

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

## **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 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A	For the 2	011 calen	dar year, or tax year beginning Jul 1 , 2011, and ending	Jun 30	, 2012
	В	Check if app	licable	C Name of organization Liberty Institute	D Employer Ident	tification Number
		Addres	s change	Doing Business As	75-1403	169
		Name	change	Number and street (or P O box if mail is not delivered to street addr)  Room/suite	E Telephone numb	ber
		Initial re	-	2001 W. Plano Parkway 1600	(972) 9	41-4444
		Termin		City, town or country State ZIP code + 4		
			led return	Plano TX 75075	G Gross receipts	\$3,631,494.
		m	ation pending		is this a group return for affilia	
			mon ponding	· · ·	Are all affiliates included?	Yes No
	_	If 'No,' attach a list (see instr	uctions)			
	<u>.</u>		npt status	X   501(c)(3)	Group exemption number	
	ĸ		rganization		<del> </del>	
			Summar		1972 M State of le	egal domicile TX
	17.0				titute provid	los pro bono
				rvices to advance and defend religious liberty fo	cirace brosid	ies bro pouo
	Activities & Governance			als, churches, and other ministries and organizat		
	E L			dule 0		
	Ve		eck this bo	· <del>-</del>		
	ŏ			ing members of the governing body (Part VI, line 1a)		12
	ග			ependent voting members of the governing body (Part VI, line 1b)		12
	ite			of individuals employed in calendar year 2011 (Part V, line 2a)		17
	ŧ	<b>6</b> Tot	al number	of volunteers (estimate if necessary)	6	7
	⋖	1		d business revenue from Part VIII, column (C), line 12		0.
		b Ne	t unrelated	business taxable income from Form 990-T, line 34	7 b	
					Prior Year	Current Year
	<u> </u>			and grants (Part VIII, line 1h)	717,233.	3,409,981.
	en I	1	-	ce revenue (Part VIII, line 2g)	6,684.	215,000.
	Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	1,599.	6,481.
	ш.			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	32.
				- add lines 8 through 11 (must equal Part VIII column (A), line 12)	725,516.	3,631,494.
	İ			nilar amounts paidr(Part IX, cortumn (A), Vines (1-8)		
				o or for members (Part IX Column (A); line 4)		<del></del>
_	စ္က			compensation, employee benefits (Part IX, column (A), lines 5-10)	989,029.	1,817,680.
3	2	<b>16a</b> Pro	ofessional f	ındraısıng fees (Part இ, columb (A), aine 14e) ட் \ஜ்		14,025.
7	Expenses	<b>b</b> Tot	tal fundrais	ng expenses (Part IX Golumn (D), line 25) 178,678.	\$_ · ``	
90	ш	17 Oth	ner expens	es (Part IX, column (A), lines (A-114-11424e)	378,540.	1,440,044.
-		18 Tot	al expense	s Add lines 13-17 (must edward art IX, column (A), line 25)	1,367,569.	3,271,749.
ပ				expenses Subtract line 18 from line 12	-642,053.	359,745.
H	8 8				ginning of Current Year	End of Year
	Assets or Balancos	<b>20</b> Tot	tal assets (	Part X, line 16)	2,304,957.	2,664,706.
	₹ª	<b>21</b> Tot		(Part X, line 26)	0.	0.
Щ	Net /			fund balances Subtract line 21 from line 20	2,304,957.	2,664,706.
ş			Signatur		2,304,337.	2,004,700.
SCANNED						
ي	comp	olete Declara	ation of prepare	are that I have examined this return, including accompanying schedules and statements, and to the best of my r (other than officer) is based on all information of which preparer has any knowledge	y knowledge and belief it is t	rue, correct, and
13		<del></del>		now E Swall	11/04/1	_
	Sig	ın	Signatu	e of officer	Date	
	He	re	Mari	Swafford Ex	kec. VP / CFO	
				print name and title	tec. Vr / Cro	
			Print/Type p	eparer's name Preparer's signature Date	Check X if	PTIN
	Pa	id	Edward	E. Gray, CPA Edward E. Gray, CPA		200226441
				► EDWARD E GRAY CPA	self-employed	p00226441
	Us	Preparer   Firm s name   Firm s addre			—  	0492019
			Cinn's addre		Firms EIN ► 20	
	NA	the IDC	discuss the		Phone no (972	
				return with the preparer shown above? (see instructions)	<u> </u>	. X Yes No
	BA	4 FOT PA	perwork H	eduction Act Notice, see the separate instructions. TEEA010	1 07/05/11	Form <b>990</b> (2011)

Form	990 (2011) Liberty Institute	75-140316	9 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<b>x</b>
1	Briefly describe the organization's mission		
	See Schedule O.		
	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
2	Form 990 or 990-EZ?	_	Yes X No
			res A NO
_	If 'Yes,' describe these new services on Schedule O		v 🕝 Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	′ · · · · · · □	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	is measured by ex of grants and alloc	penses cations to
4 a	(Code ) (Expenses \$ 1,278,802. including grants of \$ 0.) (R	evenue \$	215,000.)
	LEGAL: Liberty Institute provides pro-bono legal work.		<del></del>
	Attorneys donate their time and energy for our cases. Legal expen	nses	· <b></b>
	come from the actual costs of the legal cases, including court for		· <b></b>
	fees, deposition costs, phone calls, and our administrative assis		
		.3	. – – – – – –
		<del></del>	
		<b></b>	
4 6	(Code)(Expenses \$19,194. including grants of \$0.)(Fig. VOTER GUIDES: Information guides mailed to individuals and organized provide education to the general public regarding candidates office and voter issues.		0.)
		. – – – – – –	
		· <b></b>	
		. – – – – – –	
		. – – – – – –	
4 0	: (Code) (Expenses \$1,093,081. including grants of \$0.) (F	levenue \$	0.)
	EDUCATION: Reaching and educating the public about key		
	issues and legal cases that impact their freedoms and		
	families. Through use of video, websites, letters and		
	collaterial materials, we reach target audiences with important		
	information and empower them to take action such as registering		
	to vote, contacting their elected officials and getting		
	more involved in the democratic process.		
	more involved in the democratic process.	·	· <b></b>
		. <del>-</del>	
		. <b>– – – –</b> – – –	<b>-</b>
4 0	d Other program services (Describe in Schedule O)		
	(Expenses \$ 365,454. including grants of \$ 0.) (Revenue \$		0.)
4 6	e Total program service expenses ► 2,756,531.		

#### 75-1403169 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 2 х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . 3 3 Х X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X 7 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, Х 9 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D. Part VI. Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11 b Х Х 11 c X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, 'complete Schedule D. Parts XI. XII. and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . . 12b X Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a Х 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV......... 15 Х 16 Х 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х 20 a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H . . . . . . 20 Х

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . . . . .

# Form 990 (2011) Liberty Institute Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	Ž(j	1 2000 1 1 / Alpha	an against
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, 'complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

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#### Form 990 (2011) Liberty Institute 75-1403169 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V . . . . . . . Yes No 1 a Eriter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . . . . . . 10 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 2 a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. Х 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.... 5 a X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . 5 b 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?...... 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . . . . . b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 13 a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

14 a

14 b

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Form	n <b>990</b> (2011) Liberty Institute 75-1403169		F	age 6
Pai	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i Schedule O. See instructions.	, and in	for	
	Check if Schedule O contains a response to any question in this Part VI	<u></u> .		. <b>x</b>
Sec	ction A. Governing Body and Management			
			Yes	No
1 ε	a Enter the number of voting members of the governing body at the end of the tax year			
t	b Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		 X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7ε	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
t	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ation D. Bolisias, (This Costion D. requests information about noticing not required by the Internal Devices Code.)			
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
10 a		10a	Yes	
10 a	a Did the organization have local chapters, branches, or affiliates?		Yes	
10 a	a Did the organization have local chapters, branches, or affiliates?	10 b		
10 a	a Did the organization have local chapters, branches, or affiliates?	10 b		
10 a	a Did the organization have local chapters, branches, or affiliates?	10b 11a	X	
10 a	a Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	x x x	
10 a t 11 a t 12 a t	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	10b 11a 12a 12b	x x x	
10 a k 11 a k 12 a k	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	x x x x	
10 a t 11 a t 12 a t	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b	x x x	
10 a b 11 a b 12 a b 13 14 15	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	X X X X X	
10 a a b a b a b a b a b a b a b a b a b	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	x x x x	
10 a k 11 a k 12 a k 13 14 15	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization.	10b 11a 12a 12b 12c 13	X X X X X	
10 a k 11 a k 12 a k 13 14 15	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	x x x x x x	
10 a k 11 a k 12 a k 13 14 15 a k 16 a k	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	x x x x x x	
10 a k 11 a k 12 a k 13 14 15 a k 16 a k	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  The organization have a written document retention and destruction and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes, 'did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x	X
10 a k 11 a k 12 a k 13 14 15 a k 16	a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple.	10b 11a 12a 12b 12c 13 14 15a	x x x x x x	X
10 a k 11 a k 12 a k 13 14 15 a k 16	a Did the organization have local chapters, branches, or affiliates?  b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization  if 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x	X
10 s t t 11 s t t 12 s t t 13 14 15 16 s t t t 15 Sec	a Did the organization have local chapters, branches, or affiliates?  b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization  if 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed. See Form 990, Page 6, Line 17 (continued)	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x	X
10 a b 11 a c b 12 a c c c c c c c c c c c c c c c c c c	a Did the organization have local chapters, branches, or affiliates?  b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  a Did the organization have a written conflict of interest policy? If "No," go to line 13.  b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization  If "Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed P See Form 990, Page 6, Line 17 (continued)  Section 6104 requires an or	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x	X

BAA

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	or any rela	ated o	rgan	_		ompei	nsat	ed any current officer,	director, or trustee		
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)					ox er	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	adividad fraktee or director	anstitutionel trustee	Offirei	Key amphyee	Highest काम्स्नडलेख साम्रोज्यस	ž (XITIE)	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) W. W. Caruth III											
Chair Exec Comm, Board	2.00	_X						0.	0.	0.	
(2) Tim Dunn Vice Chair Exec Comm, Board	2.00	х						0.	0.	0.	
(3) Mark Cover											
Exec Sec., Board	2.00	Х						0.	0.	0.	
(4) Al Angell Exec Comm, Board	1.00	х						0.	0.	0.	
(5) James Robertson											
Exec Comm, Board	1.00	х						0.	0.	0.	
(6) Scott Birdwell											
Exec. Board	1.00	Х						0.	0.	0.	
(7) Deborah Muse Carlson Board Member	1.00	х						0.	0.	0.	
(8) Judge Paul Pressler Board Member	1.00	x						0.	0.	0.	
(9) Dale Brown	1.00				┝			0.	· · ·		
Board Member	1.00	Х						0.	0.	0.	
(10) Jerry Brown Exec. Board	2.00	х						0.	0.	0.	
(11) Paco Jordan Exec. Board	0.00							0.	0.	0.	
(12) Kyle Stallings	1.00						<u> </u>	•	0.	0.	
Exec. Board	0.00	х						0.	0.	0.	
(13) Kelly Shackelford President/CEO	55.00			х				289,000.	0.	30,920.	
(14) Mark E Swafford Exec. VP	55.00			х				190,000.	0.	16,974.	

Part VII   Section A. Oπicers, Directors, Trust	ees, r	\ey				es,	and	i riigilest coli	iperisateu Eri	ipioyees (cont)
	(B)	l		(C Posi	ition			(D)	(E)	<b>(E)</b>
(A) Name and title	(B) Average	(do not check more that box, unless person is be officer and a director/tru				s both	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours per week							the organization (W-2/1099-MISC)	related organization: (W-2/1099-MISC)	s compensation from the
	per week (describ e hours for related organi- zations in	divid	stitu	Officer	Key er	Highest compensate employee	Former	(11 27 1000 111100)	(11 2 1000 111100)	organization and related
	hours for	ctor	tiona	7	employee	st cor	4			organizations
	related organi-	ruste	trus		)ee	nper				
	sch O)	e e	tee			sated				
(15) Hiram S. Sasser	-		-							
Dir. of Litigation	55.00					x		139,917.	C	18,440.
(16) Jeffrey C. Mateer								•		
General Counsel	55.00					х		157,000.		19,339.
(17) Jonathan Saenz										
Dir. Legis	55.00					Х		107,500.	(	9,687.
(18)										
(19)										
(20)										
(21)										
			$\dashv$							
(22)									1	
(23)										
					-	$\vdash$				
(24)										
(25)										
1 b Sub-total			Ч	٠.	٠.	• •	<b>&gt;</b>	883,417.	(	95,360.
c Total from continuation sheets to Part VII, Section	Α						<b>•</b>			
d Total (add lines 1b and 1c)								883,417.		95,360.
2 Total number of individuals (including but not limited to from the organization ► 5	those	listed	abo	ove)	who	rec	eive	d more than \$100,0	000 of reportable	compensation
from the organization 5										Yes No
3 Did the organization list any former officer, director or	trustee	, key	emp	oloye	ee, c	r hig	hes	t compensated em	ployee	> .4 80%
on line 1a7 If 'Yes,' complete Schedule J for such indiv	ridual		• •		٠.	• •	• •			3   X
4 For any individual listed on line 1a, is the sum of repor the organization and related organizations greater than	table co	mpe	nsat	tion	and	othe	r co	mpensation from		
such individual						piete				4 X
5 Did any person listed on line 1a receive or accrue com	pensat	on fi	om a	any	unre	ļate	dorg	janization or individ	dual	
for services rendered to the organization? If 'Yes,' com Section B. Independent Contractors	ipiete S	cned	iule .	J TOI	suc	n pe	rsor	<u> </u>		5   X
Complete this table for your five highest compensated compensation from the organization. Report compens.	indepe	nder	t cor	ntrac	ctors	that	rec	eived more than \$	100,000 of	, vear
(A)	ation io	1110	caic	iiuu	, y C (	21 01	airig	(B)		(C)
Name and business address	s					_		Description (		Compensation
									-	
	<u> </u>									
2 Total number of independent contractors (including bu	t not lin	nited	to th	nose	liste	ed at	ove	) who received mo	re than	
\$100,000 in compensation from the organization								-		

Page 9

Pa	t viii   Statement of Revenue	(4)	(D)	(0)	(2)
! !		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	ta Federated campaigns		,		
	h Total. Add lines 1a-1f	3,409,981.		· · · · · ·	
S.		215,000.	215,000.	0.	0.
ĔVE		215,000.	213,000.	0.	· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE REVENUE					
ER	d				
E	<u> </u>				
GRA	f All other program service revenue				<del></del>
Š	g Total. Add lines 2a-2f	215,000.		:3 <i>\$</i>	
	3 Investment income (including dividends, interest and	223,0001		( 3) %	
	other similar amounts)	6,481.	6,481.	0.	0.
	4 Income from investment of tax-exempt bond proceeds >				
	5 Royalties				
	(i) Real (ii) Personal	,		. 4	
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)			,	
	d Net rental income or (loss)				
	(i) Securities (ii) Other	• • •			1/
	7 a Gross amount from sales of assets other than inventory.				
				( ) ) .	
	b Less cost or other basis and sales expenses	; *	:		
	c Gain or (loss)			. 3d. 5	
	d Net gain or (loss)				
	` '	W. 4. 12.			·
REVENUE	(not including. \$	, ,, ,			
짍	of contributions reported on line 1c)	,		. 4 4	
	See Part IV, line 18	í			
OTHER	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶		· · · · · · · · · · · · · · · · · · ·		
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b	e e- toese van dan	·		
	c Net income or (loss) from gaming activities ▶				ļ
	10a Gross sales of inventory, less returns				
	and allowances a 32.				1
	b Less cost of goods sold b 0.				
	c Net income or (loss) from sales of inventory ▶	32.	32.	0.	0.
	Miscellaneous Revenue Business Code				
	11a				
	b	<u> </u>			
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	3,631,494.	221,513.	0.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
	、 not include amounts reported on lines 7b, 8b, 9b, and 10b of Part_VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21										
2	Grants and other assistance to individuals in the United States See Part IV, line 22			, <i>4</i> , ,,	, ,						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	527,395.	447,861.	31,874.	47,660.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	1,039,673.	904,577.	62,751.	72,345.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	-542.	2,940.	-4,482.	1,000.						
9	Other employee benefits		108,097.	35,209.	6,654.						
10	Payroll taxes		75,250.	14,785.	11,159.						
11	•		,		,,-						
	Management										
	Legal	77,371.	77,371.	0.	0.						
	Accounting		0.	8,113.	0.						
c	Lobbying	,									
	Professional fundraising services See Part IV, line 17	103,325.		* .	103,325.						
	Investment management fees										
	g Other	197,184.	197,184.	0.	0.						
12	Advertising and promotion	243,535.	243,482.	0.	53.						
13	Office expenses		119,570.	6,743.	4,127.						
14	Information technology	221,403.	207,003.	14,400.	0.						
15	Royalties	,	,	,							
16	Occupancy	82,430.	71,430.	11,000.	0.						
17	Travel	149,984.	120,931.	18,888.	10,165.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings Interest	66,771.	65,312.	0.	1,459.						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	27,472.	21,977.	5,495.	0.						
23	Insurance	20,186.	16,011.	4,175.	0.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		\$								
8	State registrations	7,535.	0.	7,535.	0.						
	Printing & publications	72,786.	69,045.	1,718.	2,023.						
	Subscriptions & dues	11,847.	4,871.	6,501.	475.						
	Credit card charges	10,061.	375.	9,686.	0.						
	All other expenses	23,626.	3,244.	12,849.	7,533.						
25	Total functional expenses. Add lines 1 through 24e	3,271,749.	2,756,531.	247,240.	267,978.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Check here ► if following										
	SOP 98-2 (ASC 958-720)										
BAA					Form 990 (2011)						

Part X Balance Sheet

Beginning of year End of year 205,691. 1 314,276. Savings and temporary cash investments . . . . . 1,991,087. 2 2,226,976. 2 3 3 4 7,033. 4 Ø. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 6 persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 9 5,000. Prepaid expenses and deferred charges . . . . . . 000 10 10 a 133,300. 103,179 10 c 111,421 11 11 Investments - other securities See Part IV, line 11 . . . . . . . . . . . . . . . 12 13 Investments - program-related See Part IV, line 11 . . . . . . . . . . . . . . . 13 14 15 15 2,304,957 16 2,664,706. 16 0. 17 17 ο. 18 18 19 19 20 20 AB Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \$ 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 23 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 Ō. 26 Total liabilities. Add lines 17 through 25....... 0. 26 Organizations that follow SFAS 117, check here ► X and complete lines N E T 27 through 29 and lines 33 and 34. À Maria ASSETS 2,230,399 27 2,590,148. 74,558. 28 74,558. 29 P Organizations that do not follow SFAS 117, check here ► and complete FUZD lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . . 31 BALANCES Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . 32 32 33 2,304,957. 33 2,664,706. 34 2,304,957. 34 2,664,706. BAA Form 990 (2011)

Form	1990 (2011) Liberty Institute	75-1403169		Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Tòtal revenue (must equal Part VIII, column (A), line 12)	1	3,63	1,49	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,27	1,74	49.
3	Revenue less expenses Subtract line 2 from line 1	3	35	9,7	<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,30	4,9	<u>57.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			4.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,66	4,7	06.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
			١	/es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				<i>"</i>
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		, , , , , , , , , , , , , , , , , , ,		Ž
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			***	<u></u>
d	I If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ıgle 	3 a		x
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form 9	990 (2	2011)

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

Department of the Treasury Internal Revenue Service **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.

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Liberty Institute 75-1403169 Part\* | 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) 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) 3 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 4 name city and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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) Х q An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 III - Functionally integrated b Type II Type III - Other a | Type | C 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) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes Νo A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (I) Name of supported (III) Type of organization (iv) is the (vi) is the (vii) Amount of support (described on lines 1-9 above or IRC section (see instructions)) organization in column (I) organized in the US? organization in column (I) listed in organization your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	ion A. Public Support				·	· · · · · · · · · · · · · · · · · · ·	
Caler begir	ndar year (or fiscal year uning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(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					2	
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)		11 ca The Carlot				
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, 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	Total support. Add lines 7 through 10					**************************************	
12	Gross receipts from related activit	ies, etc (see instru	ctions)				
13	First five years. If the Form 990 organization, check this box and s	stop here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □
	tion C. Computation of Pu			4 1 . (0)		1 44 1	
	Public support percentage for 201 Public support percentage from 20						<u>%</u> %
	33-1/3% support test — 2011. If and stop here. The organization	qualifies as a publi	cly supported orga	nization			▶ 📙
t	33-1/3% support test — 2010. If and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	/3% or more, check 	this box
17 8	10%-facts-and-circumstances to or more, and if the organization meets the facts-	neets the 'facts-and	-circumstances' te	st, check this box a	and <b>stop here</b> . Exp	plain in Part IV how	
t	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and	neets the 'facts-and -circumstances' tes	l-circumstances' te st The organization	st, check this box a n qualifies as a put	and <b>stop here.</b> Exp plicly supported org	plain in Part IV how ganization	the ▶ □
18 BAA		zation did not chec	k a box on line 13,	16a, 16b, 17a, or			ns ▶     990 or 990-EZ) 2011
DAA					•	20.10000 A (1 01111 S	

#### 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)

<u>Sec</u>	tion A. Public Support		,	· · · · · · · · · · · · · · · · · · ·	<del>, · · · -</del>		
	dar year (or fiscal yr beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	1 667 006	1 016 717	153 005	2 262 425	2 225 227	11 000 100
•	any 'unusual grants ')	1,667,996.	1,916,/1/.	2,151,885.	2,860,435.	3,205,09/.	11,802,130.
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	101,197.	286,081.	307,313.	58,000.	240,000.	992,591.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,769,193.	2,202,798.	2,459,198.	2,918,435.	3,445,097.	12,794,721.
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	105,819.	108,928.	138,186.	169,220.	316,533.	838,686.
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	200,020	200,73200	200,2000	203,2200	310,3330	333,333.
c	Add lines 7a and 7b	105,819.	108,928.	138,186.	169,220.	316,533.	838,686.
	Public support (Subtract line	, , , , , , ,			% ' & '	020,0001	
<u> </u>	7c from line 6)					××	11,956,035.
	tion B. Total Support	(=) 0007	(h) 0000	(-) 0000	(4) 0040	(-) 0044	(D. T. J. J.
	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest,	1,769,193.	2,202,798.	2,459,198.	2,918,435.	3,445,097.	12,794,721.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	49,444.	70,494.	16,000.	6,490.	6,481.	148,909.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	49,444.	70,494.	16,000.	6,490.	6,481.	148,909.
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 ins 9, 10c, 11, and 12)	1,818,637.	2,273,292.	2,475,198.	2,924,925.	3,451,578.	12,943,630.
	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first_second_t	third fourth or fifth	tax year as a sect	uon 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				—— <del>———————————————————————————————————</del>
	Public support percentage for 201			3, column (f))		15	92.37 %
	Public support percentage from 20		•	. ,,,			93.02 %
	tion D. Computation of Inv				<del></del>	<u> </u>	<u> </u>
	Investment income percentage for				))	17	1.15 %
18	Investment income percentage fro	•	•	•	••	<del></del>	1.41 %
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check to	the organization d	lid not check the bo	ox on line 14, and	ine 15 is more that	n 33-1/3% and line	e 17
b	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%,	the organization d	lid not check a box	on line 14 or line	19a. and line 16 is	more than 33-1/39	6. and
20	Private foundation. If the organiz	ation did not checl	k a box on line 14,	19a, or 19b, check	this box and see	nstructions	<u> ▶ </u>

Schedule A	(Form 990 or 990-EZ) 2011	Liberty I	nstitute	75-1403169	Page 4
Part IV*;	Supplemental Informati Part II, line 17a or 17b; an (See instructions).	on. Completend Part III, line	e this part to provide the explanations re e 12 Also complete this part for any ad-	quired by Part II, line 10; ditional information.	
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#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

#### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

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 If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 75-1403169 Liberty Institute Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Part I-B Complete if the organization is exempt under section 501(c)(3). 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . . . . . . . . . . . . . If the organization incurred a section 4955 tax, did it file Form 4720 for this year?............. Yes No Yes l No b If 'Yes,' describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . . . > \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate (b) Address (c) EIN (d) Amount paid from filing (a) Name organization s funds If none, enter-0political organization If none, enter -0-(1) (2)(3) (4)(5)

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

(6)

Schedule C (Form 990 or 990-EZ) 2011

Schedule <b>C</b> (Form 990 or 990-EZ) 201				75-1403	
Part II-A Complete if t section 501(i	the organization)).	on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► If the filing	organization belor	ngs to an affiliated group (and	list in Part IV each affil	ated group member's name	<del></del>
address, E	EIN, expenses, and	i share of excess lobbying ex	penditures)		
B Check ► If the filing	organization chec	ked box A and 'limited contro	l' provisions apply		
(The term '		ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lobby	ing)	4,998.	
<b>b</b> Total lobbying expenditure	es to influence a leg	gislative body (direct lobbying	3)	207,539.	
c Total lobbying expenditure	es (add lines 1a an	d 1b)		212,537.	
d Other exempt purpose ex	penditures			5,687,314.	
e Total exempt purpose exp	enditures (add line	es 1c and 1d)	• • • • • • • • • • • • •	5,899,851.	
f Lobbying nontaxable amo both columns	unt Enter the amo	unt from the following table in	1	444,993.	_
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess (	over \$1,500,000	ľ	**
Over \$17,000,000		81,000,000			
g Grassroots nontaxable an	nount (enter 25% o	f line 1f)		111,248.	
h Subtract line 1g from line	1a If zero or less,	enter -0		0.	
i Subtract line 1f from line 1	c If zero or less, e	nter -0		0.	
j If there is an amount other section 4911 tax for this year.	r than zero on eithe ear?	er line 1h or line 1i, did the or	ganızatıon file Form 472	0 reporting	Yes No
(Some	e organizations the colum	4-Year Averaging Period U at made a section 501(h) elons below. See the instruction	ection do not have to d	complete all of the five h 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	od	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					·
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	1 990 or 990-EZ) 2011

	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed For	m 5768
5	Control of the contro	(a)	(

	(2	a)	(b)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo	ount	
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				÷	
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					×.
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?				-	
j Total Add lines 1c through 11			-		
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				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?				- 1	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	)R (b)	Parl	l III-A, line	e 3, is	i
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year		2 b			
c Total		2 c			
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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV   Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, also, complete this part for any additional information	and Pa	ırt II-B,	line 1		
				<b></b> -	
	<b>-</b>		·		

Schedule C (Form 990 or 990-EZ) 2011 Liberty Institute  [Part IV S   Supplemental Information (continued)	75-1403169	Page 4
Part IV Supplemental Information (continued)		
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#### SCHEDULE D (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

conservation easements

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public

Liberty Institute 75-1403169 Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . Aggregate grants from (during year) . . . . . Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . . . □No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements, Complete if the organization answered 'Yes' to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . . . . . . . 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section l I No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1
     ▶\$

     (ii) Assets included in Form 990, Part X
     ▶\$
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

		) (Form 990) 2011							75-14			Page 2
Par	t III	Organizations	Maintai	ning Colle	ections	s of Art, Histo	orical	Treasures, or	Other Similar A	ssets (c	ontinu	ed)
3	Using	the organization's a check all that apply	cquisition	, accession, a	and othe	r records, check	any of	the following that a	re a significant use of	its collect	ion	
ε	ı 🗀 F	Public exhibition				d Loan	or exch	ange programs				
t	, ∏ s	Scholarly research				e Other						
c	: 🗌 F	Preservation for future	e generat	ions		_						<u> </u>
4	Provi Part	ide a description of th	ne organiz	ation's collec	tions an	d explain how the	y furth	er the organization	s exempt purpose in			
5	asset		funds rath	ner than to be	maıntaı	ned as part of the	e organ	ization's collection	,			No
Par	t IV∛	Escrow and Cu line 9, or reporte	u <b>stodia</b> l ed an ar	Arrangen mount on F	n <b>ents.</b> orm 9	Complete if tl 90, Part X, line	ne orç e 21.	ganization answ	rered 'Yes' to For	n 990, f	<sup>2</sup> art IV	,
1 8	ls the	e organization an age ded on Form 990, Pa	ent, truste art X?	e, custodian,	or other	intermediary for	contrib	utions or other asse	ets not	. 🔲 Yes	; [	No
t	If 'Ye	s,' explain the arrang	gement in	Part XIV and	complet	te the following ta	ble		<u></u>			
										Amoun	<u>.t</u>	
	_	nning balance										
		tions during the year							. 1d			
		butions during the ye							. <u>1e</u>			
		ng balance							. <u>  1f </u>			
2 a	Did tl	he organization inclu	de an am	ount on Form	990, Pa	rt X, line 21? .			<i></i> .	. Yes	· [	No
		s,' explain the arrang										
Pai	t V"	Endowment Fu	nds. Co	mplete if the	ne orga	<u>anization ansv</u>	<u>vered</u>	'Yes' to Form 9	90, Part IV, line	0.		
			,	(a) Current	year	(b) Prior year	<u> </u>	(c) Two years back	(d) Three years bac	k (e)	Four year	s back
1 ε	Begi	nning of year balance	• · · ·									
t	Cont	ributions								***	<u> </u>	Ri.
ď		nvestment earnings, osses								3.9	waster strains	, ) ', >
c	Gran	ts or scholarships .								1.00		-
•		r expenditures for fac programs										
1	Admi	ınıstratıve expenses								La .	a si '	<b>(</b> (1))
	•	of year balance								9	<u>", ;                                    </u>	
2	Prov	ide the estimated per	rcentage o	of the current	year en	d balance (line 1g	g, colur	mn (a)) held as				
ŧ	Boar	d designated or quas	si-endown	nent 🟲		<b></b> %						
		nanent endowment			i							
•		porarily restricted end				<sup>%</sup>						
	The	percentages in lines	2a, 2b, ar	nd 2c should e	equal 10	0%						
3 8		here endowment fun nization by	ds not in t	the possessio	n of the	organization that	are he	eld and administere	d for the		Yes	No
	-	unrelated organizatio	ns							3a(i)		
	(ii) r	elated organizations								3a(ii)		
	o If 'Ye	es' to 3a(II), are the re	elated orga	anızatıons list	ed as re	quired on Schedi	ule R?			3b		
4	Desc	cribe in Part XIV the i	ntended ι	ises of the or	ganızatıd	n's endowment f	unds					
Pai	rt VI.	Land, Building	s, and I	Equipmen	t. See	Form 990, Pa	rt X,	ine 10.				
		Description of p	roperty			st or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book va	ilue
1 8	Land	1										
1	<b>B</b> uild	lings										
•	Leas	sehold improvements						6,878.				<u>,878.</u>
(	d Equi	pment						237,843.	133,300	· <b> </b>	104	,543.
	Othe	r		<del></del>	<u> </u>		L		<u>-</u>			
Tota	I. Add	lines 1a through 1e	(Column	(d) must eau	al Form	990. Part X. colu	mn (R)	line 10(c) )		<b>▶</b>	111	.421.

BAA

Schedule **D** (Form 990) 2011

Schedule D	(Form 990) 2011 Liberty Institute		75-140316	9 Page <b>3</b>
Part VII	Investments - Other Securities. See	Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
<u>(A)</u>			· · · · · · · · · · · · · · · · · · ·	
<u>(B)</u>				
(C)				
<u>(D)                                    </u>				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u>				
<u>(H)</u>				
<u>(I)</u>	(A) and a set Form (00 Pert V and the (0) that (0)			* * * *
	nn (b) must equal Form 990 Part X, column (B) line 12) <b>&gt;</b> Investments — Program Related. See			ž <u>787</u> 2
Part VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) Book value	Cost or end-of-year market va	lue
(1)				
(2)				
(3)	<del></del>			
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13 ) ▶		, xx¥	
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	<b>(a)</b> De	scription		<b>b)</b> Book value
(1)				
(2)				
(3)		<del></del>		
(4)				
(5)				<del> </del>
(6)				
(7)				<del></del>
(8)				
(9)				
(10)	(in the second second Second Co. Boot V. column (B)	( 15 )		
Part, X	lumn (b) must equal Form 990, Part X, column (B), Other Liabilities. See Form 990, Part >			
rait, A	(a) Description of liability	(b) Book value		······································
(1) Fede	ral income taxes	(b) Book Value	7	
(2)			_	,
(3)			-	•
(4)				
(5)			7	; [
(6)				a v
(7)				\$ 5
(8)				!
(9)				
(10)				
(11)				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 25 )	.▶	<u> </u>	
2 EINI 49 /A	SC 740) Footnote. In Part XIV, provide the text of t	ha faataata ta tha araanizat	tion's financial statements that removes the	

Sche	edule <b>D</b> (Form 990) 2011 Liberty Institute	75-1403169	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,631,494.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,271,749.
3	Excess or (deficit) for the year Subtract line 2 from line 1		359,745.
4	Net unrealized gains (losses) on investments		3337 . 131
5	Donated services and use of facilities		
	Investment expenses		
6	Prior period adjustments		<del></del>
7			
8	Other (Describe in Part XIV )		
9	Total adjustments (net) Add lines 4 through 8	<del></del>	252 545
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		359,745.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	1	6,259 <u>,5</u> 96.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities	02.	
	Recoveries of prior year grants		
(	d Other (Describe in Part XIV )		
	Add lines 2a through 2d	2 e	2,628,102.
3	Subtract line 2e from line 1	3	3,631,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV )		
	c Add lines 4a and 4b	4 c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	3,631,494.
	rt XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		3,031,131.
1	Total expenses and losses per audited financial statements		5,899,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		3/033/0311
_	a Donated services and use of facilities	02	
	o Prior year adjustments	02.	
	Cother losses	<del> </del> ,	
		<b>─</b> ┤	
	· · · · · · · · · · · · · · · · · · ·		
	e Add lines 2a through 2d		2,628,102.
3	Subtract line 2e from line 1	3	3,271,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	, *, *,	
	b Other (Describe in Part XIV )		
٠ - (	c Add lines 4a and 4b		3,271,749.
Da	rt XIV   Supplemental Information	5	3,2/1,/49.
		on the and Oh	
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete thi	es 10 and 20, s part to provide	
any	additional information		
			<del>-</del> -
		<del>-</del>	

Schedule D (Form 990) 2011 Liberty Institute	75-1403169	Page 5
Schedule D (Form 990) 2011 Liberty Institute  Part XIV Supplemental Information (continued)		
·		
		<b>-</b> -
		<del></del> -
	- <b></b>	
		<b></b>
	<b></b>	
- · · · · · · · · · · · · · · · · · · ·		
		<b></b> -
	<b></b>	<b>-</b>

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

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Employer identification number

Lib	erty Institute					75-1403169	<u> </u>				
==	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17										
	Troffil 990-CZ files are not required to complete this part										
1 a	Mail solicitations	เอฮน เนเเนอ แแบนเ	gir ally Uf I		X Solicitation of non-go						
a b	X Internet and email solicitations			f	Solicitation of govern	-					
C	Phone solicitations			g	Special fundraising e	-					
d	X In-person solicitations			9							
	Did the organization have a written of	or oral agreemen	t with anv	individual (	including officers, directo	rs, trustees or key					
	employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
b	b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization										
(i	(i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to										
,,	or entity (fundraiser)	(.,, /,	have custo	dy or control ibutions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization				
			Yes	No		(,)					
1											
	KMA	consultation		х	0.	14,025.	-14,025.				
2	Todd Dexter & Assoc	consultation		х	0.	89,300.	-89,300.				
3											
		ļ									
4											
5											
6											
7											
8						• • • • • • • • • • • • • • • • • • • •					
9											
10											
		<u> ,</u>	1	'							
Total	<u> </u>	<u></u>	<u></u> .	<u></u>	0.	103,325.	-103,325.				
3	List all states in which the organizati	ion is registered	or license	d to solicit o	contributions or has been	notified it is exempt from	n registration				
	or licensing Alabama										
	Alacka		<b>-</b>								
	Arigona										
	Arkanaaa										
	C-1/f/-										
	Colorado										
	Connecticut										
	District of Columbia										
	Planida										
	Coorgia										
	Hawaii										
	See Part I, Line 3 List of States Reg	gistered or Licen	sed to Sol	icit Funds							

		List events with gross receipts great			<del></del>	<del></del>
	,		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			(event type)	(event type)	(total number)	through column (c))
# > W Z U	1	Gross receipts				
Ē	2	Less Charitable contributions				
	_					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes		<u> </u>		
D	5	Noncash prizes				
RECT	6	Rent/facility costs		-		
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses				
S		Durant annual	mb O in column (d)			
	10 11	Direct expense summary Add lines 4 through Net income summary Combine line 3, column				
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes	'to Form 990, Part I	V, line 19, or reporte	ed more than
	T	\$15,000 011 0111 990-L2, line 0a.	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE			(a) Diligo	bingo/progressive bingo	(b) Giller garming	(add column (a) through column (c))
E N U						
E	1	Gross revenue				
F	2	Cash prizes				
D I R E N S E S	3	Non-cash prizes				
CS	4	Rent/facility costs				
	_					
	5					
		Other direct expenses	Yes %	Yes %	Yes %	V. F. N. C. V. F.
	6	Volunteer labor		Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Volunteer labor	gh 5 in column (d)	No No	No	<b>•</b>
	_	Volunteer labor	gh 5 in column (d)	No No	No	<b>•</b>
9	7 8 Ent	Volunteer labor	gh 5 in column (d) es 1, column (d) and lin	No	No	
	7 8 Ent	Volunteer labor	No  gh 5 in column (d)  es 1, column (d) and lin  ates gaming activities ctivities in each of thes	ne 7	No No	Yes No
	7 8 Ent	Volunteer labor	No  gh 5 in column (d)  es 1, column (d) and lin  ates gaming activities ctivities in each of thes	ne 7 · · · · · · · · · · · · · · · · · ·	No No	Yes No
I	7 8 Ent a Is the	Volunteer labor	No  gh 5 in column (d)  es 1, column (d) and lin  ates gaming activities ctivities in each of thes	e states?	No	Tyes No
10:	Ent a Is the bif 'N	Volunteer labor	No gh 5 in column (d) es 1, column (d) and lin ates gaming activities ctivities in each of thes	e states?	No No	Yes No
10:	Ent a Is the bif 'N	Volunteer labor	No gh 5 in column (d) es 1, column (d) and lin ates gaming activities ctivities in each of thes	e states?	No No	Yes No

Sche	edule G (Form 990 or 990-EZ) 2011 Liberty Institute	<u>/5-</u> 1403169	Page 3
11	Does the organization operate gaming activities with nonmembers?	· · · · · . Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	to · · · · · Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	*
t	An outside facility	13b	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords	
	Name •		
	Address ►		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.	Yes	No
	of Yes,' enter the amount of gaming revenue received by the organization > \$ and	_	<u> </u>
	of gaming revenue retained by the third party  \$		
c	c If 'Yes,' enter name and address of the third party		
	Name •		
	Address ►	· <b></b>	
16	Gaming manager information		
	Name •	<del>-</del>	
	Gaming manager compensation ► \$		
	Description of services provided	<b></b>	
	□ Director/officer □ Employee □ Independent contractor		
	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	Yes	No
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	it in the	
Dő	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required	by Part L line 2h	
Га	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicabe this part to provide any additional information (see instructions).	le. Also complete	
			<del> </del>
			<del></del>
	··		
	<del></del>		

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number 75-1403169

Lil	berty Institute			75-1403169			
Pa	rt 🕞 Questions Regarding Compensation						
						Yes	No
1	a Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any relevan	y of nt in	the following to or for a person listed in formation regarding these items	Form 990, Part	* * **	, 7°,	
	X First-class or charter travel		Housing allowance or residence for	personal use		,	, %
	X Travel for companions		Payments for business use of perso	nal residence			4
	Tax indemnification and gross-up payments		Health or social club dues or initiation	n fees			1. 3.
	Discretionary spending account		Personal services (e g , maid, chauf	feur, chef)			
							ķ.,
	b If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described ab	n fo bov	llow a written policy regarding payment e? If 'No,' complete Part III to explain.	or 	1 b	X	`,,;
2	Did the organization require substantiation prior to reimbursing trustees, and the CEO/Executive Director, regarding the items				2	Х	
3	Indicate which, if any, of the following the filing organization usi CEO/Executive Director Check all that apply Do not check an establish compensation of the CEO/Executive Director Explain	sed ny b n in	to establish the compensation of the orgonics of the orgonics for methods used by a related orgonic lill	ganization's anization to	, , , , , , , , , , , , , , , , , , , ,		i.
	X Compensation committee		Written employment contract				ĺ
	Independent compensation consultant		X Compensation survey or study				, 3
	X Form 990 of other organizations		X Approval by the board or compensa	tion committee			
	J					. *	
	Down the year did any parent lated in Farm 000 Bart VIII On	4.	A lunc de coule verseal As des films		1.13		ĺ ***.
4	During the year, did any person listed in Form 990, Part VII, Se or a related organization	ecu	on A, line 1a with respect to the filing or	ganization			, i
	a Receive a severance payment or change-of-control payment?				4 a		x ` `
	b Participate in, or receive payment from, a supplemental nonqui				4 b		х
	c Participate in, or receive payment from, an equity-based compe				4 c		х
	If 'Yes' to any of lines 4a-c, list the persons and provide the app				841	21	c:v' ,
						,	1 3
	Only section 501(c)(3) and 501(c)(4) organizations must co	-			<b>.</b>	fr.ä	ri i i
5	contingent on the revenues of		•	ensation	>~ .		~ 0Xx =
	a The organization?				5 a	ļ	Х
	<b>b</b> Any related organization?				5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of	d th	e organization pay or accrue any compe	ensation			
	a The organization?				6 a		Х
	<b>b</b> Any related organization?			<i></i> .	6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III					. Îb.	الْدِينَ الْكُلُونَ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ الْمُؤْدِّ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did described in lines 5 and 6? If 'Yes,' describe in Part III	d th	e organization provide any non-fixed pa	yments not	7		х
8					8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable						
٠	section 53 4958-6(c)?				9		

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

Schedule J (Form 990) 2011

75-1403169

Page 2

Schedule J (Form 990) 2011 Liberty Institute

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

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

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

	ruchtera (a)	OSIM-0601 Johns of W. 2 and/or 1009-MISC	1000-MISC companyation	Pac tagangaton ()	oldevetroN (0)	(E) Total of onlymps	(F) Compensation
(A) Name	(I) Base	1 - "	(iii) Other	other deferred	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	compensation		compensation				
	(i) $\begin{bmatrix}197 & 500 \end{bmatrix}$ .	75,000.	16,500.	0	30,620.	319,920.	0
1 Kelly Shackelford (ii)			0.	0.	0.	0.	0.
	(i) 103,500.	70,000.	16,500.	10	16,974.	206,974.	0   0
2 Mark E Swafford (ii)				0.	0	0.	0.
	(i) 114,917.	20,000.	5,000.	0	18,440.	158,357.	0
3 Hiram S. Sasser (ii)	     		0.	0.	0		0.
		17,000.	0	0	19,339.	176,339.	0
4 Jeffrey C. Mateer (ii)			0.	0	0	0.	0.
	(i) 92,500.	15,000.	0	0	- 78976	117,187.	0
5 Jonathan Saenz			0.	0	- 1	0.	0.
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	       1   1   1   1	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
9							
	(i)		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           		
7							
	(i)		             	             	 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8				- 1			
	()	             	1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6	(ii)						
	(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10	(ii)						
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ВАА			TEEA4102 01/2	01/24/12		Sche	Schedule J (Form 990) 2011

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

Schedule M (Form 990) 2011

QUII
Open To Public

Department of the Treasury Internal Revenue Service

ch to Form 990. Inspection

Employer identification number

Liberty Institute 75-1403169 Part | Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . . . . . Art - Historical treasures . . . . . . . . . 3 Art - Fractional interests . . . . . . 4 Books and publications . . . . . . . . . . . . . 5 Clothing and household goods . . . . . . . . . . . 6 Cars and other vehicles . . . . . . . . . . 7 8 Securities - Publicly traded . . . . . . . . . . . 9 4 179,884. Market sale Securities - Closely held stock . . . . . . . . . . 10 Securities - Partnership, LLC, or trust interests . . 11 12 13 Qualified conservation contribution -Qualified conservation contribution - Other . . . 14 15 Real estate - Residential . . . . . . 16 Real estate - Commercial . . . . . . Real estate - Other . . . . . . . . . . . . 17 18 Collectibles . . . . . . . . . . . . 19 Drugs and medical supplies . . . . . . 20 21 22 23 Scientific specimens . . . . . . . . . 24 Archeological artifacts . . . . . . 25 26 27 Other ▶ 28 29 Yes No KA. 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30 a Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . . 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?............ 32 a Х b If 'Yes,' describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule	M (Form 990) 2011	Liberty	Institute	75-1403169	Page 2
Part II	Supplemental and 33, and wh	Information. ether the org	Institute  Complete this part to provide the information require anization is reporting in Part I, column (b), the number a combination of both. Also complete this part for an	ed by Part I, lines 30b, 32b er of contributions, the	,
	number of item	s received, or	a combination of both. Also complete this part for ar	iy additional information	
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# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public

Employer identification number

Liberty Institute	75–1403169	
		_ <b>_</b> _
Pt_VI, Line 11a _ Draft 990 is discusse	ed by Board via telephone conference.	
Pt_VI, Line 12c _ Conflict_of_interest_	policy distributed and reviewed by Board	
Pt_VI, Line 15 Compensation_determin	ed annually by Exec. Board	
Pt_VI, Line 19 Copies provided upon	written request.	
Pt XI Rounding		
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.						
· · · ·						
Revenue. 0.						
	hearings, and communication with elected officials and staff.					
O-d- December	LEGISLATURE: Review of bills pending in the legislature,					
CodeDescription						
rants Of 0. <u>legislators and education of supporters of pending</u>						
evenue. 0. legislation.						
Schedule O (Form 990), Supp Form 990, Page 6, Line 17 (c	lemental Information to Form 990 ontinued)					
Alaska						
Arizona						
	Georgia					
Hawaii						
Kentucky						
	Massachusetts					
	Maryland					
Michigan						
Minnesota						
Mississippi						
North Carolina						
North Dakota						
New Hampshire						
New Jersey						
Ohio						
Pennsylvania						
South Carolina						
Tennessee						
Washington						
Wisconsin	<del></del>					
West Virginia	<del></del>					
Schedule G(Form 990 or Form	Schedule G(Form 990 or Form 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activities					
	Registered or Licensed to Solicit Funds					

Illinois	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	

Schedule G(Form 990 or Form 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activitinaed Part I, Line 3 List of States Registered or Licensed to Solicit Funds

Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
Tennessee				
Utah				
Virginia				
Washington				
West Virginia				
Wisconsin				