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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury

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	Final ret	turn/terminated	City or town, s	tate or provinc	be, country, and ZIP	or foreign postal co	ie						
	Amend	ded return	Lehi				UT 8	4043				\$ 820,	
	Applica	ation pending	F Name and add	tress of princi	pal officer				H(a) Is this			<b>L</b>	Yes X
	_		Connor Boya	ck 733	W 1620 S	Lehi	UT 8	4043	H(b) Are all If 'No,'	subordinates	included	15 (	Yes _
J	Tax-exe	mpt status	X 501(c)(3)	501(c)		nsert no )	1947(a)(1) or	527	11 140,	attaca i a list	(566 11150	uctions)	
J	Websit	te: > ht.	tp://libe						H(c) Group	exemption ni	umber 🎙	•	
ĸ	Form of c	organization	X Corporation	Trust	Association	Other >	L Year	of formation	<del></del>			egal domicile	UT
Pa		Summar		1 1	<u> </u>					<u>-                                      </u>			
1				tion's miss	ion or most sig	nificant activitie	s. Libe	ertas	Insti	tute i	s a	public	polic
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Activities & Governance	3 Ch ∓₁	i Scrac	egic iiti	gacion	ion discontinuo	d tts energians	or disposed of	f marce	15 all	offite not a	a Fit	e ocan	bapit
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es	5 To	stal number	of individuals e	mployed u	n calendar vea	r 2016 (Part V,	B Sa) VIUV	. ത ത. ദ	047	31	5		<del></del>
ξį	6 To	tal number	of volunteers (	estimate if	necessary)	2010 (1 alt 1,	ISF" INUV	. 0. 20. 7	טוי ווט	b]	6		
힣			d business rev							<u> </u>	7a		<del></del>
•			business taxal				OGI	)FN			7b		
		or amoiated	business taxu	010 111001110	11011111 011111 001	7, 1110 0 7 7 7		1)		Prior Year		Cur	ent Year
	8 Cc	ontributione	and grante (Pa	art VIII line	1b)					475,			621,81
9									<del></del>	4/5,	<u> </u>		
Revenue		-							<del></del>				198,62
ě			•		•	nd 7d)						ļ. —. —.	
_						c, 10c, and 11c				135	200		000 40
Revenue						Part VIII, column				475,	320.		820,43
				•		lines 1-3)						<u> </u>	
,						line 4)							
່ ທ່	15 Sa	alanes, othe	er compensatio	n, employe	e benefits (Pai	t IX, column (A	), lines 5-10)		·	204,	<u>963.</u>		277,90
	<b>16a</b> Pr	rofessional f	fundraising fee	s (Part IX,	column (A), line	e 11e)			.	15,	500.	l	25,08
Expenses	ь то	otal fundrais	sing expenses (	Part IX. co	dumn (D), line :	25) ►	94	390					
ă				-		1f-24e)				240,	123	<b> </b>	370,83
			•										
						column (A), line				460,			673,82
		evenue less	expenses. Su	btract line	18 from line 12		· · · · · · ·	• • • •			434.		146,61
Net Assets or Fund Balances									Beginni	ing of Curre			of Year
동물	20 To		(Part X, line 16	<i>*</i>					· -	32,	<u>027.</u>		178,64
2 P	21 To	otal liabilitie:	s (Part X, line 2	26)					·			<u> </u>	
şŽ	22 N	et assets or	fund balances	Subtract	line 21 from line	e 20			.	32,	027.		178,64
		Signatu	re Block			7							
				amined this re	turn inchiding acco	nnanvino schedules	and statements, a	nd to the b	est of my kno	wledge and t	pelief, it is	true correct	and
com	plete Decla	ration of prepar	rer (other than office	er) is based or	all intermation of	npanying schedules hich preparer has ai	y knowledge		,			, , , , , , , , , , , , , , , , , , , ,	
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Sig	10	Signatu	ure of officer		1/				<u> </u>	ate			
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Ma	v the IRS	s discuss the	is return with tr	ie brenare:	r snown anove:	? (see instruction	ns)					, IAI TR	s     1

orm 990 (2016)	Libertas Institute		45-5254794	Page 2
	ement of Program Servi			
		onse or note to any line in this Part III	•••••	· · · · · ·
Libertas free mar		blic policy organization foc hts, and justice. We generate	e non-partisan analysis	
0001011100	2, 1 ago 1, 1 art 111, 2 1110 1 700 11			
2 Did the organ	nization undertake any significal	nt program services during the year which were	not listed on the prior	
Form 990 or			r—	X No
=	nization cease conducting, or mande these changes on Schedule	ake significant changes in how it conducts, any le O	program services? Yes	X No
Section 501(c	organization's program service c)(3) and 501(c)(4) organization if any, for each program servic	accomplishments for each of its three largest pr is are required to report the amount of grants an e reported	ogram services, as measured by expens d allocations to others, the total expense	es s,
4 a (Code	) (Expenses \$	511, 636. including grants of \$	0.)(Revenue \$	0.
		a variety of educational ma	occarab products or	
		stakeholders to propose ref	orms to state law.	
		ple to bring broad media cov		
importar	nt to the institute	. In addition, we published	dozens of original	- <b></b>
articles	s to generate inter	est in individual liberty.		
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4 b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
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4 c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
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	ım services (Describe in Sched			
(Expenses		including grants of \$	) (Revenue \$	)
	m service expenses	511,636.		m <b>990</b> (2016
BAA		TEEA0102 11/16/16	FOR	m <b>330</b> (2016

# Form 990 (2016) Libertas Institute Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	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	5		Х
6	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, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	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	L		
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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 and XII is optional	12 b		Х
13		13	ļ	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

# Form 990 (2016) Libertas Institute Part IV Checklist of Required Schedules (continued)

	,		Yes	No
20a	Qid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? If 'Yes,' complete Schedule J	23		X
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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
ŧ	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	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), 501(c)(4), and 501(c)(29) 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		X
ŀ	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  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).	- 2	-	
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	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, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b 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		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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2016)

Form 990 (2016) Libertas Institute 45-525479  Part V Statements Regarding Other IRS Filings and Tax Compliance	4	Р	age :
Check if Schedule O contains a response or note to any line in this Part V			_
Office in Octobalic O Contains a response of note to any line in this rait v	• • •		
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
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 (gambling) winnings to prize winners?	1 c		<del></del>
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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<del></del>		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	·	
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, 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)? b If 'Yes,' enter the name of the foreign country	4 a		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1	, ,	
-	<u> </u>		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	- 0.5		
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		X
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		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
Form 1098-C?	7 h		
· · · · · · · · · · · · · · · · · · ·			
organization have excess business holdings at any time during the year?	8		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<del></del>
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	1		
11 Section 501(c)(12) organizations. Enter	}		
a Gross income from members or shareholders	]		
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?	12a		
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.	1		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
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	1		

14 b

Х

	43-3234794			aye u
Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_ T.	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
			1	Ì
	Enter the number of voting members included in line 1a, above, who are independent	- 1	- 1	
2	officer, director, trustee, or key employee?	2		
•		-+		
	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_ \	- 1	
	members of the governing body?	7 a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-	1	
	stockholders, or persons other than the governing body?	7 b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
t	Each committee with authority to act on behalf of the governing body?	8 b	$\overline{\mathbf{x}}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		do 1	
560	tion b. I oncies (This occitor b requests information about policies not required by the internal Neventu		Yes	Na
40-	Did the executation have lead shorters broughed as officiated?	$\rightarrow$	162	No
	• • • • • • • • • • • • • • • • • • • •	10a		X
	· · · · · · · · · · · · · · · · · · ·	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ţ		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
Ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
42	<del> </del>	13		X
13		-		
14		14		<u> </u>
15	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?			
		15a		X
ı	o Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16	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?	16a		X
ı	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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Connor Boyack 733 W 1620 S Leh1 UT 84043 (80)	1) 3	76-2	2647

								•		
Form 990 (2016) Libertas Institute									45-52547	94 <b>Page 7</b>
Rantiville Compensation of Officers, Directo	ors Trus	stoo	- I	Kov	F	nnic		os Highest C		
Independent Contractors	J. J. J. L. L.		,	· ····		p.c	<i>,</i>	es, mgnest o	ompensated Li	ipioyees, allu
Check if Schedule O contains a response or	note to an	y line	in t	ihis I	Part	VII .		<i></i>		<i></i> [
Section A. Officers, Directors, Trustees, Ko										
1 a Complete this table for all persons required to be lister organization's tax year  List all of the organization's current officers, directors	ors, trustee	s (wi	heth	er in	dıvid			•		
compensation Enter -0- in columns (D), (E), and (F) if no	•			•						
<ul> <li>List all of the organization's current key employees</li> </ul>										
<ul> <li>List the organization's five current highest compensation (Box 5 of Form Worganization and any related organizations</li> </ul>										
<ul> <li>List all of the organization's former officers, key em of reportable compensation from the organization and any</li> </ul>	y related o	rgan	ızatı	ons.	-			•		00,000
<ul> <li>List all of the organization's former directors or tri organization, more than \$10,000 of reportable compensa</li> </ul>	tion from t	he or	gan	ızati	on a	nd ar	ту ге	elated organization	S.	
List persons in the following order individual trustees or demployees; and former such persons	directors, ii	nstitu	tion	al tru	ustee	es, of	fice	rs, key employees,	highest compensate	∌d
Check this box if neither the organization nor any rela	ted organi	zatio	n cc	mpe	ensa	ted a	ny o	current officer, dire	ctor, or trustee	
		1		(C)	)				_	
(A) Name and Title	(B) Average hours per	thar	n one s both	box, i	unles: fficer /truste		n	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Pestana	0.00									
Chairman of the Board	ļ	X	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	_	0.	0.	0.
(2) Ty Brewer	1 0.00	1	1	1	1	1	1		İ	1

	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) John Pestana Chairman of the Board	0.00	х						0.	0.	0.
(2) Ty Brewer Trustee	_0.00	х						0.	0.	0.
(3) Connor Boyack Trustee	40.00	Х		х				100,000.	0.	0.
_(4)										
(5)										
(6)										<del></del>
(9)										
(10)	1						_			
(11)										
(12)									,	
(13)										
(14)					Γ					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, and Highest Compensa		(cont	inued)
(A) Position (do not check more than one hours better the power by violence area to both an			
name and the per officer and a director/trustee) compensation from compensation from	ns compensa		ner
week (ist any hours for related organization) (in-stitutional fusited			ו
<u>(15)</u>			
(16)			
(17)	<del> </del>		
(18)	-		
(19)	<del>                                     </del>		
(20)			
(21)			
(22)			
(23)			
(24)			
(25)			
1 b Sub-total			0.
d Total (add lines 1b and 1c)			0.
from the organization	ompensa	ILIOIT	
		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for			
such individual	. 4		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax	<del></del>		
(A) Name and business address Description of services	Compe	C) ensatio	)n
Total number of independent contractors (including but not limited to those listed above) who received more than     \$100,000 of compensation from the organization			

L		Check if Schedule O contains a response or i	note to any line	e in this Part VIII			
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
13 25	1 a	Federated campaigns 1 a					
ir a	b	Membership dues 1 b					
° €	C	Fundraising events 1 c	5,770.				
불교		Related organizations 1 d			İ		
iE i	0	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts			16,042.				
턽힐	_	Noncash contributions included in lines 1a-1f \$					Į ,
<u>8</u>	h	Total. Add lines 1a-1f		621,812.			
n i	•		iness Code			·	
Program Service Revenue	2a b	Education material sales 4512	11	198,623.	198,623.	0.	0.
Ş.	C						
8	d					<del></del>	
E	е					<del></del>	
g .		All other program service revenue				<del> </del>	
٩	<u>g</u>	Total. Add lines 2a-2f		198,623.			
	3	Investment income (including dividends, interes other similar amounts)	t and				
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	- F		· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>
	•		ıı) Personal			<del></del>	
	6a	Gross rents	·				
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of assets other than inventory	(II) Other			-	
	b	Less cost or other basis and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including. \$ 5,770.					
Ş		of contributions reported on line 1c).					1
쫎	l	See Part IV, line 18 a					[
声	l t	Less direct expenses b					
₹	0	Net income or (loss) from fundraising events .	, , ►				
	9 a	Gross income from gaming activities See Part IV, line 19 a					
	t	Less direct expenses b					
	۰ (	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
	t	Less cost of goods sold b					
		Net income or (loss) from sales of inventory .	>				
			siness Code				
	11 a					<del></del>	<del></del>
	t	·					ļ
	١ ،					·	
		All other revenue					
	ı	Total. Add lines 11a-11d					<del> </del>
	12	Total revenue. See instructions		820,435.	198,623.	0.	0.

### Part IX | Statement of Functional Expenses

Do n	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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	190,632.	162,389.	6,079.	22,164.
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	37,525.	37,525.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,664.	0.	2,664.	0.
10	Payroll taxes	47,085.	41,916.	3,333.	1,836.
11	Fees for services (non-employees):				
a	Management				
t	Legal	3,000.	3,000.	0.	0.
(	Accounting	2,360.	0.	2,360.	0.
(	J Lobbying	_ 30,000.	30,000.	0.	0.
•	Professional fundraising services See Part IV, line 17	25,081.			25,081.
1	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	1 706	1 706		
40	(A) amount, list line 11g expenses on Schedule O)	1,726.	1,726.	0.	0.
	Advertising and promotion	42,152.	39,638.	1,146.	1,368.
13	Office expenses	62,061.	44,041.	18,020.	0.
14	Information technology	8,279.	7,090.	1,189.	0.
15	Royalties	32,250.	32,250.	0.	0.
16	Occupancy	28,621.	0.	28,621.	0.
17	-	17,309.	17,309.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	80,355.	34,583.	1,831.	43,941.
19	Conferences, conventions, and meetings		<del></del>		
20	Interest				
21	Payments to affiliates	6,145.	6,145.	0.	0.
22	Depreciation, depletion, and amortization	···-			
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%	1,639.	0.	1,639.	0.
	of line 25, column (A) amount, list line 24e expenses on Schedule O)	İ			
	Legislative awards	914.	0.	914.	0.
	b Literature, printed publications	54.024.	54.024	0.	0.
	c				
	ă †				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	673,822.	511,636.	67,796.	94,390.
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				
	SOP 98-2 (ASC 958-720)	<u></u>			Form 000 (2010)
BA	4	TEEA0110 11/	16/16		Form 990 (2016)

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178,640.

Form 990 (2016)

32,027

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . (B) Beginning of year End of year 32,027. 178,640. 2 2 3 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. . . . . 6 7 8 9 10a 10 c 11 11 12 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 32,027 178,640. 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 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 25 26 Total liabilities. Add lines 17 through 25.......... 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. 32<u>,0</u>27 27 178,640. 28 28 or Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. . . . . . . 32 Set 33 33 32,027 178,640.

TEEA0111 11/16/16

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VIII	Head (2016) Libertas institute 45-	0 <u>2</u>	4	гa	ge 14
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8.	20,4	35.
2	rotal expenses (must equal Part IX, column (A), line 25)	2		73,8	
3	Revenue less expenses Subtract line 2 from line 1	3		46,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,0	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10					
	column (B))	10	1	78 <u>,</u> 6	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		   X
_	, , , , , , , , , , , , , , , , , , , ,		-		<del>  ^</del>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
	b Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		20		<del>                                     </del>
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		l	<u> </u>	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt,	. 2c		
			. 20		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b	L	<u> </u>
BA	A		Form	990 (	2016)

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

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

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Total

Employer identification number

Libe		as Institute					<u> 45-525479</u>			
Part		Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	IS.		
he org	gan	ization is not a private foundati	on because it is (For I	ines 1 through 12, check	only on	e box )				
1		A church, convention of church	es, or association of c	hurches described in sec	ction 17	D(b)(1)(/	A)(i).			
2	П	A school described in section	70(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )							
3	П	A hospital or a cooperative hos	pital service organizati	ion described in section	170(b)(	1)(A)(iii)				
4	Ī	A medical research organization	n operated in conjunct	tion with a hospital descr	ibed in s	ection '	170(b)(1)(A)(iii) Enter th	ne hospit	tal's	
•	_	name, city, and state								
5	section 170(b)(1)(A)(iv). (Complete Part II )									
6										
<b>'</b>	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.)									
8	Ш	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)						
9	П	An agricultural research organi				-		_		
		or university or a non-land-grai	nt college of agriculture	e (see instructions) Ente	r the nai	ne, city,	and state of the college	or		
10		An organization that normally r from activities related to its exe investment income and unrelature 30, 1975. See section 56	empt functions—subjec ted business taxable in	t to certain exceptions, a scome (less section 511	ind (2) no	o more t	han 33-1/3% of its supp	ort from	aross	
11		An organization organized and	operated exclusively t	to test for public safety 3	See sect	ion 509	(a)(4).			
12		An organization organized and or more publicly supported org lines 12a through 12d that des	anizations described in	n section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).	urposes Check t	of one he box in	
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	ion operated, supervisigularly appoint or elec	ed, or controlled by its si	upported	organiz	ation(s), typically by givi	ng the sition. You	upported u <b>must</b>	
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	ı organızatıon vested ır	trolled in connection with n the same persons that	its supp control c	orted or or manag	ganization(s), by having ge the supported organiz	control ( ation(s).	or . <b>You</b>	
C		Type III functionally integrat organization(s) (see instruction	ed. A supporting organis). You must comple	nization operated in connete Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	vith, its s	upported	
d		Type III non-functionally inte functionally integrated. The org instructions) You must comp	anization generally m	ust satisfy a distribution						
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written	determination from the IF	RS that i	is a Ty	pe I, Type II, Type III fun	ictionally	,	
f	En	ter the number of supported or								
g	Pro	ovide the following information a	about the supported or	ganization(s)				,	<u></u>	
(	ı) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)		Amount of other t (see instructions)	
	_		<u> </u>		Yes	No			<del>,</del>	
					'					
(A)									·	
					ļ			ļ		
(B)					ļ			L	·	
(C)						L				
		-			}				· <del></del>	
(D)					<del>                                     </del>		<del></del>	<del>                                     </del>		
(E)					ļ			{		
<u>,-/</u>	_				<del>                                     </del>			<del> </del>	<del></del>	
			1	1	1	1	}	1		

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.)

Sect	ion A. Public Support			· · · · · · · · · · · · · · · · · · ·				
begir	idar year (or fiscal year ining in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	30,752.	130,210.	309,187.	475,320.	621,812.	1,567,281.	
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	30,752.	130,210.	309,187.	475,320.	621,812.	1,567,281.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4			:			1,567,281.	
Sec	tion B. Total Support						-1-3-1-3-1-3	
Cale	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	30,752.	130,210.	309,187.	475,320.	621,812.	1,567,281.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					198,623.	198,623.	
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 VI)							
	Total support. Add lines 7 through 10						1,765,904.	
12	Gross receipts from related activit	ies, etc. (see instru	ctions)	• • • • • • • • • • • • • • • • • • • •		12	L	
13	First five years. If the Form 990 i organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ 🔲	
Sec	tion C. Computation of Pu			<del></del>			,	
14	Public support percentage for 201						88.75 %	
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14	• • • • • • • • • •		15	<u>%</u>	
16a	33-1/3% support test—2016. If the and stop here. The organization of	he organization did qualifies as a public	not check the box by supported organ	on line 13, and lin	e 14 is 33-1/3% or	more, check this t	oox ► [X]	
b	33-1/3% support test-2015. If the and stop here. The organization	e organization did qualifies as a publi	not check a box or cly supported orga	line 13 or 16a, an nization	nd line 15 is 33-1/3	% or more, check	this box	
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-facts	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exc	lain in Part VI how	<i>-</i>	
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exc	lain in Part VI how	the 🦳	
18	Private foundation. If the organization	zation did not check	c a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ons ▶ 🗍	

Sche	dule A (Form 990 or 990-EZ) 2016	Libertas	Institute			45-5254794	Page 3
Par	t III Support Schedule for	Organization	s Described in	Section 509	(a)(2)		
	(Complete only if you checke	ed the box on line	10 of Part I or if the	e organization faile	ed to qualify under	Part II If the organi	zation
<u> </u>	fails to qualify under the test	s listed below, ple	ase complete Part	11)			<del></del>
	tion A. Public Support	(-) 2042	(h) 2012	(-) 0044	(4) 0045		
Calen 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
<i>7</i> a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u>-</u>
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						
С	Add lines 7a and 7b				<del> </del>		
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caten	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		}				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						<del></del>
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pul					<del></del>	
15	Public support percentage for 2010		•			11	<u></u>
16	Public support percentage from 20				<u></u>	16	
	tion D. Computation of Inv					<del></del>	<del></del>
17	Investment income percentage for	•			• •		9
18	Investment income percentage fro	m 2015 Schedule	A, Part III, line 17	· · · · · · · · ·		18	9

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . . . . . . 20 BAA

19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . b 33-1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	Δ Δ ΙΙ	Supporting	Organization	s
JECHUII	- AII	JUDDUILIIIU	O Mailleadon	•

			105	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain.	1		<u></u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		<del> </del> ,
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
<b>h</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
U	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
_	Did the expenses on a party that all avained to such expenses used evaluation for eacher 470/a)/(0)/(0)			
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under			1
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
_				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		<b></b>
				$\overline{}$
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 72 If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		ļ
98	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			1
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.	9a		<del> </del> -
			<del> </del>	<del> </del> -
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
(	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,		<b> </b>	<u> </u>
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		<del> </del> -
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding		L	
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
ŧ	o Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	IV	Supporting Organizations (continued)			
11	Has ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ming body of a supported organization?	11a		<b>-</b>
	•	ning body of a supported diganization?	11b		
	_	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	110		
		B. Type I Supporting Organizations			
				Yes	No
	or ele <b>Part</b> ' If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove fors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		: 
	that of	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orthogonalization	2		
Sect	ion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	ion	D. All Type III Supporting Organizations			
			r	Yes	No
1	orgar	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sect	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).			
а	$\Box$	The organization satisfied the Activities Test Complete line 2 below.			
b	$\exists$	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	$\equiv$	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ions)		
			•		
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
а	supp orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI Identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was considered the supported organizations, and how the organization determined that these activities constituted	ļ 		
	subs	tantially all of its activities.	2a		
b	the o	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the onization's involvement.	2b		
2	Pare	nt of Supported Organizations. Answer (a) and (b) below.			
	Did t	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a		
t	Did t	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
===					

Pai	t V   Type III Non-Functionally integrated 509(a)(3) Supporting Org	janızaı	ions						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	Nov 20 must co	), 1970 (explain in Part V mplete Sections A throug	/I) <b>See</b> gh E					
Sec	Section A — Adjusted Net Income (A) Prior Year								
1	Net short-term capital gain								
2	Recoveries of pnor-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)								
	Average monthly value of securities	1 a							
-	Average monthly cash balances	1 b							
	Fair market value of other non-exempt-use assets	1 c							
	l Total (add lines 1a, 1b, and 1c)	1 d							
•	Discount claimed for blockage or other factors (explain in detail in Part VI).								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sec	tion C — Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4							
5	Income tax imposed in prior year	5		<u> </u>					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ited Type							
DA			Schodulo A /E	arm 000 ar 000 EZ1 204					

Sect	ion D — Distributions	pporting organiza	de (continueu)	Current Year			
1							
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,					
3	Administrative expenses paid to accomplish exempt purposes of suppo	<del></del>					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		<del></del>			
6	Other distributions (describe in Part VI) See instructions	<del></del>	····	<del></del>			
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	ition is responsive (provi	de details				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
_1_	Distributable amount for 2016 from Section C, line 6		<u> </u>				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain în Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016						
a		<u> </u>					
ь							
c	From 2013						
d	From 2014						
θ	From 2015		-				
f	Total of lines 3a through e						
9	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from Section D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions.						
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	·					
8	Breakdown of line 7						
а							
b	Excess from 2013						
c	Excess from 2014		<del>                                     </del>				
d	Excess from 2015	1					
	Excess from 2016		<del> </del>				
	LAV000 11VIII 4V IV	<u> </u>	<u>. l </u>	<u> </u>			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

### "SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2016

Openito Publication

Department of the Treasury internal Revenue Service

Name of the organization

Employer identification number

Libertas Institute

45-5254794

Pt VI, Line 11b The 990 is reviewed by the governing board of trustees Pt VI, Line 10b prior to its filing.