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# . Form **990-EZ** Department of the Treasury Internal Revenue Service

# 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 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

OMB No 1545-1150

2010

**Open to Public** Inspection

A	For the	2010 calenda	ar year, or tax year beginning	January 1 ,	2010, a	ınd ending	, ,	Decembe	r 31 , 20 10	)
В	Check if a	applicable	C Name of organization	<del></del> -			DE	mployer id	lentification number	
	Address	change							3-1920530	
	Name ch	ange	Number and street (or P O box, if mail is not	delivered to street address)		Room/suite	ET	elephone n	umber	_
Ļ	Initial retu		60	<b>18-823-7141</b>						
누	Terminate Amended		Group Exe	mption	_					
F	5	on pending	Norwalk, WI 54648				1	Number I	<b>▶</b> `	
G		nting Method	☑ Cash ☐ Accrual Other (spec	cify) ►			H Chec	k ▶ □	if the organization is r	nof
ī	Websi		liberationpark.org						ach Schedule B	
j			eck only one) - 🗹 501(c)(3) 🔲 501(c) (	) ◀ (insert no ) ☐ 4947(	(a)(1) or	□ <u>52</u> 7			0-EZ, or 990-PF)	
_	Check I		e organization is not a section 509(a)(3) si			receipts a	re norma	ally <b>not</b> m	ore than \$50,000 A	_
			n 990 return is not required though Form		_			-		ses
	to file a	return, be sur	re to file a complete return						•	
ī	Add line	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If g	ross receipts are \$200,000 or	r more, c	r if total ass	sets (Par	t II,		
lır	ne 25, co	lumn (B) below	) are \$500,000 or more, file Form 990 instea	ad of Form 990-EZ				<b>▶</b> \$	<b>1074</b>	59
I	Part I	Revenu	e, Expenses, and Changes in N	Net Assets or Fund B	alance	s (see tl	ne inst	ructions	for Part I.)	_
-			the organization used Schedule C							~
_	1	Contributio	ons, gifts, grants, and similar amoun	ts received				. 1	1069	65
	2		ervice revenue including governmen					. 2	4	44
	3	-	ip dues and assessments					. З		
	4	Investment	t income					. 4		50
	5a	Gross amo	ount from sale of assets other than in	nventory	5a					_
	Ь	Less: cost	or other basis and sales expenses .		5b					
	C	Gain or (los	ss) from sale of assets other than inv	ventory (Subtract line 5b	from lu	ne 5a) .		. 5c		
	6	Gaming an	nd fundraising events							
	a	Gross inc	ome from gaming (attach Sched	ule G if greater than						
9	<u> </u>	\$15,000)	· · · · · · · · · · · · · · · · · · ·		6a					
Ş	b b	Gross inco	ome from jundraising events (horms	ading \$	of	contribut	ions	-		
á	<b>é</b>	from fundr	aising events reported on line 1) ta	ttach Schedule G if the						
_	_	sum of suc	ch gross indom€ an⊜ contributions e	x <b>cea</b> ds \$15,000)	6b					
	С	Less: direc	t expenses from gaming and thirting	স্থাপুর events	6c					
	d	Net income	e or (loss) from gaming and fundra	ising events (add lines	6a and	6b and	subtrac	;t	İ	
	İ	line oc) .		9-1 · · · · · · ·	. • •.			- 6d	<u> </u>	
	7a	Gross sale	s of inventory, less returns and allow	vances	7a				İ	
	b		of goods sold	<b>4</b>	7b			].		
	С	Gross prof	it or (loss) from sales of inventory (S	ubtract line 7b from line	7a) .			. 7с	1	
	8		nue (describe in Schedule O)					. 8	<u></u>	
_	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8			<u> )</u>	▶ 9	1074	59
	10		d similar amounts paid (list in Schedu					10	16	80
	11	Benefits pa	ald to or for members					. 11		
6	ខ្លុំ 12		ther compensation, and employee b					. 12	12	00
9	2   13		al fees and other payments to indep					. 13		
Ş	12 13 14 15		y, rent, utilities, and maintenance .					. 14	208	
Ú	-   ··	0	ublications, postage, and shipping.					. 15		48
	16	•	· · · · · · · · · · · · · · · · · · ·						211	
_	17		enses. Add lines 10 through 16		•		<u> )</u>		452	64
9	<u>,</u> 18		(deficit) for the year (Subtract line 17	•					621	95
Š	19 20		or fund balances at beginning of							
~	€	=	ar figure reported on prior year's retu						1415	82
*	ភ្ន 20		nges in net assets or fund balances (	•				20		
4	-   21	Net assets	or fund balances at end of year. Co.	mbine lines 18 through 2	20		<b>1</b>	▶   21	2037	77

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Pai	<b>Balance Sheets.</b> (see the instructions Check if the organization used Schedule		stion in this P	art II		🗹
		7 1		A) Beginning of year	T 0	(B) End of year
22	Cash, savings, and investments		📙	13020	22	34223
23	Land and buildings		🗀	276311	23	303963
24	Other assets (describe in Schedule O)		🗀	323	24	2977
25	Total assets			289654	25	341163
26	Total liabilities (describe in Schedule O) .		[	148072	26	137386
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21	1) [	141582	27	203777
Par						Expenses
	Check if the organization used Schedule					uired for section (3) and 501(c)(4)
	t is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization				organ	nizations and section
	ervices provided, the number of persons benefited, and					(a)(1) trusts, optional hers)
					101 01	ners )
28	Meditation classes, scripture classes & day long ret individuals. Teaching provided at longer retreats in					
	audio distribution; website wistudy material maintain					
		includes foreign grants, ch			28a	20665
29	Development of rural property for personal retreat fa				208	2000
	retreatants as well as full time working residents. Re					
	for a total of 142 days & 2 full time residents.					
		includes foreign grants, ch	eck here	• 🗖	29a	20665
30	Contributions to local charitable organizations and o			<u> </u>		
						İ
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here .	▶ □	30a	1680
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here .	<b>&gt;</b> 🗀	31a	
	Total program service expenses (add lines 28a	<u> </u>		<u> ▶</u>	32	43010
Par	List of Officers, Directors, Trustees, and Key				ınstruc	tions for Part IV.)
	Check if the organization used Schedule				• •	· · · · □
	(a) Name and address	(b) Title and average hours per week	(c) Compensa (If not paid	, employee benefit	plans &	
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	ert Larson; 100 S McGary St, Apt 2	President 40+ hours				
	valk, WI 54648			1200		
	ifer Malin; 518 Belleforte	Vice President 1-2 hours		0		
	Park, IL 60302 arie Thompson; 100 S McGary St, Apt 2					
	valk, WI 54648	Secretary/Treasurer 20+hrs		o		
14014	AIR, W154040			9		
		-				
						<del></del> -
						**
					-	
					·	-
		I		1		4

Part	Other Information (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part V			_
	Oneck if the organization used ochedule of to respond to any question in this hart v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	140
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 change on Schedule O (see instructions)	34	_	~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		•
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	~	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>i</u>	,	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	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		,
С	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, 4955, and 4958	` .	K.	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	. *	تر
41	List the states with which a copy of this return is filed. ▶			
42a		608-82		
	Located at ► 100 S McGary St, Apt 2, Norwalk WI ZIP + 4 ►	54648	-8001	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	ı	<del>V</del>	
	account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	-	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		~
-	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	

Page	4

		·		··-			Vaa	TAL-
AE	la	valata di avasa santisa a a a antisa di antisa			10/5/12/2	AE	Yes	
	-	related organization a controlled entit	•	=		45		~
		e organization receive any payment fr						
		ng of section 512(b)(13)? If "Yes," Fo	•	·				
		,				45a		~
		e organization engage, directly or indi						-
		ndidates for public office? If "Yes," co	·			46	L	
Part \	- E	Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for the check if the organization used Sche	n 4947(a)(1) nonexempt charita or lines 50 and 51.	ible trusts must a	trusts only. A nswer questio	ll sec ns 4	7–49I 	. 🗆
							Yes	+
		e organization engage ın lobbyıng act				47		1
		organization a school as described in s		•		48		~
		e organization make any transfers to a	•	organization? .		49a		~
		s," was the related organization a sect				49b		
		lete this table for the organization's fi						
	emplo	yees) who each received more than \$				er "N	lone."	,
	(a) Nam	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	em	(d) Contributions to ployee benefit plans & eferred compensation	ac	Expen count a allowa	and
								-
			<del> </del>					
51	Compl \$100,0	number of other employees paid over lete this table for the organization's 000 of compensation from the organiz	five highest compensated independental independent fixed in the state of the fixed in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent in the fixed independent indepen		who each rece	eived	more	than
	(;	a) Name and address of each independent contr	ractor paid more than \$100,000	( <b>b</b> ) Type o	f service	( <b>c)</b> Cor	npensa	ation
					.			
					İ			
-								
		number of other independent contract	•		144)			
		e organization complete Schedule A? empt charitable trusts must attach a c		zations and 4947(a	``	Yes		No
		f perjury, I declare that I have examined this retu complete Declaration of preparer (other than of				ge and	l belief,	, it is
				1				
Sign		Signature of officer		Date	<del></del> -			
Here		-	CLIPOP	Date				
		Jo Marie Thompson, Secretary/Treas  Type or print name and title	Surer					
Doi:		<del></del>	Preparer's signature	Date	Chark D . F	TIN		
Paid					Check if self-employed			
Prepa		Firm's name		Firm	's EIN ▶		-	
Use C	עייויי 🏲	Firm's address >			ne no			
May the		liscuss this return with the preparer sh	hown above? See instructions		, , <u>,</u> <b>,</b> ,	Yes		No
							<u> </u>	<u></u>

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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.

OMB No 1545-0047

2010

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Liberation Park** 

Employer identification number 43-1920530

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (viii) Amount of (vi) Is the in col (i) listed in your the organization in col (i) of your organization (described on lines 1-9 organization in col support (i) organized in the governing document? above or IRC section support? US? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

Total

Schedi	ale A (Form 990 or 990-EZ) 2010	•					Page <b>2</b>
Par	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
•	(Complete only if you checked th						lify under
<u> </u>	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	<del></del>
	ion A. Public Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Caler 1	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2000	(6) 2007	(C) 2008	(u) 2009	(e) 2010	(i) Total
	membership fees received. (Do not include any "unusual grants.")	51998	51267	45040	53958	106965	309228
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.	51998	51267	45040	53958	106965	309228
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)						30695
6	Public support. Subtract line 5 from line 4						278533
	ion B. Total Support	1.					
	idar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	51998	51267	45040	53958	106965	309228
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2086	1177	355	141	50	3809
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	Total support. Add lines 7 through 10						313037
12	Gross receipts from related activities, etc.				[	12	16328
13	First five years. If the Form 990 is for the organization, check this box and stop her	e		l, third, fourth,			501(c)(3) ► □
	on C. Computation of Public Support						
14	Public support percentage for 2010 (line 6		•			14	89 %
15 16a	Public support percentage from 2009 Sch		•		[	15	87 %
iva	331/3% support test—2010. If the organize box and stop here. The organization quality						
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	zation did not	check a box	on line 13 or	16a, and line		
	10%-facts-and-circumstances test = 20			_		401 11	

6	Public support. Subtract line 5 from line 4							278	3533
	on B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(е	2010	(f) Tota	ıl —
7	Amounts from line 4	51998	51267	45040	53958		106965	309	228
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2086	1177	355	141		50	3	809
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	Total support. Add lines 7 through 10				-			313	037
12	Gross receipts from related activities, etc.	(see instruction	ons) .			12		16	328
13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as	a section	1 501(c)(3)	)
	organization, check this box and stop her	re	<u> </u>					<b>&gt;</b>	
Secti	on C. Computation of Public Suppor	t Percentage	•						
14	Public support percentage for 2010 (line 6	i, column (f) di	vided by line 1	1, column (f))		14		89	%
15	Public support percentage from 2009 Sch					15			%
16a	331/3% support test - 2010. If the organize							eck this	
	box and stop here. The organization qual	•		•				. ▶	V
b	331/3% support test—2009. If the organic check this box and stop here. The organic					15 is	33¹/3% c	or more, . ►	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "fact IV how the organization meets the "fact organization	ets the "facts-a	ınd-cırcumstar	nces" test, che	ck this box an	d sto	p here. E	xplain in	
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	on meets the	"facts-and-cir	cumstances"	test, check th	ıs bo	x and sto	p here.	[
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	 16a, 16b, 17a	or 17b, check	 k this	box and s	ee	
		<del>· · · · · · · · · · · · · · · · · · · </del>	· · · · ·	<del>· · · · ·</del>		• •	<del></del>		
					Sch	edule /	A (Form 990	or 990-EZ) 2	2010

#### 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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	, 4.140, 1.10 10.	3.0	, p	, , , p, oto ; dit		
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
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 .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the			ļ			
	organization without charge	,					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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		_				<u> </u>
_	Add lines 7a and 7b	>		4			
8	line 6.)	W		. Ki	cada qua		
Sacti	on B. Total Support	<i>5</i> 5	*	1		<u>``</u>	L
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2001	(6) 2000	(4) 2000	(6) 2010	(i) Total
10a	Gross income from interest, dividends,		<del></del>				
104	payments received on securities loans, rents,	]					
	royalties and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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,						
	and 12.)	L					
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			· · · · ·	<del></del>	·	▶ 🛄
	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2010 (line in		-			15	<u>%</u>
16 Sacti	Public support percentage from 2009 Sci			<u>· · · · · · · · · · · · · · · · · · · </u>		16	<u>%</u>
	on D. Computation of Investment In			v line to selve	nn (fl)	17	
17 18	Investment income percentage for 2010 ( Investment income percentage from 2009)			-		17	%
	33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organ					1 1	% and line
19a	17 is not more than 331/3%, check this box						
ь	33 <sup>1</sup> / <sub>3</sub> % support tests—2009. If the organiz						
IJ	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		-	· · · · · · · · · · · · · · · · · · ·	· -		

Schedule A (F	form 990 or 990-EZ) 2010							Page 4
Part IV	Supplemental Int Part II, line 17a or instructions).	formation. Comp 17b; and Part III,	lete this part t line 12. Also c	o provide the complete this	explanations of part for any ac	required by Pa dditional infori	art II, line 10; mation. (See	
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#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(9) (10)

Name of the organization Employer identification number Liberation Park 43-1920530 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2) (3) (4)(5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . . . . . . . . . Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (b) Loan to or from (f) Approved (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (a) Written the organization? by board or principal amount agreement? committee? То From Yes No Yes No Yes No Jo M Thompson 40000 45005 (2)(3)(4)(5) (6)(7) (8) (9)(10)Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2)(3)(4) (5) (6)(7) (8)

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c										
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's				
					Yes	No				
<u>(1)</u> <u>(2)</u>			<del></del>							
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(10) Part V	Supplemental Information Complete this part to provide ac	  dutional information for re	sponses to question	ns on Schedule L (see instructio	ns).					
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#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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 Liberation Park 43-1920530 990EZ Part 1 Line 10: Plum Mountain Refuge \$150; Land Stewardship Project \$250; Oceana \$250; Monroe County Senior Services \$250; Village of Wilton Foodbank \$250; Village of Ontario Foodbank \$250; El Lugar de Renunion \$250; Rochester Meditation Center \$30 990EZ Part I Line 16: Other expenses include vehicles, teacher travel, insurance, depreciation, taxes, bank and government fees, software and computers, library media, residents, guests and visiting teacher support, conferences & education 990EZ Part II Line 24: Undeposited Funds = 2700; Rental Deposits = 285; Accounts Receivable = -8 990EZ Part ii Line 26: Mortgage = 92381; Personal Loan = 45005