but not on line 12, Form 990.  1) Net unrealized gains on investments   35,877   2) Onnext desenvices and use of facilities   3) Recoveries of prior year adjustments   1,000 year or year year or year year or year year or year or year or year year or yea				<u> </u>				——-	<del></del>	<del></del>	
Amounts included on line a but not on line 12, Form 990 shows the services and use of lacilities \$  Another services \$  Add amounts on lines (1) through (4)	a lotal revenue, gains, and other support ner audited financial statements	► a	3.118.068.	a	audited fina	ises ano io ancial state	isses per iments	<b>&gt;</b>	a 3	3,404	,398
ine 12, Form 990;  Johander Services and use of facilities \$ 3 5, 877.  Johander Services and use of facilities \$ 3 Recoveries of prior year grams \$ 4 Other (specify):  Add amounts on ines (1) through (4) \$ 5 Other (specify):  Add amounts included on ine 12, Form 990 \$ 10 Amounts included on ine 12, Form 990 \$ 11 Amounts included on ine 12, Form 990 \$ 12 Other (specify):  Add amounts on ines (1) and (2) \$ 10 Investment expenses not included on ines (1) and (2) \$ 10 Investment		_		b	Amounts if	nciuaea on	line a but not on				
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on investments s 35, 877. 2) Donated services and use of facilities \$ 3   Recoveries of prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (speciby):  Add amounts included on line 12, Form 990 \$ (4) Other (speciby):  Amounts included on line 12, Form 990 \$ (2) Other (speciby):  Amounts included on line 12, Form 990 \$ (2) Other (speciby):  Add amounts on lines (1) Investment expenses not included on line 12, Form 990 \$ (2) Other (speciby):  Add amounts on lines (1) and (2) \$ (2) Other (speciby):  Add am	•			(1)	Donated Se	rvices facilities	· ·				
2) Donated services and use of facilities \$ 3 and use of facilities \$	,			(2)							
and use of facilities \$   So   Recoveries of prior year grants \$   So   So   So   So   So   So   So		-		(2)	•	•	.5	l			
3) Recoveries of prior year grants \$ 4) Other (specify): \$ Add amounts on lines (1) through (4)	•										
year grants \$   Other (specify): \$   Add amounts on lines (1) through (4)		-					. \$				
Add amounts on lines (1) through (4)	•	İ		(3)	•						
Add amounts on lines (1) through (4)	year grants\$	-			line 20, For	m 990	.\$				
Add amounts on lines (1) through (4)	4) Other (specify):	1		(4)	Other (spe	cify):			1		
Line a minus line b Amounts included on line 12, Form 990 but not on line a:  1) Investment expenses not included on line 6b, Form 990 \$ 2) Other (specify):  Add amounts on lines (1) and (2) Iotal revenue per line 12, Form 990 (line c plus line d)  (A) Name and address  (A) Name and address  (B) Title and average hours (In) Discribers, Directors, Trustees, and Key Employees (List each one event find compensated.)  (B) Title and average hours (In) Discribers (In not jaid, enter phase when deviced to position  (B) Title and average hours (In) Discribers (In not jaid, enter phase decours of the allows  (B) Title and average hours (In) Discribers (In not jaid, enter phase decours (In) Discribers (In) Disc	\$	_					\$				
Amounts included on line 12, Form 990 but not on line a:  1) investment expenses not included on line 17, Form 990 \$  2) Other (specify):  Add amounts on lines (1) and (2)											0
Amounts included on line 12, Form 990 but not on line a:  1) Investment expenses not included on line 17, Form 990 but not on line in 60, Form 990 but not on line in 60, Form 990 \$  2) Other (specify):  Add amounts on lines (1) and (2)	Line a minus line b	► c	3,082,191.	C	Line a min	us line <b>b</b>		<b>&gt;</b>	c :	3,404	,398
990 but not on line a: 1   Investment expenses not included on line 6b, Form 990   \$   \$   \$   \$   \$   \$   \$   \$   \$											
not included on line 6b, Form 990 \$ 2) Other (specify): \$		1.									
not included on line 6b, Form 990 \$	1) Investment expenses			/11	Investmen	t avnancac					
line 6b, Form 990 \$ 2) Other (specify):  Add amounts on lines (1) and (2)	•			('')		-					
Add amounts on lines (1) and (2)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  ((inine c plus line d)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  ((inine c plus line d)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  ((inine c plus line d)  (Inine c plus line d)  (I						-	•				,
Add amounts on lines (1) and (2)    Total revenue per line 12, Form 990 (line c plus line d)		-					. \$				
Total expenses per line 12, Form 990 ((ine c plus line d)   c   3, 404, 35  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)  (A) Name and address   (B) Title and average hours per week devoted to position   (C) Compensation account account of the allows	2) Other (specify):	1		(2)	Other (spe	cify):					
Total expenses per line 12, Form 990 ((ine c plus line d)   c   3, 404, 35  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)  (A) Name and address   (B) Title and average hours per week devoted to position   (C) Compensation account account of the allows	\$	-		_			_\$				_
(ine c plus line d)  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)  (A) Name and address  (B) Title and average hours (if not paid, enter incompensated)  position  (B) Title and average hours (if not paid, enter incompensation)  position  (B) Title and average hours (if not paid, enter incompensation)  see Statement 9  195, 226. 12, 967.	Add amounts on lines (1) and (2)	<b>▶</b> ₫	0.	1	Add amou	nts on lines	s (1) and (2)	▶	đ		0
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)  (A) Name and address (B) Title and average hours per week devoted to position (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours per week devoted to position (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours per week devoted to position (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours per week devoted to position (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours (in the paid, enter displays 4 entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Title and average hours (in the paid, entered exceptable).  (B) Exceptable	Total revenue per line 12, Form 990			e	Total expe	nses per lir	ne 17, Form 990				
(A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation to paid, enter employee benefit and address per week devoted to position  (B) Title and average hours (If not paid, enter employee benefit address a deterred cancer and the allows are position.  (B) Title and average hours (If not paid, enter employee benefit and the allows and the allows and the allows are personally and allows are personally and the allows are personally and the allow									e :	<u>3,404</u>	<u>, 398</u>
(A) Name and address per week devoted to position (# not paid, enter pulsos & editored compensation of the railow.  195,226. 12,967.	Part V List of Officers, Directors,	Tr	ustees, and Key I	Empl	oyees (L	ist each on					
position  195,226. 12,967.  195,226. 12,967.  195,0226. 12,967.	(A) None and address			(B) Ti	tle and aver	age hours		(D) Cont	ribution	s to (E)	Expense
See Statement 9  195,226. 12,967.  195,226. 12,967.	(A) Name and address			Pt	nosition	l lo	(it not paid, enter	plans &	& deferre	ed other	allowance
Solid any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related Stmt 10	•										
See Statement 9 195, 226. 12, 967.										İ	
5 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related. Stmt. 10	ee Statement 9						195,226	12	.96	7.	0
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	Did any officer director trustee or key employee	rece	ive angregate company	ion of r	nore than ©	ነበበ በበባ 64	om vour organization	and all a	related	Stmt	10
organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. 🕨 🕱 Yes 🔲 No									viaitu	Denic	. 10

Par	99 (2004) FreedomWorks, Inc. 52-134  VI Other Information		Yes	Page No
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
,	Were any changes made in the organizing or governing documents but not reported to the IRS?			X
	If "Yes," attach a conformed copy of the changes.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			T
)	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			X
	If "Yes," attach a statement			
0 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
Ъ	If "Yes," enter the name of the organization FreedomWorks Foundation, Inc.			
	and check whether it is X exempt or nonexempt			
1 a	Enter direct or indirect political expenditures. See line 81 instructions			İ
	Did the organization file Form 1120-POL for this year?	81b		\ <u>x</u>
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
•	fair rental value?	82a	}	2
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	- UZU	<b>-</b>	1
U	expense in Part II. (See instructions in Part III.)  82b N/A			1
2 .	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  N/A		- 47	+-
				2
4 a	Did the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	84a	<del> </del>	+
U		0.45		
_	tax deductible? N/A		v	+
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X	┼
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		2
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax		İ	
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	-	1.	1
d	Section 162(e) lobbying and political expenditures 85d N/A	<b>⊣</b> ·	ľ	İ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	_	1	}
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	. 85g	ļ	╁
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			1
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	. 85h	<del></del>	$\perp$
6	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	_		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
7	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A			4
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A	_		
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1	1	1
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		7
9 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A	_	1	
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b		1:
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			(
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ▶ See Statement 11			
Ь	Number of employees employed in the pay period that includes March 12, 2004 90b			
1	The books are in care of ► The Organization Telephone no. ► (202)	783	3 – 38	
	· vioprioni no. P			
	Located at ▶ 1775 Pennsylvania Ave., NW, Washington, DC ZIP+4 ▶	2000	)6	
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		•	_
	and enter the amount of tax-exempt interest received or accrued during the tax year   92	N		
	and onto the amount of tax exempt interest received of accord unfille the tax year.	74 /		

to de e 104 Subtotal (add columns (B), (D), and (E))	indicated.  (a) (b) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		Analysis of Income-F					
Related or exempt function income   Related or exempt function   Related or exempt function income   Related or exempt function   Related or ex	## Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (Se page 34 of the instructions)    Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (Se page 34 of the instructions)   Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (Se page 34 of the instructions)   Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (Se page 34 of the instructions)   Part X Information Regarding Transfers Associated will be to the higher of the part of the	Note: Ent	ter gross amounts unless otherw	ise ———	lated business income			(E)
Page Program service revenue:    Code	Program service revenue:    Medicare/Medical payments	indicated	<i>i.</i>	1 - 1.				
I Medicare/Medicaid payments  Fees and contracts from government agencies  4 Membership dius and assessments  5 Medicare/Medicaid payments  5 Workens and interest from securities  7 Net retain long and temporary cash investments  1 4 6 , 189 -  9 Other Membership dius and assessments  1 4 6 , 189 -  9 Other Membership dius and assessments  1 4 6 , 189 -  9 Other Membership dius and assessments  1 5 0 , 709 -  9 Other Investment income or (loss) from real setate:  2 a deft-financed property  3 Other investment income  1 00 Gain or (loss) from personal property  9 Other investment income  10 Gain or (loss) from sales of assets  2 other than inventory  10 Identification (loss) from sales of inventory  10 Gain or (loss) from sales of inventory  10 Ga	**Medicare/Medical payments   Fees and contracts from government againoises   94. Membership dues and assessments   14   6 , 18.9   95. Membership dues and assessments   14   6 , 18.9   95. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   14   6 , 18.9   96. Membership dues and assessments   15   96. Membership dues and assessments   16   50 , 70.9   98. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment mourne   16   96. Membership dues and assessment   16   96. Membership dues and assessmen	93 Progr	ram service revenue:		Amount	sion	Amount	function income
Medicare/Medicaid payments   February   Medicare/Medicaid payments   February   Februa	the discare Medicard payments  for Medicare Medicard payments  gress and contracts from government agencies  for Medicare Medicard payments  gress and contracts from government agencies  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessments  for Membership dues and assessment mome  for Gash or (loss) from seles of sases due to make the membership due to the due to the	-						
Medicare/Medicaid payments   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government agencies   Fees and contracts from government government   Fees and government governme	Medicare/Medicaid payments   Free and contracts from government agencies							
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103 Other Revenue  a List Rental  b Other Revenue  c d  d  e  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 14, Part I, should equal the amount on line 12, Part I.    Part VIII   Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)  Line No Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  103B Other revenue generated as part of the organization's exempt purpose.    Part IX   Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)    (E)	103 Other revenue  a List Rental  b Other Revenue  c d  d  e  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  106 Total (add line 104, columns (B), (D), and (E))  107 Total (add line 104, columns (B), (D), and (E))  108 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)  109 Line No.  ▼ exempt purposes (other than by providing funds for such purposes).  100 Total (add line 104, columns (B), (D), and (E))  100 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)  103 B Other revenue generated as part of the organization's exempt purpose.  103 B Other revenue generated as part of the organization's exempt purpose.  104 Part IX' Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)  105 Total income End-of-year assets  106 Name, address, and EN of corporation, parhership, or disregarded entity  107 Percentage of ownership interest  108 Other revenue generated or indirectly, to (b) Did the organization, during the year, peacher any funds, directly or indirectly, to (b) Did the organization, during the year, peacher any funds, directly or indirectly, to a Ferral Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  105 Pepater's Signature Prepater's Signature Roger's Company PLLC Specific Properties Roger's Company PLLC Specific Properties Roger's Statution Stat							<del></del>
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Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest  N/A  N/A  No  No  Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a pay to be instructions.  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Preparer's Signature of officer  Paid  Preparer's Signature  Preparer's Signature	Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a partnership.  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanion of perjury, I declare that I have examined this return, including accompanion of perjury, I declare that I have examined this return, including accompanion of perjury, I declare that I have examined this return, including accompanion of perjury of perjury, I declare that I have examined this return, including accompanion of perjury of perjury of perjury of the than officer in the performance of the perjury of the performance of the perjury of the							
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Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here Preparer's Signature  Preparer's Signature  Preparer's Signature	Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Under penalties of perjury, I declare that I have examined this return, including accompa correct, and complete Declaration of preparer (other than officer) is based on all informa signature  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), 6845 Elm Street, Suite 5		(A)	(B)	(C)	rded Entit	(D)	(E)
Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Under penalties of perjury, I declare that I have examined this return, including accompa correct, and complete Declaration of preparer (other than officer) is based on all informa Sign  Here  Preparer's signature	Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Rogers & Company PLLC yours if self-employed), 6845 Elm Street, Suite 5	Name, a	(A) address, and EIN of corporation,	(B) Percentage of	(C)	rded Entit	(D)	(E) End-of-year
Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Under penalties of perjury, I declare that I have examined this return, including accompa correct, and complete Declaration of preparer (other than officer) is based on all informa Sign  Here  Preparer's signature	Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Rogers & Company PLLC yours if self-employed), 6845 Elm Street, Suite 5	Name, a	(A) address, and EIN of corporation,	(B) Percentage of ownership interest	(C)	rded Entit	(D)	(E) End-of-year
Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Under penalties of perjury, I declare that I have examined this return, including accompa correct, and complete Declaration of preparer (other than officer) is based on all informa Sign  Here  Preparer's signature	Part X Information Regarding Transfers Associated wi  (a) Did the organization, during the year, receive any funds, directly or indirectly, to (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Paid Preparer's Use Only  Preparer's Signature Firm's name (or yours if self-employed), 6845 Elm Street, Suite 5	Name, a	(A) address, and EIN of corporation, nership, or disregarded entity	(B) Percentage of ownership interest %	(C)	rded Entit	(D)	(E) End-of-year
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Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Paid  Preparer's Signature	Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Preparer's Use Only  Preparer's Use Only  Preparer's Use Only  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Under penalties of perjury, I declare that I have examined this return, including accompactor correct, and complete Declaration of preparer (other than officer) is based on all informaction of preparer (other than officer) bate  Preparer's Signature  Preparer's Signature  Preparer's Signature  Rogers & Company PLLC Self-employed), 6845 Elm Street, Suite 5	Name, a	(A) address, and EIN of corporation, nership, or disregarded entity  N/A	(B) Percentage of ownership interest % % % %	(C) Nature of activities	rded Entit	(D)	(E) End-of-year
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Paid  Preparer's Signature	Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Here  Paid Preparer's Signature Preparer's Use Only  Preparer's Use Unity Preparer's Signature Preparer's Signatu	Name, a parti	(A) address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardir	(B) Percentage of ownership interest % % % % % ng Transfers Assoc	(C) Nature of activities	rded Entit	(D)	(E) End-of-year
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Sign Here  Paid  Preparer's signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	Sign Here  Paid Preparer's Use Only  Signature of officer  Preparer's Signature of officer  Date  Date  Date  Company PLLC Sompany PLLC	Part X  (a) Did  (b) Did	Address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization, during the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization, during the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part the organization of the year, part	(B) Percentage of ownership interest % % % % % gransfers Associately or indigental services and funds, directly or indigental services and funds, directly or indigental services and funds, directly or indigental services and funds, directly or indigental services and funds, directly or indigental services and funds, directly or indigental services and funds are services and funds and funds are services are services and funds are services are services and funds are services and funds are services are services and funds are services are services and funds are services are services are services and funds are services are services and funds are services are services are services are services and funds are services are services and funds are services a	Nature of activities  iated windirectly, to rectly, on a p	rded Entit	(D)	(E) End-of-year
Here Signature of officer Date  Paid Preparer's signature	Paid Preparer's signature of officer  Preparer's Firm's name (or yours if self-employed), 6845 Elm Street, Suite 5	Part X  (a) Did  (b) Did	(A) address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardir the organization, during the year, receive organization, during the year, pa "Yes" to (b), file Form 8870 and the second of the second or the sec	(B) Percentage of ownership interest % % % % % ng Transfers Associated any funds, directly or industriated any funds, directly or industriated and funds are considered any funds and funds.	Nature of activities  Stated windirectly, to rectly, on a page.	rded Entit	(D)	(E) End-of-year
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signature signature	signature  Preparer's  Use Only  Signature  Firm's name (or yours if self-employed), self-employed), self-employed, self-emplo	Part X  (a) Did  (b) Did  Note: If  Please Sign	(A) address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regarding the organization, during the year, recthe organization, during the year, pa "Yes" to (b), file Form 8870 and in the organization of preparation of pre	(B) Percentage of ownership interest % % % % % ng Transfers Associated any funds, directly or industriated any funds, directly or industriated and funds are considered any funds and funds.	Nature of activities  Liated windirectly, to rectly, on a property on all information of the companion all informations.	rded Entit	(D)	(E) End-of-year
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rum shahe or Roders & Company PLLC	self-employed), >6845 Elm Street, Suite 5	Part X  (a) Did  (b) Did  Note: If  Please Sign Here	Address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardir the organization, during the year, pa "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare that correct, and complete Declaration of present the preparer's signature	(B) Percentage of ownership interest % % % % % ng Transfers Associated any funds, directly or industriated any funds, directly or industriated and funds are considered any funds and funds.	Nature of activities  Liated windirectly, to rectly, on a property on all information of the companion all informations.	rded Entit	(D)	(E) End-of-year
Use Unity   Self-employed),   6845 Elm Street, Suite 5		Part X  (a) Did  (b) Did  Note: If  Please Sign Here  Paid  Preparer's	Address, and EIN of corporation, nership, or disregarded entity  N/A  Information Regardir the organization, during the year, pa "Yes" to (b), file Form 8870 and I Under penalties of perjury, I declare that correct, and romplete Declaration of pre Signature of officer  Preparer's signature  Firm's name (or Rogers	(B) Percentage of ownership interest % % % % % ng Transfers Associated any funds, directly or indifferent any funds, directly or indifferent any funds of the comparer (other than officer) is based.	Nature of activities  Stated windirectly, to rectly, on a point of accompanies on all informations of the point of the poi	rded Entit	(D)	(E) End-of-year
	423161 address, and ZIP + 4 McLean, VA 22101	Part X  (a) Did  (b) Did  Note: If  Please Sign Here  Paid  Preparer's	Information Regarding the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization, during the year, partition of the organization of preparers, and complete Declaration of preparer's signature of officer  Preparer's signature of officer  Preparer's signature of Rogers yours if self-employed), 6845 E.	(B) Percentage of ownership interest % % % % % % ng Transfers Associate any funds, directly or indifferent any funds, directly or indifferent and form 4720 (see instruction of the examined this return, incluparer (other than officer) is based.	Nature of activities  Stated windirectly, to rectly, on a points).  John all information all information all information and the companion all information and the companion all information and the companion all information and the companion and t	rded Entit	(D)	(E) End-of-year

## Form 990 Page 2

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	Various property and equipment * Total 990 Page 2 Depr	Varies	SL	.000	16	548,795. 548,795.		0.	548,795. 548,795.			20,899. 20,899.
					· · .							
					* 721). 1.21							
												: ::
				` .								
												1 24 24 27
												6. 7 (35)

	Renta	Rental Income						
Kind and Location	n of Property		Activity Number	Gross Rental Inc	ome			
Subleasing of fac	cilities		1	50,7	09.			
Total to Form 990	), Part I, line 6a			50,7	09.			
Form 990 (	Other Changes in Net	Assets or Fund	l Balances	Statement	2			
Description				Amount				
Net assets acquir	red pursuant to merg	er with Empower	America	205,5 35,8				
Total to Form 990	), Part I, line 20			241,4	17.			
Total to Form 990		er Expenses		241,4 Statement	17.			
		er Expenses  (B)  Program  Services	(C) Management and General		3			

FREEDOM1

167,150.

669,989.

Total to Fm 990, ln 43 1,726,999. 889,860.

5 4

Form 990 Statement o	_	ion's Pr art III	imary E	xemp	t Purpose	Statement	4
Explanation							
Public policy, advocacy freedom of choice in a			ganizat	ion (	that support	ts consumer	s
Form 990 Stateme	nt of Progr	am Servi	ce Acco	mpli	shments	Statement	5
Description of Program	Service One						
Federal and State Campa education on reforming such as taxation, socia litigation reform, scho	Federal and l security,	state p	policies ng polic	in a Y,			
				G:	rants	Expenses	
To Form 990, Part III,	line a					1,512,8	96.
			=				
Form 990	Non-Gover	nment Se	curitie	s		Statement	6
Security Description Co		porate ocks	Corpor Bond		Other Publicly Traded Securities	Total Non-Gov Securiti	
	FMV				16,784	. 16,7	84.
To Form 990, line 54, C	col B			<del></del>	16,784	. 16,7	84.
				<del></del>			
Form 990 Depreciat	ion of Asse	ts Not B	Held for	Inv	estment	Statement	7
Description		Cost Other I	_	-	umulated reciation	Book Valu	.e
Various property and eq	quipment	54	18,795.		400,617.	148,1	78.
Total to Form 990, Part	IV, ln 57	54	18,795.		400,617.	148,1	78.
		<del></del>					

2.0				
Form 990 Other	Liabilities		State	ement 8
Description			Aı	mount
Due to affiliated organizations Deferred rent Capital lease obligations				0. 82,328. 73,488.
Total to Form 990, Part IV, line 6	55, Column B			155,816.
	Officers, Directed Market Control of Control	tors,	State	ement 9
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Matt Kibbe 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	President 13	67,736.	4,225.	0.
Judy Mulcahy 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Vice President 23	46,898.	5,045.	0.
Jaci Brown 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Vice President 11	35,174.	3,697.	0.
Honorable Richard K. Armey 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Board Member 4	45,418.	0.	0.
Honorable James H. Burnley, IV 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Board Member 1	0.	0.	0.
Honorable Jack Kemp 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Board Member 2.5	0.	0.	0.
Ronald E. Eibensteiner 1775 Pennsylvania Ave., 11th Flr. Washington, DC 20006	Board Member 1	0.	0.	0.

FreedomWorks, Inc.					52	-1349353
Joseph G. Fogg 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Honorable Boyden Gray 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Bill Jaeger 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Thomas Knudsen 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
E. Floyd Kvamme 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
David H. Padden 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Joseph R. Schmuckler 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
James R. Taylor 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Thomas Weisel 1775 Pennsylvania Ave., Washington, DC 20006	11th Flr		Member	0.	0.	0.
Totals Included on Form	990, Par	t V	_	195,226.	12,967.	0.

Form 990	Part V - Officer Compensation Related Organizations	from	State	ment 10
Officer's Name	Name and EIN of Related Organization	Compen- sation	Employee Ben Plan Contrib	Expense Account
Matt Kibbe	FreedomWorks Foundation, Inc 52-1526916	140,681.	8,775.	0.
Jaci Brown	FreedomWorks Foundation, Inc 52-1526916	88,503.	9,303.	0.
Honorable Richard F Armey	K. FreedomWorks Foundation, Inc 52-1526916	408,761.	0.	0.
Form 990	List of States Receiving Cop Part VI, Line 90	y of Return	State	ment 11

### States

AL, AK, AZ, AR, CA, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, CT, IA, DC, CO, MO