Form **990-EZ**

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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. 07/01

December	A	For the	2012 calenda	ar year, or tax year beginning 07/01 , 2012, and	dending	C	06/30	, 20	13
Name and steets (of P.O. box, if mail is not delivered to street address)	В	Check if ap	plicable:	C Name of organization	DE		yer ide	entification numbe	er
Po Box 22106		Address cl	hange	Araminta Freedom Initiative Inc				5-4477884	
Terminated Province Provin	\sqcup		-	Number and street (or P.O. box, if mail is not delivered to street address)	oom/suite	E Teleph	one nu	ımber	
Amendest return Acetication membra Baltimore MD 21203	H			PO Box 22106			410	0-294-9123	
Application presenge Baltimore, MD 21203 Momber Card Accounting Method: Cash Accounted (Method: Cash	Ħ			City or town, state or country, and ZIP + 4		F Group	o Exen	nption	
Website:				Baltimore, MD 21203		Numl	oer 🕨	•	
J Tax-exempt status (check only one) — 501(e)(3) \$01(e)(1) \$\ (insert no.) 4447(a)(1) or 527 (Form 990, 980-EZ, or 990-PF). K Check ▶ if the organization is not a section 590(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-Ne Poscatcard may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 15, co. and 7b, to line 450, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	G	Account	ing Method:	☐ Cash	Н	Check ▶	· 🔲 if	the organization	is not
K Check I fit he organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II.) Interesting the complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II.) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to resp	1	Websit	e: ► www.	.aramintafreedom.org		required	to atta	ch Schedule B	
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the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, girls, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 00 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Cross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 6 December 1 Contributions (contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Gross profit or [loss) from sales of inventory (Subtract line 7b from line 7a) 7 C O 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 O Grants and similar amounts paid (list in Schedule O) 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, re	K	Check ▶	if the	e organization is not a section 509(a)(3) supporting organization or a section 527	organizatio	n and its	gross	receipts are nor	mally
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		the orga	nization choc	ses to file a return, be sure to file a complete return.					
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Sa Gross amount from sale of assets other than inventory Data Data		3	Membersh	ip dues and assessments		[3		0
b Less: cost or other basis and sales expenses .		4	Investment	t income		[4		0
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amo	ount from sale of assets other than inventory 5a		0			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		b		· · · · · · · · · · · · · · · · · · ·					
a Gross income from gaming (attach Schedule G if greater than \$15,000)		С	•	• •	5a)	[5c		0
\$15,000). 6a 0 Cross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b 0 C Less: direct expenses from gaming and fundraising events 6c 0 Met income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6	_						
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b Less: cost of goods sold			,				6d		0
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a				0			
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Professional fees and other payments to independent contractors									
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)									
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)	_	40	Types a series	Classically four the years (Culphrent line 17 from line 0)		. 🟲	_		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	şts	10					18		35,754
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	tΑ	20				⊢			
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Par	t II Balance Sheets (see the instructions	for Part II)						
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🔽		
	<u> </u>			(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			18,778	22	42,846		
23	Land and buildings				23	0		
24	Other assets (describe in Schedule O) See Sche	dule O, Statement 3	_ <u></u>	0	24	11,086		
25	Total assets			18,778	25	53,932		
26	Total liabilities (describe in Schedule O)		<u> </u>		26	0		
27	Net assets or fund balances (line 27 of column	n (B) must agree with	ı line 21)	18,778	27	53,932		
Part	Statement of Program Service Accom	plishments (see th	e instructions for			·		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III \square	(Po	Expenses quired for section		
What	is the organization's primary exempt purpose?	•	• •			(c)(3) and 501(c)(4)		
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the			494	anizations and section 17(a)(1) trusts; optional others.)		
28	Volunteer Development - The organization conducte	ed two 5 week, once p	er week, and two co	ndensed				
	weekend training, Friday evening and Saturday day,	training for volunteer	s wishing to volunt	eer in				
	(Continued on Schedule O, Statement 5)	-	-					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗌	288	a 21,538		
29	Public Awareness - The organization conducted 8 p	ublic awareness even	ts to inform church	es and				
	community members about the issue of human traff							
	trafficking and ways they could get involved. The eight	· V						
	298	a 18,158						
30	Education - The organization conduction 13 educati	includes foreign gra						
	personnel, social workers, youth workers, foster parents, hotel personnel and parents. The educational							
	(Continued on Schedule O, Statement 6)							
		includes foreign gra	nts. check here .	• 🗆	30a	a 8,981		
31	Other program services (describe in Schedule O)							
	. •	includes foreign gra	nts. check here .	• □	318	a 0		
32	Total program service expenses (add lines 28a				32			
Part					struc			
	Check if the organization used Schedule			•		<u></u>		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	/ee (e)	. —		
Robe	rt Bingham	1.0		deferred compensatio	n			
Presi	1 1	1.0		,		•		
Rash	dent			deferred compensatio	0	0		
Vice	ema Barnes	1.0		0	0	0		
		-		,		0		
	ema Barnes	-		0	0			
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 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 outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 ; section 4955 ► section 4911 ▶ 0 ; section 4912 ► Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► MD 41 **42a** The organization's books are in care of ▶ Alicia Corson Telephone no. ▶ 443-990-1151 Located at ► 400 Woodbine Avenue, Towson, MD 21204 ZIP + 4 ▶ 21204 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

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Form 990	J-EZ (20	112)							Р	age -
									Yes	No
		ne organization engage, directly or inc								
Part \		ndidates for public office? If "Yes," co Section 501(c)(3) organizations		Рапт		· · ·		. 46		/
rait		All section 501(c)(3) organizations		stions 47–49h an	d 52 and	l comi	olete th	e tahles	for line	6 8
		50 and 51	must answer que	otions 47 400 an	a 02, and	1 00111	oloto til	c tubics	101 1111	00
		Check if the organization used Sch	edule O to respond	to any question ir	n this Part	VI .				. 🗆
									Yes	No
47	Did th	ne organization engage in lobbying a	activities or have a	section 501(h) elec	tion in effe	ect du	ring the	tax		
	year?	If "Yes," complete Schedule C, Part	II					. 47	/	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," complet	e Schedul	еЕ .		. 48		~
		ne organization make any transfers to	•	•					1	~
		s," was the related organization a sec								
		plete this table for the organization's								
	empio	byees) who each received more than	\$100,000 of comper			ealth bei		e, enter 1	vone.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribut	tions to e	employee	(e) Estimat		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		lans, and mpensat	d deferred	other co	npensat	tion
None										
None										
			.							
		number of other employees paid ove				.				
		plete this table for the organization's 000 of compensation from the organ			nt contrac	tors w	no eacr	1 received	more	tnar
						\neg				
(a) N	Name ai	nd address of each independent contractor paid	d more than \$100,000	(b) Type of s	ervice		(c)) Compensat	ion	
None										
						+				
						+				
d	Total	number of other independent contract	ctors each receiving	over \$100.000	.▶					
		ne organization complete Schedule A	•		ns and 49	 47(a)(1)			
		kempt charitable trusts must attach a				٠,,,	•	► ✓ Yes	s 🗌 I	No
Under pe	enalties	of perjury, I declare that I have examined this re	eturn, including accompan	ying schedules and state	ments, and t	o the be	st of my kr	nowledge an	d belief,	it is
true, corr	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any kn	owledge).			
										
Sign		Signature of officer				Date				
Here		Alicia McDowell, Executive Directo	r							
		Type or print name and title	In		D-4-			DTIL		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN	4.6==	
Prepa		Chris Scholtes CPA			-		self-emplo		016077	34
Use C	Only	Firm's name CEA Scholtes and As				Firm's			83170	
May th	e IRS	Firm's address ► 106 Tunbridge Road, discuss this return with the preparer		nstructions	_	Phone	no.	410-323 ▶ ✓ Yes		No
	J 10	all	55 TTT ADD VOT OUT I					. <u> </u>	ا ا ر	10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

	nta Freedom Initia								45-44		4	
Part	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	instructio	ons.		
1	A church, con	vention of churc	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches	s describe		-	,	i).			
3 4	A medical rese	•	spital service organiza on operated in conjunce:						0(b)(1)(A)	(iii). E	Enter th	ıe
5		on operated for ()(1)(A)(iv). (Com	the benefit of a college plete Part II.)	ge or uni	versity o	wned or	operated	l by a go	vernmen	tal ur	nit des	cribed in
6 7	An organization	on that normally	nment or government receives a substantia ((A)(vi). (Complete Par	l part of					nit or fron	n the	gener	al public
8	A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain ex xable ind	ceptions	s, and (2) ss sectio) no more	e tha	n 33¹/₃	% of its
11	An organization purposes of constant 509(a)(3). Che a Type I By checking the	on organized are one or more publick the box that one or more public by the box that of the box, I certify undation manage.	I operated exclusively and operated exclusive blicly supported organ describes the type of II c Type II that the organization ers and other than one	ely for th nizations supportir I-Functio is not co	ne benefit described ng organiz nally integ ntrolled d	t of, to point of the control of the	oerform ion 509(a d comple d indirectl	the funct a)(1) or se ete lines 1 Type III–I ly by one	tions of, ection 50 I 1e through Non-funct or more	9(a)(2 gh 11 tional disqu	2). See h. lly intequalified	section grated persons
f	organization, o	check this box .									suppo	rting
g	following pers	ons?	he organization accep								_	
	(iii) below,	the governing bo	ndirectly controls, eitlody of the supported of	organizat	ion?						11g(i)	es No
	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in	ı (i) or (ii) a	above? .						1g(ii) 1g(iii)	
h			on about the support		. ,			_				
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the .S.?	(vii) Amount of moneta support		
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	(-) 0000	(h) 0000	(-) 0010	(4) 0011	(-) 0010	(f) Total
7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends,						
0	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or fifth tax v	12 ear as a section	on 501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				<u></u>
14 15 16a	Public support percentage for 2012 (line 6) Public support percentage from 2011 Sch 331/3% support test—2012. If the organize	nedule A, Part	II, line 14 .			14 15	%
	box and stop here. The organization qual						. ▶ □
b	331/3% support test—2011. If the organ check this box and stop here. The organi	ization did no	ot check a box	on line 13 o		e 15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factoring organization".	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

Secti	on A. Public Support	under the tee	no noted bele	w, picase co	inpicto i ait i	,	
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2000	(3) 2000	(6) 2010	(4) 2011	(6) 2312	(i) rotar
	received. (Do not include any "unusual grants.")				24,958	123,517	148,475
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						•
4					0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
6	Total. Add lines 1 through 5	0	0	0	24,958	123,517	148,475
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					0	0
С 8	Add lines 7a and 7b	0	0	0	0	0	0
Ū	line 6.)						148,475
Secti	on B. Total Support						110/170
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	0	0	0	24,958	123,517	148,475
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .				0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				0	0	0
.5	and 12.)	0	0	0	24,958	123,517	148,475
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		1 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sch					16	%
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2012 (I		• •		. , ,	17	<u>%</u>
18	Investment income percentage from 2011 331/3% support tests—2012. If the organi					18 oro than 331/00/	% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ /3% support tests—2011. If the organiz		_	-		_	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	_	-	•			_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For organizations exempt From income rax onder section 50±(c) and section 521

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

	ection 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
Name o	of organization			Employer ide	ntification number
	nta Freedom Initiative Inc				45-4477884
Part		e organization is exempt und			organization.
1	-	he organization's direct and indire		•	^
2	·				\$
3	Volunteer hours				
Part		e organization is exempt und			
1	=	excise tax incurred by the organiza		1 1000	\$
2	-	excise tax incurred by organization	•		\$
3	•	ed a section 4955 tax, did it file For	•		= =
4a					Yes No
b	If "Yes," describe in Part			·	44) (0)
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organiz			•
•		filing organization's funds contrib			P
2		vities			.
3	•	expenditures. Add lines 1 and 2.			р
3					2
4		n file Form 1120-POL for this year?			Yes No
5		ses and employer identification nur			
3		ents. For each organization listed,			
		ontributions received that were pro-			
		fund or a political action committee			
	(a) Nama	(b) Address	(c) EIN	(d) Amount poid from	(a) Amount of political
	(a) Name	(b) Address	(C) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
٠٠,					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	rt II-A Complete if the organization section 501(h)).	is exempt ı	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
Α	Check ▶ ☐ if the filing organization below	ongs to an af	filiated group (ar	nd list in Part IV	each affiliated gro	oup member's
	name, address, EIN, expen	ses, and sha	re of excess lobb	ying expenditur	es).	
В	Check ▶ ☐ if the filing organization che	cked box A	and "limited cont	rol" provisions a	ipply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	oublic opinion	(grass roots lobby	ing)		
	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
	c Total lobbying expenditures (add lines 1a					
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter the amount from the following table in both					
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess			
	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.					
	g Grassroots nontaxable amount (enter 259					
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-				
	j If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?					Yes No
			Period Under Sec			
	(Some organizations that mad columns below. S)
	Labbada	F	D			
	Lobbying	Expenditures	During 4-Year A	/eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in					
2	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 Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2012

For o	(election under section 501(h)).	(a	a)		(b)	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Aı	moun	t
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?					0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
! :	Other activities?		~			
J	Total. Add lines 1c through 1i		~			0
2a b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred under section 4312					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part)(5).	or se	ction		
	501(c)(6).	Λ-,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part l	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	$Aggregate\ amount\ reported\ in\ section\ 6033(e)(1)(A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Part	• • •	ا منط ا	I A /-4	£:1: _ +l		
list); Pa	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					p
	ule C, Part II-B, Line 1 - Araminta supported the legislative efforts of the Maryland Human Trafficking Tas					
	tive bills that strength the anti-trafficking legislation in MD. The Legislative committee of the Task Force,					
	ey's Office, collectively agreed on legislation to support. Representatives from Araminta sit on the Legisl					
	ed our community supporters to call and write their representatives, asking them to support the bills. No					vere
	no funds were utilized to solicit support for the bills, and no support of delegates or senators was made of					
	es. The lobbying efforts of Araminta remain as grassroots community organizing, soliciting the publics s			ilis that	enna	ince
me se	rvices of victims of human trafficking.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
Araminta Freedom Initiative Inc	45-4477884
······	

Schedule O, Statement 1 Araminta Freedom Initiative Inc
Form: 990-EZ 45-4477884

Page: 1
Line Number:

Reasonable Cause Explanations

Explanation

The 2012 Form 990-EZ was the first year that the Organization was required to file a return. The Organization filed Form 990-N Postcard for 2011. A church accountant was volunteering with the bookkeeping and was unaware of the different filing regulations for a church vs non-church 501(c)(3). The Organization hired an outside accounting firm to file all required filings with the IRS in order to be in compliance.

Page: 1

Schedule O, Statement 2

Araminta Freedom Initiative Inc 45-4477884

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Programming	7,574
Development and Fundraising	4,998
Bank Service Charges	1,183
Hospitality and Conferences	806
Office Supplies	714
Victim Services	614
Travel	493
Honoraria	400
Ministry Materials	314
Technology	305
Software	258
Charitable Contributions	107
Depreciation	54
Total:	17,820

Schedule O, Statement 3

Araminta Freedom Initiative Inc 45-4477884

Form: 990-EZ Page: 2

Line Number: Part II Line 24

Other Assets Structured Explanation

Description	EOY Amount
Accounts Receivable	61
Prepaid Expenses	5,362
Furniture Fixtures and Equipment	5,717
Accumulated Depreciation	-54
Total:	11.086

Schedule O, Statement 4
Form: 990-EZ
Araminta Freedom Initiative Inc
45-4477884

Form: 990-EZ Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Araminta Freedom Initiative, Inc. serves the Baltimore-metro region by providing in anti-human trafficking service engagements that both prevent, intervene and provide resources for children affected by domestic minor sex trafficking.

Schedule O, Statement 5
Form: 990-EZ
Araminta Freedom Initiative Inc
45-4477884

Form: 990-EZ Page: 2

Line Number: Part III Line 28

First Program Service Accomplishments Description

Description

anti-trafficking work. 87 people were trained and submitted criminal background checks. 138 volunteers engaged in volunteer activities and were managed by the staff. Activities included public awareness events, serving victims of trafficking through advocacy services, and prevention and education programs.

Page: 5

Schedule O, Statement 6

Araminta Freedom Initiative Inc

Form: 990-EZ Page: 2

Line Number: Part III Line 30

Third Program Service Accomplishments Description

45-4477884

Description

seminars focus on prevention and intervention for children at risk for human trafficking. Information included statistics, risk factors, identifying information about victims, and reporting procedures and protocols. 501 people attended the 13 seminars.

Page: 6