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, Form **990**

Return of Organization Exempt From Income Tax

2012

OMB No 1545-0047

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

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	Fc	r the 2	012 calen	dar year, or tax year beginning , 2012, and endi	ing	<u> </u>	
В	Ch	eck if appl	cable	C Name of organization Liberty Initiative Fund		D Employer Identif	ication Number
	Γ	Address	change	Doing Business As		45-41014	188
	r	Name c	hange	Number and street (or P O box if mail is not delivered to street addr) Room	n/suite	E Telephone numbe	
	\vdash	Initial re	turn	2050 Old Bridge Road	3	(703) 49	92-1776
	H	Termina		City, town or country State ZIP code +		(100)	2770
	┢	⊣	ed return	Woodbridge VA 22192	1	G Gross receipts \$	488,449.
	H	-	bon pending	F Name and address of principal officer		group return for affiliat	
	L		bon pending	Neal Hobson 2050 Old Bridge Rd Woodbridge VA 22192	1	affiliates included? attach a list (see instruc	□···· ⊟····
_	-	Tay.even	npt status	501(c)(3) X 501(c) (4	If 'No,' a	attach a list (see instru	ctions)
' _		Vebsit	•			exemption number	
K						 	
			ganization		ation 2011	M State of leg	gal domicile VA
Pa	_		Summar		T. J. J. J.		/T TD- \
			-			tive Fund	
ည္ည				<pre>_governmental accountability and protects per ng for citizen initiatives and other ballot m</pre>			
nar				sing those ballot measures that reduce liberty			
ě				x If the organization discontinued its operations or disposed of more			ccountability.
တိ		3 Mur	nher of vo	ting members of the governing body (Part VI, line 1a)		3	4
•ಶ		4 Nur	mber of inc	dependent voting members of the governing body (Part VI, line 1b)	A/	4	4
ij		5 Tota	al number	of individuals employed in calendar year 2011 (Part V, line 2a)	12. July 1	5	3
Activities & Governance		6 Tota	al number	of volunteers (estimate if necessary)	··· \%	\· · · · 6	
ĕ		7a Tota	al unrelate	d business revenue from Part VIII, column (C), life 12	43 /9		0.
		b Net	unrelated	business taxable income from Form 990-T, line 34.	1012 16	~ \	
				dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2011 (Part V, line 1b) of volunteers (estimate if necessary)	P	rior Year	Current Year
ē		8 Cor	ntributions	and grants (Part VIII, line 1h)	1 111		478,722.
Ę	١.	9 Pro	gram serv	ice revenue (Part VIII, line 2g)	N J		
Revenue	1	0 Inve	estment in	and grants (Part VIII, line 1h)	/		-195.
_	ı .	· Oui	e levellut	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		470 507
	⊢			milar amounts paid (Part IX, column (A), lines 1-3)	`		478,527.
				to or for members (Part IX, column (A), line 4)	·		124,000.
	ı		•	• • • • • • • • • • • • • • • • • • • •	·		112.050
es	<u>'</u>			er compensation, employee benefits (Part IX, column (A), lines 5-10)	-		113,258.
Expenses	ן ו	6a Pro	tessional t	fundraising fees (Part IX, column (A), line 11e)	•		
Š		b Tot	al fundrais	ing expenses (Part IX, column (D), line 25) ► 37, 150	<u>.</u>		
ш	1	7 Oth	er expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	• [_	145,686.
	1	8 Tot	al expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)			382,944.
	1	9 Rev	venue less	expenses Subtract line 18 from line 12			95,583.
Assets of Balances	Π	-			Beginnir	ng of Current Year	End of Year
Sala Sala	2	0 Tot	al assets (Part X, line 16)		100.	101,133.
7 E	2	1 Tot	al liabilities	s (Part X, line 26)		100.	5,550.
Ž.	2	2 Net	assets or	fund balances Subtract line 21 from line 20		0.	95,583.
Pá	irt	11 5	Signatui	re Block		•	
Und	er p			clare that I have examined this return, including accompanying schedules and statements, and to the beer (other than officer) is based on all another than officer) is based on all another than of which preparer has any knowledge	est of my know	ledge and belief, it is tru	ue correct, and
com	plet	e Declara	ition of prepar	er (other than officer) is based on all stormation of which preparer has any knowledge			
				1 m		10-4.	-/3
Sig	gn		Signatu	re of officer	Da	ite	
He	re			l Jacob	Pres	ident	
				pnnt name and title			
			Print/Type p	oreparer's name Preparer's signature Date		Check If	PTIN
Pa	id		Lisa N	4 Lally (1) (2) (3) (4) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (8) (7)	/13	self-employed]	P00517553
Pr	ep	arer	Firm's name	Ceterus, Inc.			
Us	е	Only	Firm's addre	PO Box 19366		Firm's EIN ► 26 -	-2418428
				Kalamazoo MI 49019		Рһоле по	
Ma	y tl	ne IRS	discuss thi	s return with the preparer shown above? (see instructions)			. X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/14/13

Form 990 (2012)



Form	990 (2	2012)	Libe	erty	Init	iati	ve Fur	nd							45-4	10148	38	P	age 2
Par	t III	State	ement	of P	rogra	m Ser	vice A	ccom	plishme	ents						•			
							<u>' </u>	any qu	estion in	this Part III	• •				<u> </u>		<u>.</u>	٠.	. Ц
1	Briefly	descri	be the o	organiza	ation's	mission													
							(LIFe)										- - -		
								bili	ty_and	_prote	cts]	perso	nal ar	nd ec	onomi	c_fre	eedom	_by_	
	See Fo	orm 99	0, Page	2, Par	<u>t III, L</u> u	<u>ne 1 (co</u>	ntinued)_												
																_			
2	Did the	e orgar	nization	underta	ake an	y sıgnıfic	cant progr	ram sei	vices duri	ng the yea	r which	were n	ot listed o	n the pri	or			_	
	Form 9	990 or	990-EZ	?										•		🔲	Yes	X	No
	If 'Yes,	' desc	ribe thes	se new	service	es on So	chedule C)								_		_	
3	Did the	e orgar	nızatıon	cease	conduc	ting, or	make sig	nıficant	changes	in how it c	onduct	s, any pr	rogram se	ervices?		-	Yes	x	No
	If 'Yes,	' desc	ribe thes	se char	nges or	n Sched	ule O											_	
4	Descri	be the	organiz	ation's	progra	m servi	ce accom	plishme	ents for ea	ach of its th) trusts are	ree lar	gest pro	gram ser	vices, as	measu	red by e	xpense	S	
	others.	n 501() , the to	c)(3) and stal expe	a soricenses, a	and rev	ganızatı /enue, if	any, for	each pr	ogram se) trusts are rvice repor	requir ted	ed to rep	port the a	mount o	grants	and and	ocations	io	
	•	•	•	•			• •		•	•									
4 2	(Code		,) (Expe	nees	\$	200	015	including	grants of	ς .		24,000) (Re	venue	\$	47	8,72	2)
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							~			<u>ballot</u>	mea	sures	_tnat	_reau	ce				
	libe	rty	and	gove	rnme	<u>ntal</u>	accou	ntab	ility.										
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	Other	progra	m sen/	ces (D	escribe	a in Sch	edule O)												
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			am serv	ice ev	nenses		moladiii		,945.				, (I revell	<u>υυ γ</u>				<u>, </u>	
BAA		p. 0910						499	•	02 08/08/12							Form	990 ((2012)

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 4 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 Х Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х Я Х 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, 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 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 Х 11 b X 11 c X 11 d X 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 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 Х Schedule D, Parts XI, and XII. 12a 12 h X Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?....... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Х 14b Х 15 16 Х 16 17 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X 19 complete Schedule G, Part III. Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 20 b

. 0111	255 (2512) Liberty initiative rund 45-410146	0	- 1	aye.
Pai	t 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		x
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	• •	х
t	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		
c	I 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
t	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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)			
a	A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV	28a		Х
t	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		x
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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	o If 'Yes' to line 35a, 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		
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		
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

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Form 990 (2012) Liberty Initiative Fund 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 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	
2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	3		<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ļ	ļ
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
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		ļ	, <u> </u>
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible 7	6 b	-	
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	_	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year		<u> </u>	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		İ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		-
	 '''	-	
8 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 holdings at any time during the year?	8	ļ	ļ
9 Sponsoring organizations maintaining donor advised funds.	 		
a Did the organization make any taxable distributions under section 4966?	9 a	 	-
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			1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv		
11 Section 501(c)(12) organizations. Enter	\dashv		
a Gross income from members or shareholders			ŀ
	\dashv		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	ļ	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	L
a Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
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			
c Enter the amount of reserves on hand 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Part V		, and	for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n		
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. x
Section	n A. Governing Body and Management			<u> </u>
Dectio	n A. Coverning Body and management		Yes	No
1 a En	ter the number of voting members of the governing body at the end of the tax year 1 a 4			
If the of	here are material differences in voting rights among members the governing body, or if the governing body delegated broad			
	thority to an executive committee or similar committee, explain in Schedule O ter the number of voting members included in line 1a, above, who are independent			
offi	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other icer, director, trustee or key employee?	2		х
	d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person?	3		x
	the organization make any significant changes to its governing documents			
	ce the prior Form 990 was filed?	4		X
	the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	I the organization have members or stockholders?	6		X
7 a Did me	I the organization have members, stockholders, or other persons who had the power to elect or appoint one or more embers of the governing body?	7 a		х
b Are	e any governance decisions of the organization reserved to (or subject to approval by) members, ickholders, or other persons other than the governing body?	7 b		x
8 Did	the organization contemporaneously document the meetings held or written actions undertaken during the year by		-	
	e governing body?	8 a		
	ch committee with authority to act on behalf of the governing body?	8 b	X	\vdash
	there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
org	ganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sectio	n B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
			Yes	No
	d the organization have local chapters, branches, or affiliates?	10 a		X
оре	es,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their erations are consistent with the organization's exempt purposes?	10 b		
	s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Щ,
	scribe in Schedule O the process, if any, used by the organization to review this Form 990			
	d the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
to	ere officers, directors or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b	Х	
	d the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the dule O how this is done	12c	х	
	d the organization have a written whistleblower policy?	13	_	X
14 Di	d the organization have a written document retention and destruction policy?	14		X
15 De	d the process for determining compensation of the following persons include a review and approval by independent rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	e organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b Ot	her officers of key employees of the organization	15b		Х
If '	Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a kable entity during the year?	16a		X
pa	Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its rticipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	101		
	ganization's exempt status with respect to such arrangements?	16b		L
	st the states with which a copy of this Form 990 is required to be filed Virginia Virginia		-	
18 Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
ins	spection Indicate how you make these available Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)			
	scribe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year	le to		
	ate the name, physical address, and telephone number of the person who possesses the books and records of the organizatio	n		
►_C	eterus, Inc PO Box 19366 Kalamazoo MI 49019 (26			0322 (2012)

Form 990 (2012) Liberty Initiat	ive Fur	nd							45-41014	188 Page 7
Part VII Compensation of Officers Independent Contractors	s, Direct		Tru	ste	es,	Key	En	nployees, Highes	t Compensated E	mployees, and
Check if Schedule O contains a re		any q	uest	ו תסו	n th	ıs Part	VII.			
Section A. Officers, Directors, Tru	stees, K	ey E	mp	loy	ees	, and	НE	ighest Compensa	ated Employees	
1 a Complete this table for all persons required organization's tax year	to be liste	d Rep	ort	com	pens	sation	for t	he calendar year endin	g with or within the	
 List all of the organization's current officempensation Enter -0- in columns (D), (E), a 	ers, direct nd (F) if no	ors, tro	uste ens	es (v atıor	vhet v wa	her in s paid	dıvıd	luals or organizations),	regardless of amount	of
 List all of the organization's current key 	employees	s, if an	y S	ee ır	nstru	ictions	for	definition of 'key emplo	yee'	
 List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations 	est comper of Form W	sated /-2 and	em _l d/or	oloye Box	ees 7 of	(other Form	thar 109	n an officer, director, tru 9-MISC) of more than t	ustee, or key employee \$100,000 from the	·)
 List all of the organization's former office of reportable compensation from the organizat 	ers, key en ion and an	nploye y relat	es, a	and orgar	high nizat	est co	mpe	ensated employees who	o received more than \$	5100,000
 List all of the organization's former directorganization, more than \$10,000 of reportable 	compensa	tion fr	om t	he o	rgai	nızatıo	n an	d any related organiza	tions	
List persons in the following order individual tremployees, and former such persons	ustees or o	directo	irs, II	nstiti	utior	nal trus	stees	s; officers, key employe	ees, highest compensa	ted
Check this box if neither the organization r	or any rela	ted or	gan	ızatı	on c	ompe	nsat	ed any current officer, o	director, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per	one bo	x, uni	ess p	erson	more that is both r/trustee	ап	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related	or d	lst.	Officer	Κου	emp High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	organiza- tions	Individual or director	tutio	æ	a	nest i	ner			and related organizations
	below dotted		nal t		cmployee	comp				- G
	line)	trustee	nstitutional trustee		ဂ	Highest compensated employee				
			Ж			ated				
(1) Michael Dunmire Secretary	_1.00	х						0.	0.	0.
(2) Frank Gilbert	1.00							0.		0.
Treasurer	-=	х						0.	0.	0.
(3) Paul Jacob	40.00									
President		Х						90,000.	41,050.	0.
(4) John Tillman	1.00									
Vice-President		Х						0.	0.	0.
_ (5)										
(6)										
(8)										
(9)										
(10)										·
(11)										
(12)			_							
(4.2)		<u> </u>	<u> </u>	<u> </u>	-	-	-			
(13)						}				

(A) Name and title	Average hours per week	(do box offi	not cl , unle: cer ar	Posi heck ss pe	ition more rson i	than o s both or/trust	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of oth compensatio		er
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the nization related nization:	
<u></u>												
(16)												
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
(21)						-	-					
(22)												
(23)				·								
(24)												
(25)												
1 b Sub-total							>	90,000.	41,050.			0.
d Total (add lines 1b and 1c)							•	90,000.	41,050.			0.
2 Total number of individuals (including but not limited to from the organization ►	to those	listed	abo	ove)	who	rece	eive	d more than \$100,	000 of reportable co	mpensat	ion	
											Yes	No
3 Did the organization list any former officer, director o on line 1a? If 'Yes,' complete Schedule J for such ind										. 3		Х
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual		00 <u>0</u> 3	If 'Y							. 4		X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' cor										5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated									-	•		
compensation from the organization Report compens								with or within the	organization's tax ye			
Name and business addres	ss							Description of		Compe	C) nsatio	n
	_											_
2 Total number of independent contractors (including b	ut not lir	nıted	to th	nose	liste	ed ab		e) who received mo	ere than			
\$100,000 in compensation from the organization	-	TEEA	0108	01/2	4/13			· 		Form	990 (2012)

		Check if Schedule O	contains a res	pon	se to any question i	n this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NTS	1 a	Federated campaigns .		1 a			-		
GRA	b	Membership dues		1 b					1
TS.	С	Fundraising events		1 c					
E E	d	Related organizations .	🗀	1 d					
X S		Government grants (contributi	<u> </u>	1 e					
CONTRIBUTIONS, GIFTS, GRANTS! AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, gi similar amounts not included a	<u> </u>	1 f	478,722.				
ON	g	Noncash contributions include	ed in Ins 1a-1f	\$					
C C	h	Total. Add lines 1a-1f				478,722.			
N					Business Code			-	
PROGRAM SERVICE REVENUE	2 a			Γ					
3	b								
Z.	С								
SE	d								
.¥	е								
OG	f	All other program service	e revenue .	: T					
쮼	g	Total. Add lines 2a-2f .		. –					
	3	Investment income (incluother similar amounts) .	uding dividen	ds, ır	terest and				
	4	Income from investment	of tax-exemp	ot bo	nd proceeds 🟲				
	5	Royalties							
			(ı) Real		(II) Personal				
	6 a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (los	ss)						
	7 a	Gross amount from sales of	(ı) Securitie	s	(II) Other				
	٠. ۵	assets other than inventory			9,727.				
	b	Less cost or other basis and sales expenses			9,922.				
	С	Gain or (loss)			-195.				
	d	Net gain or (loss)				-195.	-195.	0.	0.
		Gross income from fund	raising avant	e					
REVENUE	U a	(not including. \$ of contributions reported		_	!				
22		See Part IV, line 18		а					
OTHER	ь	Less direct expenses .		. t					
O	ł .	: Net income or (loss) fron			nts ▶				
	9 a	Gross income from gami See Part IV, line 19	ing activities	. а					
	Ь	Less direct expenses							
	1	: Net income or (loss) fror							
		• •							
		Gross sales of inventory and allowances Less cost of goods sold		. a					
		•							
	⊢ °	Net income or (loss) from Miscellaneous Reveni		ento				· · · · · · · · · · · · · · · · · · ·	
	11 -			\dashv	Business Code				
	11 a							<u>.</u>	
	6	`							ļ
	<u> </u>	; 							
		All other revenue							
	l	Total. Add lines 11a-11d							
	ィコン	Total revenue. See inst	TUCTIONS			478 527	_105	^	· ^

Form 990 (2012) Liberty Initiative Fund Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organization	is must complete all columns	All other organizations must complete column (A)	

0000	Check if Schedule O contains a res				
	not include amounts reported on lines 6b, Bb, 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	124,000.	124.000.	general	
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	90,000.	45,000.	22,500.	22,500.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,3,73333			
7	Other salaries and wages	13,976.	12,578.	699.	699.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,282.	5,142.	2,070.	2,070.
11	Fees for services (non-employees)	-,,-,-			
	Management				
	Legal				
	: Accounting	11,500.	1,150.	9,200.	1,150.
	Lobbying	11,300.	1,130.	3,200.	1,130.
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col-			- · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	umn (A) amt, list line 11g expenses on Sch O)	96,950.	96,950.	0.	0.
	Advertising and promotion	4,600.	2,530.	0.	2,070.
13	Office expenses	6,035.	2,112.	1,509.	2,414.
14	Information technology				
15	Royalties				
16	Occupancy	12,311.	1,847.	8,617.	1,847.
17	Travel	9,175.	6,881.	0.	2,294.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
ā	Supplies	5,015.	1,755.	1,254.	2,006.
	Dues/Subscriptions	100.	0.	0.	100.
	;				
	±				
•	All other expenses	-			
	Total functional expenses. Add lines 1 through 24e	382,944.	299,945.	45,849.	37,150.
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)				

18 Grants payable			Check if Schedule O contains a response to any question in this Part X	<u></u>		
2 Savings and temporary cash investments						(B) End of year
A Accounts receivable, net A Accounts receivable, net A Accounts receivable, net B Loans and other receivables from ourrent and former officers, directors, trustees, key exployees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4985(II(1)), persons described in Section 4985(II(1)), persons described		1	Cash – non-interest-bearing	100.	1	101,133.
4 Accounts receivable, net	ŀ	2			2	
10		3			3	
trustees, key employees, and highest compensated employees Complete Part II of Schedule D. 6 Loans and other receivables from other disqualified persons (as defined under section 4956(ff(1)), persons described in section 4956(ff(1)), persons described in section 4956(ff(1)), persons described in section 501c(j(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L. 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment cost or other basis Complete Part II of Schedule D 11 Investiments – publicly traded secunities 11 Investiments – publicly traded secunities 12 Investiments – publicly traded secunities 13 Investiments – other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Deferred revenue 19 Deferred revenue 10 Deferred revenue 10 Deferred revenue 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 10 Complete Part II of Schedule L 11 Complete Part II of Schedule D 12 Complete Part II of Schedule D 13 Secured mortgages and notes payable to unrelated third parties 14 Unrestructed net assets 15 Complete Part II of Schedule D 16 Total liabilities. Add loans payable to unrelated third parties 17 Complete Part II of Schedule D 18 Complete Part II of Schedule D 29 Complete Part II of Schedule D 20 Tax-exempt bond liabilities of uncluded on lines 174 (ASC 958), check here Part II of Schedule D 21 Complete Part II of Schedule D 22 Constructed net assets 23 Corganizations that follow SFAS 117 (ASC 958), check here Part II of Schedule D 29 Permanently restricted net assets 2		4	Accounts receivable, net		4	
6 Loans and other receivables from other disqualified persons (as defined under section 4598)(1/1) persons described in section 4598(1/3)(8) and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		5	Loans and other receivables from current and former officers, directors,			
6 Loans and other receivables from other disqualified persons (as defined under section 4598)(1/1) persons described in section 4598(1/3)(8) and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L	- 1		trustees, key employees, and highest compensated employees. Complete		-	
section 4958(f/11), persons described in section 4958(c/13(8)), and contributing employers and sponsoring organizations of section 501c(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		e	-		3	7
beneficary organizations (see instructions) Complete Part II of Schedule L. 7 7 Notes and loans receivable, net 1 7 Notes and loans receivable, net 1 8 Inventiones for sale or use . 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and a equipment cost or other basis Complete Part IV of Schedule D . 10b . 10c . 11 Investments — publicly traded securities . 111 . 112 . 113 Investments — publicly traded securities . 111 . 113 . 114 . 115 . 115 . 114 . 115 . 115 . 114 . 116 . 115 . 116 . 116 . 116 . 116 . 116 . 116 . 116 . 117 . 117 . 118		·	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 9 Prepare expenses and deferred charges 9 9 Prepare expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis 10 a b Less accumulated depreciation 10 b 10 c 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Interpole assets 15 Investments – publicly traded securities 15 Investments – publicly traded securities 16 Investments – publicly traded securities 16 Investments – publicly traded securities 17 Investments – publicly traded securities 18 Investments – publicly traded securities 19 Investments – publicly traded securities			employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule I.		6	
10 a Land, buildings, and equipment cost or other basis	Ą	7	, , ,			
10 a Land, buildings, and equipment cost or other basis	ខ្ន	-	· · · · · · · · · · · · · · · · · · ·			.
10 a Land, buildings, and equipment cost or other basis	֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	•	P		 +	
b Less accumulated depreciation 10 b 10 c	Ĭ	10 a	Land, buildings, and equipment cost or other basis			
11 Investments - publicly traded secunites 11 12 Investments - other secunites See Part IV, line 11 12 Investments - other secunites See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Intangible assets 16 Intangible assets 17 Intangible assets 18 Intangible assets 19 Intangible ass	j		' <u> </u>		<u> </u>	
12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 International 14 Intargible assets 14 14 15 Other assets See Part IV, line 11 15 15 16 Total assets See Part IV, line 11 15 16 Total assets See Part IV, line 11 15 17 Accounts payable and accrued expenses 17 5,550. 17 Second 18 Second 18 Second 18 Second 18 Second 18 Second 18 Second 19 Se		b	· • • • • • • • • • • • • • • • • • • •			
13 Investments — program-related See Part IV, line 11 14 Intangible assets 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 100, 16 101, 133 17 Accounts payable and accrued expenses 17 5,550. 18 Grants payable and accrued expenses 18 19 Deferred revenue 19 20 21 22 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 22 23 24 24 25 25 25 26 27 27 27 27 27 27 27	- 1		· · · · · · · · · · · · · · · · · · ·		 	
14 Intangible assets 14 15 Other assets See Part IV, line 11 15 15 15 16 101, 133 17 Accounts payable and accrued expenses 17 5,550 18 Grants payable 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24) Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25. 100 26 5,550 27 295,583 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 29 20 20 20 20 20 20				 	-	
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable . 19 Deferred revenue. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 21 Unsecured mortgages and notes payable to unrelated third parties. 22 Unsecured mortgages and notes payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporanly restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Total net assets or fund balances. 31 Total net assets or fund balances. 32 Total net assets or fund balances. 32 Total net assets or fund balances. 33 Total net assets or fund balances. 34 Total net assets or fund balances. 35 Total net assets or fund balances. 36 Total net assets or fund balances.					-	· · · · · · · · · · · · · · · · · · ·
16 Total assets. Add lines 1 through 15 (must equal line 34) 100			<u> </u>			
17 Accounts payable and accrued expenses.						
18 Grants payable	\dashv		Accounts payable and accrued expenses	100.	-	
19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 31 through 25 Total lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 10 27 Unrestricted net assets 10 27 Unrestricted net assets 10 28 Permanently restricted net assets 10 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Aritical land and camples are funded and complete lines 30 through 34. 31 Retained earnings, endowment, accumulated income, or other funds 32 Aritical liabilities and complete lines 32 Total net assets or fund balances 10 Aritical liabilities 20 Aritical liabili					-	5,550.
Tax-exempt bond liabilities						
25 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	ا ا	20	la contraction of the contractio		20	
25 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	Ā	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
25 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	В	22	Loans and other payables to current and former officers, directors, trustees,			
25 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	Ţ		Complete Part II of Schedule L		22	
25 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	Ė	23	Secured mortgages and notes payable to unrelated third parties	100.	23	
26 Total liabilities. Add lines 17 through 25	s	24	· · · · · · · · · · · · · · · · · · ·		24	<u> </u>
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	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	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	100.	26	5,550.
A 27 Unrestricted net assets	N E T		1" 1			
Permanently restricted net assets		27	<u>.</u>	0	27	95.583
Permanently restricted net assets	Š	28	Temporanly restricted net assets			33,303.
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Š	29	Permanently restricted net assets			
30 Capital stock or trust principal, or current funds						
Paid-in or capital surplus, or land, building, or equipment fund	Ž	30	,		30	
Retained earnings, endowment, accumulated income, or other funds			· · · · · · · · · · · · · · · · · · ·		+	
8	Ļ					
§ 34 Total liabilities and net assets/fund balances	Ñ		· · · · · · · · · · · · · · · · · · ·	0.	t — t	95.583.
	É		,	•	 	

Form	990 (2012)	Liberty Initiative Fund 45-4	101488		Pa	ge 12
Par	t XI Rec	onciliation of Net Assets				
	Chec	k if Schedule O contains a response to any question in this Part XI				П
1	Total revenu	e (must equal Part VIII, column (A), line 12)	1	4	78,5	27.
2	Total expens	ses (must equal Part IX, column (A), line 25)	2	3	82,9	44.
3	Revenue les	ss expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3		95,5	83.
4	Net assets of	or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			0.
5	Net unrealiz	ed gains (losses) on investments	5			
6	Donated ser	vices and use of facilities	6			
7	Investment e	expenses	7			
8	Prior period	adjustments	8			
9	Other chang	es in net assets or fund balances (explain in Schedule O)	9			
10		or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
F-22"	column (B))		10		95,5	83.
Par	t XII Fina	ncial Statements and Reporting				
	Chec	k if Schedule O contains a response to any question in this Part XII				. □
					Yes	No
1	Accounting i	method used to prepare the Form 990				
	If the organiz	zation changed its method of accounting from a prior year or checked 'Other,' explain O				
2 a	Were the org	ganization's financial statements compiled or reviewed by an independent accountant?		2 a		X
		ck a box below to indicate whether the financial statements for the year were compiled or reviewed on a sis, consolidated basis, or both				
	Separa	ate basis Consolidated basis Both consolidated and separate basis				
b	Were the or	ganization's financial statements audited by an independent accountant?		2 b		Х
		ck a box below to indicate whether the financial statements for the year were audited on a separate				
		olidated basis, or both				ì
	ш .	ate basis Consolidated basis Both consolidated and separate basis				<u> </u>
C		e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, ompilation of its financial statements and selection of an independent accountant?	, 	2 c		
	ın Schedule					
3 a	As a result of Audit Act an	of a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3 a		х
b	If 'Yes,' did t or audits, ex	he organization undergo the required audit or audits? If the organization did not undergo the required aud plain why in Schedule O and describe any steps taken to undergo such audits	dıt 	3 b		į
BAA				Form	990 (2	2012)

OMB No 1545-0047	2012	Open to Public . Inspection	Employer identification number	1488		· · X Yes
Grante and Othor Accietance to Organizations	Governments, and Individuals in the United States	Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	Employer Id	Live Fund 45-4101488	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?
	(Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Liberty Initiative Fund	Part i General li	1 Does the organizathe selection crite

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governmer Form 990, Part IV, line 21 for any recipient that	nce to Governme or any recipient tha	nts and Organi at received more	zations in the Unit than \$5,000. Part I	its and Organizations in the United States. Complete if the organization answered 'Yes' to t received more than \$5,000. Part II can be duplicated if additional space is needed.	te if the organizati if additional space	on answered 'Ye is needed.	s' to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Californians for Term Lim 17595 Harvard #C-138	45-4552435		100.000				Operations
Choices	76-0713455		15,000.				Operations
(3)							
<u></u>							
(7)				i			
(8)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	and government organ	izations listed in the	line 1 table			A A	
	, see the Instructions	for Form 990.		TEEA3901 11/30/12	11/30/12	Schedu	Schedule I (Form 990) (2012)

Liberty Initiative Fund Schedule I (Form 990) (2012)

Part III | Grants and O

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other Method of valuation (book, FMV, appraisal, other) • (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Part IV Ŋ 9 ~ က 4

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Schedule I (Form 990) (2012)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2012

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Department of the Treasury Internal Revenue Service

(9) (10)

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

Name of the organization Employer identification number 45-4101488 Liberty Initiative Fund Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction 1 person and organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under ▶\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or from the organization? (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (e) Onginal principal amount (f) Balance due (h) Approved by board or committee? (g) In default? (ı) Written Tο Yes From No Yes No Yes No (1)(2) (3)(4) (5) (6) (7) (8)(9) (10) Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of Assistance (e) Purpose of assistance (a) Name of interested person (1)(2)(3) (4)(5) (6) (7)(8)

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions	Involving Interested Perso	ns.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	nng of
	organization			Yes	No
(1) Scott Tillman	Nephew of John Tillman	11,250.	Payroll		х
(2)					
(3)		· ·			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Part V Supplemental Information					
	ditional information for responses to				
			·		
		. .			
				- -	- - -
	·				- - -
					- - -
				. – – – -	
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				. 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 45-4101488 Liberty Initiative Fund Pt VI, Line 11b 990 emailed to members of board. Phone calls made to ensure delivery. Pt VI, Line 15a Compensation committee does review, deliberates with comparable data, and approves the salaries of the president. Pt VI, Line 12c Employees review and sign a new policy every year. The board of directors reviews and signs the policy at annual board mtg.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number 45-4101488

(e) Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Ð Ψ, Liberty Initiative Fund

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
			!		
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the org	Janization answered	'Yes' to Form 990, F	art IV, line 34 beca	use it had

	,						1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	(13) nttty?
						Yes	Š
	Protect and expand		,				:
13-4070270	referendum rights.	VA	501c3	170(b)(1)(A)(vi)			×
(2) Citizens_in_Charge							
2050_01d_Bridge_Rd_Ste_103							
 	Protect and expand			•			
	referendum process. VA	VA	501c4				×
(3)							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

Schedule R (Form 990) 2012

TEEA5001 12/28/12

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

Liberty Initiative Fund Schedule R (Form 990) 2012

(I) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (k) Percentage ownership ٩ Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (J) General or managing partner? ŝ | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) (h) Percentage ownership Yes (i)
Code V-UBI
amount in box
20 of Schedule
K-1 (Form
1065) (g) Share of end-of-year assets (h)
Disproportonate
tionate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002 12/28/12 (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization BAA 2 Ξ_{i}^{l} **⊗**¦ <u>හ</u>¦ E **E**

Page 3

45-4101488

Schedule R (Form 990) 2012 Liberty Initiative Fund

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Part V Iransactions With Related Organizations (Complete if the organization answered Yes to Form 990, Part IV, line 34, 350, or 36.)	orm 990, Part IV, line	34, 350, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			- 1- 1-		×
c Gift, grant, or capital contribution from related organization(s)			<u>ء</u> :		×
d Loans or loan guarantees to or for related organization(s)			P	×	1
e Loans or loan quarantees by related organization(s)			- -		×
					<u> </u>
f Dividends from related organization(s)			=		×
g Sale of assets to related organization(s)			19		×
			=		×
Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			=		×
				1	
k Lease of facilities, equipment, or other assets from related organization(s)			¥ :		×
Performance of services or membership or fundraising solicitations for related organization(s)			=	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)			5		>
n Charmo of facilities equipment mailing lists or other assets with related organization(s)	•	•		Ī	< >
Organity or remined, equipment, maming has, or other assets man related organization (s).		· · · · · · · · · · · · · · · · · · ·	: :	1	4
o Sharing of paid employees with related organization(s).			;		×
				İ	
p Reimbursement paid to related organization(s) for expenses			- -	×	1
q Reimbursement paid by related organization(s) for expenses.	:		<u>-</u>		×
r Other transfer of cash or property to related organization(s)			=		×
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ered relationships and tra	nsaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermir ovolver	l guid
(1) Citizens in Charge Foundation	ದ	36,000.	36,000.Market Value	/alue	ω
(2) Citizens in Charge Foundation	Ω	8,330.	330.Market V	Value	o.
(3)					
(4)					
(9)					
(9)					
BAA TEEA5003 12/28/12		Schedu	Schedule R (Form 990) 2012	990) 2	2012

45-4101488

BarkWin Unrelated Organizations Taxable as a Partnership (Complete If the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revertue) that was not a related organization. See instructions regarding excussion for certain investment parties simps	zalion see liisinac	iioiis regaluliig exci	usion to certain inv	estiliciii parti	clamba				- 1-		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners Section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(J) General or managing partner?		(k) Percentage ownership
			lated, excluded from tax under	organizations?				- 1		:	
			section 512-514)	Yes No			Yes No		Yes	2	
(1)	. <u>.</u>										
								:			
(2)									-		
(5)											
1 1 1 1 1 1 1 1 1 1											
								-			
										-	
							-				
(5)		:					-				
-											
(7)											
(8)											
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Schedule R	(Form 990) 2012	Liberty In:	itiative Fund	đ		45-4101488	Page 5
Part VII	Supplementa Complete this (see instruction	I Information part to provide ns).	additional inform	nation for respon	ses to questions on	Schedule R	
							- -
					-		
						· 	
- -						·	
			-			. 	

Liberty Initiative Fund 45-4101488 1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

Nº 1818

advocating for citizen initiatives and other ballot measures that support liberty and opposing those ballot measures that reduce liberty and governmental accountability.