SCANNED JUL 2 4 2019

			<b>3</b>			-		
	<b>, 99</b>	Ω	Return of Organization Exempt From I	Income T	'av	OMB No 1545-0047		
For	m JJ	U	Return of Organization Exempt From 1	ilicollie i	ах	2017		
٠			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e			" L		
Dep	artment of t	he Treasury e Service	Do not enter social security numbers on this form as it ma			Open to Public Inspection		
inter			► Go to www.irs.gov/Form990 for instructions and the late ndar year, or tax year beginning Jul 1 , 2017, and en		un 30	,2018		
<u>^</u>	Check if a			er identification number				
'n	Address of		C Name of organization First Liberty Institute  Doing business as First Liberty		-} ''	403169		
Ħ	Name cha	-		n/suite		ne number		
	Initial retu	941-4444						
	Initial return 2001 W. Plano Parkway 1600 (972) 9  Final return/terminated City or town, state or province, country, and ZIP or foreign postal code							
	Amended	return	Plano, TX 75075			eceipts \$ 11,410,038.		
	Application	n pending	F Name and address of principal officer			subordinates? Yes No		
_			Kelly Shackelford, 2001 W Plano Pkwy, Plano, TX-			s included? LIYes LINo i list (see instructions)		
<u>.                                    </u>	Tax-exem		So1(c)(3)			•		
K	Website.		ww.FirstLiberty.org  X Corporation Trust Association Other L Year of for		7 2 M State	of legal domicile TX		
_	art I	Summ			, <u>e   o.a.a</u>			
			scribe the organization's mission or most significant activities Fir	st Libert	y Instit	ute provides pro		
S			egal services to advance and defend religious					
Governance			duals, churches, and other ministries and orga			***************************************		
ver	1		is box ▶ ☐ if the organization discontinued its operations or dispose	ed of more tha	1 1			
	1		of voting members of the governing body (Part VI, line 1a)		3	12		
Activites &	1		of independent voting members of the governing body (Part VI, line 1	(0)	. 4	12		
Ϋ́			nber of individuals employed in calendar year 2017 (Part V, line 2a) nber of volunteers (estimate if necessary)	•	. 6	125		
Acti	1		elated business revenue from Part VIII, column (C), line 12		. 7a	0.		
	1		ated business taxable income from Form 990-T, line 34		7b	0.		
				Prior	/ear	Current Year		
ā	1	Contribut	11,174,801.					
Revenue	1	-	service revenue (Part VIII, line 2g)		7,000.	202,752.		
Ŗ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	1	3,512.	32,485.		
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10.00	9,518.	11,410,038.		
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)	10,03	9,310.	11,410,036.		
	1		paid to or for members (Part IX, column (A), line 4)			<u> </u>		
S	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,69	9,457.	5,703,901.		
kpenses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)		4,038.	71,336.		
Exp	1		draising expenses (Part IX, column (D), line 25) 949, 156, penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1, 50, 50		* * * * * * * * * * * * * * * * * * * *		
			penses (Part IX, column (A), lines 11a-11d, 11f-24e	<del></del>	9,603.	4,188,945.		
			enses Add lines 13–17 (must equal Part IX, column (A) line 25) less expenses. Subtract line 18 from line 12	$\frac{ 0\rangle 8,48}{ 0\rangle 1,61}$	3,098. 6,420.	9,964,182. 1,445,856.		
- S		revenue	less expenses. Subtract line 18 from line 12  APR 22 2019	Beginning of C		End of Year		
Net Assets or Fund Balances	20 1	Total ass	ets (Part X, line 16)	1 5.58	5,548.	7,255,961.		
t Ass	21 7		ulities (Part X, line 26)		180.	224,737.		
캶	22 1	Vet asset	ets (Part X, line 16)  Illities (Part X, line 26)  s or fund balances Subtract line 21 from line 20 OGDEN	5,58	5,368.	7,031,224.		
Pa	art II	Signat	ure Block					
			ry, I declare that I have examined this return, including accompanying schedules and st ete Declaration of preparer (other than officer) is based on all information of which prep			ny knowledge and belief, it is		
	1	L COMP	one because of property (office that office) is based on an information of which prop	T T				
Sig	ın l	Signa	ature of officer		ate .//	110		
He		Day	vid Holmes, COO/CFO/EVP		7/11	//9		
			or print name and title		//			
Pa	id	1	pe preparer's name Prepar	Date 0 / 1 0	Check [	x of PTIN		
	eparer	Edwar	d E. Gray, CPA	4/10/19	self-emp	P00226441		
	e Only	Firm's na				20-0483918		
Ma	v the IDC		ddress ► 7608 KILMICHAEL LANE, DALLAS, TX 75248 this return with the preparer shown above? (see instructions).	Ph	one no (9	72)977-0148		
_			ction Act Notice, see the separate instructions. BAA	REV 10/16/18 PRO	·	X Yes  No Form <b>990</b> (2017)		
. ••						556 (2011)		



Form 99	(0 (2017) Page 2
Part	Statement of Program Service Accomplishments
`	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Part I, Line 1
_ <u></u>	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 5,336,458. including grants of \$ 0.) (Revenue \$ 202,752.)
	LEGAL: First Liberty Institute provides pro-bono legal work.
	Attorneys donate their time and expertise for our cases. Legal expenses
	come from the actual costs of the legal cases, including court filing
	fees, deposition costs, phone calls, travel, copy charges, expert witness fees, .
	and associated legal program suport costs.
4b	(Code: ) (Expenses \$ 2,759,604. including grants of \$ 0.) (Revenue \$ 0.)
	EDUCATION: Reaching and educating the public about key
	issues and legal cases that impact their religious
	liberties. Through use of video, websites, speaking engagements, letters and collaterial materials, we reach target audiences with important
	information and empower them to take action.
	Intolination and empower them to take action.
	(O-d- )/D
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4đ	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 8,096,062.
	Total program service expenses ► 8,096,062.



Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_×	
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		×
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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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	11b		×
С	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	11c		×
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	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
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	×	
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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	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.	4.41		
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	14b		<u> </u>
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		_ <u>×</u> _
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)			×_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X_
	If "Yes," complete Schedule G, Part III	19 Form	990	X (2017)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		
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	21		×
00		22	=	×
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	×	
24a	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			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		×
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		×
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		×
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		×
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	×	
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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	35a 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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	

<u>"</u>

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Forn	n 990 (2017)		i	Page <b>5</b>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
٠. َ	Check if Schedule O contains a response or note to any line in this Part V		=	
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28		grida	
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		差覆	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
2	Pa Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<b>3</b> 27
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	THE PROPERTY OF
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	W. 338		ere a
3	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a	280x1114443;	X
_	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4	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)?	4a		×
	b If "Yes," enter the name of the foreign country: ▶			\$ <b>4.6</b>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	×
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		×
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	320	4	
	and services provided to the payor?	7a		_ <u>x</u> _
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
	d *If "Yes," indicate the number of Forms 8282 filed during the year	230	Applications of the second	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_x_
1	f .* Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u></u>
1	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h If the organization received a contribution of cars, boats, airolanes, or other vehicles, did the organization file a Form 1098-C?	7h	l	×

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 <sup>1</sup> 14 15	Did the organization have a written whistleblower policy?	13	×	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	2002.2042
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  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		×
. 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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed See Sch. O  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re			

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, as	nd
,	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	nt officer, director	, or trustee
(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	do x, of lindividua or directo	ot ch	Pos neck ss pe	C) sition more erson		ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tim Dunn Vice Chair Exec Comm, Board	2.00	×				<u>a</u>		0.	0.	0.
(2) Mark Cover Chair Exec Comm, Board	2.00	×						0.	0.	0.
(3) Al Angell Exec Comm, Board	1.00	×						0.	0.	0.
(4) James Robertson Exec Comm, Board	1.00	×						0.	0.	0.
(5) David Tauber Board	1.00	×						0.	0.	0.
(6) Deborah Muse Carlson Board	1.00	×						0.	0.	0.
(7) Dale Brown Exec Comm, Board, Secretary	1.00	×						0.	0.	0.
(8) Jerry Brown Board	2.00	×						0.	0.	0.
(9) Paco Jordan Board	0.00	×						0.	0.	0.
(10)Kyle Stallings Board	0.00	×						0.	0.	0.
(11) Jody Thornton Board	1.00	×						0.	0.	0.
(12) Ken Blackwell Board	1.00	×						0.	0.	0.
(13) Kelly Shackelford President/CEO	55.00			×				384,408.	0.	34,511.
(14) Hiram S. Sasser  Gen Counsel	55.00				×			198,831.	0.	15,720.

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (con	tinued)
(A) Name and title	(B) Average hours per	box, unless person is b rs per officer and a director/tr					h an tee)	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation
(15) David Holmes COO/CFO/EVP	55.00			×				293,178.	0	. 24,700.
(16) Mike Berry Dep Gen Counsel	55.00					×		162,675.	0	
(17)Ken Klukowski Counsel	55.00					×		162,952.	0	
(18) Matt Kacsmaryk Dep Gen Counsel	55.00					×		161,582.	0	
(19) Roger Byron	55.00		П	П			T			
Counsel (20)Linda Thomas	55.00			$  \cdot  $		×	_	136,449.	0.	12,850.
Sr. Dir Marketing (21)			$\vdash$	H		×		134,359.	0.	. 12,776.
	<b>+</b>						ļ!			<u> </u>
(22)										
(23)	<u> </u>									
(24)										
(25)										
1b Sub-total	VII. Sectio		<u>.</u>		l · 		<b>▲</b>	1,634,434.	0.	142,612.
d Total (add lines 1b and 1c)							<b>•</b>	1,634,434.	0.	<del></del>
2 Total number of individuals (including but reportable compensation from the organi		l to th	ose	liste		above 8	e) wi	ho received mo	ore than \$100,0	)00 of
3 Did the organization list any former of employee on line 1a? If "Yes," complete s								loyee, or high	est compensat	
4 For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portat	ole c	com	per	satio	n ar			the
5 Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	
Section B. Independent Contractors								·		
<ol> <li>Complete this table for your five highest of compensation from the organization. Rep year</li> </ol>										
(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
Todd Dexter & Assoc, 17950 Preston, S								nsultation		432,124.
Rick Beggs, 9230 Twelve Stones,	Roswell	, GA	. 30	<u> </u>	6		COI	nsultation		154,256.
2 Total number of independent contractor received more than \$100,000 of compensi							the	ose listed abo	ve) who	The Marine of the state of the
received mere area received or compense		REV 10			_					Form <b>990</b> (2017)

Par	VIII	Statement of Revo						_
		Check if Schedule C	O contains a res	ponse or note t	o any line in thi (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
5-200-000 5-200-000	12	Fodostad company		\$10000 \chinades active 4:	new incorpolation	revenue	1-5-16-1-18-1-18-1-18-1-18-1-18-1-18-1-1	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	<del></del>					
ية 5	b	Membership dues	<u>1b</u>				W.	
Ş, E	С	Fundraising events	<u>1c</u>					1.0
를 를	d	Related organizations						300
S.	е	Government grants (cor					5	
it S	f	All other contributions, g						
혈美		and similar amounts not inc	cluded above 1f	11,174,801.				
ž G	g	Noncash contributions include		762,275.	100		1.5	
<u>2 E</u>	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	11,174,801.			
ïe				Business Code	26.76	22.66	7 24 24	
, Ye.	2a	Attorney fee a	wards	541100	202,752.	202,752.	0.	0.
æ	b	***************************************						
Ğ.	C							
Ser	d							
аш	e			···		ı		
Program Service Revenue	f	All other program ser						<u> </u>
<u>~</u>	g	Total. Add lines 2a-2			202,752.	64793772	20 Ki 64 Ki	
	3	Investment income	,	ends, interest,				
		and other similar amo		•	32,485.	32,485.	0.	0.
	4	Income from investmen	t of tax-exempt b	ond proceeds >				
	5	Royalties .				V 222 00 11 20 00 10 10 10 10 10 10 10 10 10 10 10 10		
			(ı) Real	(ii) Personal		10.00		
	6a	Gross rents .				191	24	
	b	Less rental expenses						
•	С	Rental income or (loss)			Z			
	_ d	Net rental income or (	<u> </u>	<u>.</u> ▶				
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory					100	
	b	Less cost or other basis						
C		and sales expenses						
	l .	Gain or (loss)	L	L				
	d	Net gain or (loss) .		<u> ▶</u>	h January Geographic Agencian - The Julyan	NO. ANY TRANSPORT DESCRIPTION OF A	Z N. 2008. NO-PONDE ZI HENDONOMANIN	Physical Charles and Commencial Soft
<u>o</u>	0-	0						
ű	8a	Gross income from fu	indraising					
Revenue		events (not including \$		]			1.0	
_		of contributions reported See Part IV, line 18 .	•		100	100	1.0	
Other			u					
ō		Less: direct expenses				<b>X</b>		
		Net income or (loss) for Gross income from ga		events <b>&gt;</b>	State of the State		A PROGRAM AND A PROGRAMMENT OF	124845.18672007-10220646186A
	94	See Part IV, line 19	_	}				
	_	• • •	a					
		Less: direct expenses Net income or (loss) fi		vities ►				
	100	Gross sales of in		villes ,	effore the notice and the	100 20 30 50 50 50 50 50 50 50 50 50 50 50 50 50	¥2000000000000000000000000000000000000	12-25-25-20-6-07-2-1/90
	IVa	returns and allowance						
ĺ			-					
		Less: cost of goods s Net income or (loss) fi		enton.				
	С	Miscellaneous R		Business Code	\$2.575.6685.848.888.888	\$	TOTAL SERVICE STREET	SCATCA COMPANY STRUCT
	11.	- IVISCEIIdileOUS IV	CTCHUE	ausiliess Code				
	11a			<del></del>				
	b							
	c d	All other revenue		<u> </u>				<u> </u>
	e	Total. Add lines 11a-	 11d	•			garana.	an and an order
	12	Total revenue See in			11 410 038	235 237	U	

### Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX.  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  Total expenses  Program service expenses  Rands and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  Grants and other assistance to domestic individuals. See Part IV, line 22.  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  Benefits paid to or for members.  Compensation of current officers, directors, trustees, and key employees.  Grants and edined above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
State September   Page   Pag		Check if Schedule O contains a response or note to any line in this Part IX							
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in rotuded above, to disqualified persons (as defined under section 4958(pit)) and persons described to section 4958(pit) and persons described to section 4958(pit)) and persons described to section 4958(pit) and persons described to section 4958(		ot include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and general expenses	Fundraising			
Individuals See Part IV, line 22	1								
organizations, foreign governments, and foreign individuals See Part IV, line 17 I livestream fees				-					
Compensation of current officers, directors, trustees, and key employees and key employees and key employees (as defined under section 4588(f)(f)) and persons (as defined under section 4588(f)(f)) and persons described in section 4588(f)(f) and persons described in section 4588(f)(f)) and persons described in section 4588(f)(f)) and persons described in section 4588(f)(f) and persons described in section 478, 372, 472, 471, 471, 471, 471, 471, 471, 471, 471	3	organizations, foreign governments, and foreign							
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons plan accruads and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  291, 935, 240, 465, 19, 726, 31, 644.  Payroll taxes  337, 017, 279, 117, 24, 771, 331, 129, 117, 24, 771, 331, 129, 117, 24, 771, 331, 129, 117, 24, 771, 331, 129, 117, 24, 771, 331, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 117, 129, 119, 129, 129, 129, 129, 129, 129		Compensation of current officers, directors,	981.750	813.085					
8 Penson plan accruals and contributions (notice section 401(k) and 403(b) employer contributions) 9 Other employee benefits	6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	3017730.	32370031	,2,233.	30,300.			
9 Other employee benefits 291,835. 240,465. 19,726. 31,644. 10 Payroll taxes 337,017. 279,117. 24,771. 33,129. 1 Fees for services (non-employees):  a Management b Legal 28,950. 0. 28,950. 0. C Accounting 28,950. 0. 28,950. 0. 28,950. 0. C Pofessional fundraising services See Part IV, line 17 Investment management fees 9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 12g expenses on Schedule O) 1,611,127. 1,434,973. 176,154. 0. 588,999. 13 Office expenses		Pension plan accruals and contributions (include				394,667.			
10   Payroll taxes	٥					21 644			
Tees for services (non-employees):  a Management b Legal		• •							
a Management b Legal		•	337,017.	2/9,11/.	24,771.	33,129.			
b Legal		, , , , , ,		1		}			
Company   Com		•	12 /01	12 491					
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 655, 543 596, 544 0 58, 999 13 Office expenses 147, 810 103, 467 14, 781 29, 562 14 Information technology 147, 810 103, 467 14, 781 29, 562 15 Royalties 16 Occupancy 1611, 138 104, 740 40, 284 16, 114 17 Travel 0 0 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1896, 798 762, 278 0 134, 520 19 Conferences, conventions, and meetings 173, 311 46, 276 127, 035 0 19 Payments to affiliates									
Professional fundraising services. See Part IV, line 17 f Investment management fees		<del>-</del>	20,330.		20,330.	· ·			
Investment management fees		, •	71 336			71.336			
Solition (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   1,611,127. 1,434,973. 176,154.   0.			71,330.	296.4 02 (475.797), (400.0000000000000000000000000000000000	Rubbarter Strawy Jane Helbert, 19900 king 1	71,330.			
(A) amount, list line 11g expenses on Schedule O) Advertising and promotion Advertising and Adver		<del>-</del>							
12	•		1.611.127.	1.434.973.	176.154.	0.			
13 Office expenses	12	• •							
Information technology		· · · · · · · · · · · · · · · · · · ·							
15 Royalties		•							
161,138. 104,740. 40,284. 16,114.  17 Travel .									
Travel			161,138.	104,740.	40,284.	16,114.			
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings	17								
Interest   Payments to affiliates   Payments to affiliate		Payments of travel or entertainment expenses							
Payments to affiliates	19	Conferences, conventions, and meetings .	896,798.	762,278.	0.	134,520.			
Depreciation, depletion, and amortization Insurance									
Insurance									
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)  a b c d e All other expenses  Total functional expenses. Add lines 1 through 24e  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									
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)  a b C d All other expenses  Total functional expenses. Add lines 1 through 24e  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)  1,442,471. 1,298,206. 0. 144,265.	23		190,050.	171,045.	19,005.	0.			
b c d All other expenses Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	24	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
b c d All other expenses Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	а		42 47-3 activity money aid. 1930%	The same of the sa	A CONTRACTOR ASSESSMENT ASSESSMEN	Total Andread Comments of the Comments of the			
c d									
d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 9,964,182. 8,096,062. 918,964. 949,156.  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) . 1,442,471. 1,298,206. 0. 144,265.				· <del>-</del>					
e All other expenses  25 Total functional expenses. Add lines 1 through 24e 9,964,182. 8,096,062. 918,964. 949,156.  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) . 1,442,471. 1,298,206. 0. 144,265.									
Total functional expenses. Add lines 1 through 24e 9,964,182. 8,096,062. 918,964. 949,156.  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) . 1,442,471. 1,298,206. 0. 144,265.									
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) 1,442,471. 1,298,206. 0. 144,265.			9,964,182.	8,096,062.	918,964.	949,156.			
		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							
		10110Willy 30F 30-2 (A3C 330-720)							

Form 990 (2017) **₄Part X**⁵ **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash-non-interest-bearing 3,574,297. 4,571,176. 2 Savings and temporary cash investments . 1,501,229. 2,041,917 3 Pledges and grants receivable, net . . Accounts receivable, net 107,286. 141,174 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . 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' Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 129,566. 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 271,895. **b** Less accumulated depreciation 10c 10b 915,060. 393,568. 11 Investments—publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 . 13 14 Intangible assets 14 15 Other assets See Part IV, line 11. 9,168. 15 15,293. 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,585,548. 16 7,255,961 17 Accounts payable and accrued expenses . 180. 17 224.737 18 Grants payable . 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule Dr. 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 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 26 Total liabilities. Add lines 17 through 25 180 224,737 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 5,103,166. 6,660,699. 28 Temporarily restricted net assets. 28 370,525 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

> 7,031,224. 7,255,961. Form 990 (2017)

30

31

32

5,585,368.

5,585,548.

complete lines 30 through 34.

Total net assets or fund balances.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund \*.

Retained earnings, endowment, accumulated income, or other funds .

ō 30

Assets 31

Š

32

33

04	(0.17)			Da.	ge 12
	t XI Reconciliation of Net Assets				je 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	11	11 4	10,0	3 B
2	Total expenses (must equal Part IX, column (A), line 25)	2	· · · · · · · · · · · · · · · · · · ·	64,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		45,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	85,3	
5	Net unrealized gains (losses) on investments :	5	<del></del>	03/3	<del>00.</del>
6	Donated services and use of facilities	6	<del></del>		
7	Investment expenses	7	<del> </del>		
8	Prior period adjustments	8	<del>                                     </del>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<del>                                     </del>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, Iir	ne 🗀			
	33, column (B))	10	7.0	31,2	24.
Part	XII Financial Statements and Reporting		<u></u>		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		3 70 64	松沙	#42A
	If the organization changed its method of accounting from a prior year or checked "Other	," explain	in Sign	透影	
	Schedule O.		366 de 0.3423		
2a	Were the organization's financial statements compiled or reviewed by an independent accounta	ant?	. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were			<b>18</b>	NAY.
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		107.5		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were a	audited on	a 🖽	Sept	
	separate basis, consolidated basis, or both:			23	
	Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			11	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility to				
	of the audit, review, or compilation of its financial statements and selection of an independent a	.ccountant	? 2c	×	
	If the organization changed either its oversight process or selection process during the tax year	ır, explaın	ın 🔯		
	Schedule O			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth	ın	1	

3b

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization First Liberty Institute

Employer identification number 75-1403169

	Reason for Public Cha	rity Status /All	organizatione mus	toomple	to this r	art \ See instruction	one
_	organization is not a private found						JII5.
111e (	<u>-</u>				_	·	
'	A church, convention of church	•					$(\mathcal{I})$
2	A school described in section						1/1
3	A hospital or a cooperative ho						
4	A medical research organizati		onjunction with a hos	pital desc	cribed in a	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operati	ed by a governmen	tal unit described in
6	☐ A federal, state, or local gover	-	mental unit describer	tın secti	on 170(b	)(1)( <b>Δ</b> )(v)	
7	X An organization that normally						n the general public
-	described in section 170(b)(1		•	port non	. a govo.	minoma am or nor	the goneral passes
۰	☐ A community trust described			Dort II \			
8	_ ′	•		•			
9	☐ An agricultural research organ						
	or university or a non-land-grauniversity.		•	,		•	-
10	An organization that normally receipts from activities related	receives (1) mor	re than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	support from gross investmen	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses
	acquired by the organization a	ifter June 30, 19	75 See <b>section 509</b> (a	a)(2). (Co	mplete Pa	art III )	
11	☐ An organization organized and	d operated exclu	sively to test for publi	c safety.	See <mark>sect</mark>	ion 509(a)(4).	
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fo	unctions of, or to ca	rry out the purposes
	of one or more publicly suppo	orted organization	ons described in <b>sect</b>	ion 509(a	i)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro						
а	☐ <b>Type I.</b> A supporting organ	uzation operated	t. supervised, or conti	rolled by	its suppo	rted organization(s).	typically by giving
_	the supported organization	•				•	,, , , , ,
	supporting organization. Y						
b	☐ Type II. A supporting orga					supported organizati	on(s), by having
	control or management of						
	organization(s) You must				•		•
С	☐ Type III functionally integ				onnectio	n with, and function	ally integrated with.
ŭ	its supported organization						,,
d	☐ Type III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s)
	that is not functionally inte						
	requirement (see instruction						
е	☐ Check this box if the organ	uzation received	a written determination	on from t	he IRS th	at it is a Tyne I Tyn	e II. Tyne III
·	functionally integrated, or	Type III non-fund	tionally integrated su	pporting	organizat	ion.	5 II, 1 ypc III
f	Enter the number of supported			- F	J. J		
g g		-					·
<u> </u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(i) Name of Supported organization	(1.) = 1.4	(described on lines 1-10	listed in you	ır governing	support (see	other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
							·
(A)							
				<del>                                     </del>			
(B)							
(C)							
<u>··</u>				ļ			
(D)							
(E)	···						
\ <del>-</del> /							

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.)

Public Support

Secu	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		8,401,463.	8,217,460.	8,033,823.	10,019,006.	11,174,801.	45,846,553.
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.				~	جد عا حسد	<u> </u>
ь <i>А</i>	Total. Add lines 1 through 3	8,401,463.	8 217 460	8.033.823.	10.019.006.	11.174.801.	45.846.553.
Ţ.	•	3809/57*2 1998			NEW 3-10-04	124.246.13.146.24	
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	13.5	100				
	shown on line 11, column (f)						4,406,040.
•	•	\$20 4.75 A 4.75 A 4.75 A	CARTER AND	DESCRIPTION OF THE PROPERTY OF	BARREN AND AND A	\$5 \\ \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1}	41,440,513.
6 Casti	Public support. Subtract line 5 from line 4	4 5 40 44 45 VERTICAL	NESSE CONTRACTOR SE	ACTORNAL PARTIES	Ball-Signiture Charles	1918. 300 TK 34-1264. CSR	41,440,313.
	on B. Total Support	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	dar year (or fiscal year beginning in)	8,401,463.					45,846,553.
7	Amounts from line 4	8,401,463.	8,217,460.	8,033,823.	10,019,000.	11,1/4,001.	43,040,333.
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from				10 510	22 405	67.050
	similar sources	6,077.	3,892.	11,092.	13,512.	32,485.	67,058.
9	Net income from unrelated business		,				
4	activities, whether or not the business		_	_	_		
•	is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income Do not include gain or	_					
	loss from the sale of capital assets	_					
	(Explain in Part VI.)	in the second se	6 4477 AVI 136 4.11	H . 12. 2013 E2134 4	* P.F. 4-95-90 - W. 44-14-24 Co.T. X.	Lucy 192. Florer C. 9.	
11				8 144.146.16A	<u> </u>		45,913,611.
12	Gross receipts from related activities, etc					12   ,	701(1/0)
13	First five years. If the Form 990 is for the	_	•				
	organization, check this box and stop he				· · · · ·		<u> </u>
<u>Secti</u>	on C. Computation of Public Support				_		
14	Public support percentage for 2017 (line			1, column (f))		14	90.26%
15	Public support percentage from 2016 Sci	hedule A, Part	II, line 14			15	99.9 %
16a	331/3% support test-2017. If the organ	ization did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	
	box and stop here. The organization qua						🕨 🗵
b	331/3% support test-2016. If the organi						ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		. ▶ 🗆
17a	.10%-facts-and-circumstances test-2	<b>017.</b> If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here	. Explain in
•	Part VI how the organization meets the '	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization*						▶ □
b	10%-facts-and-circumstances test-2	<b>016.</b> If the ora	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
_	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances'	' test, check '	this box and	stop here.
	Explain in Part VI how the organization r	meets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						
		···					0 or 990-EZ) 2017

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

•	(Complete only if you checked the lifth the organization fails to qualify	he box on line under the te	e 10 of Part I e sts listed belo	or if the organ	nization failed Implete Part I	to qualify und	der Part II.
Section	on A. Public Support				!		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	•					
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities furnished in any activity that is related to the				],	/	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				/	1	
4	Tax revenues levied for the						
•	organization's benefit and either paid to				/		
	or expended on its behalf			//	<b>"</b>		
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge					1	
6	Total. Add lines 1 through 5		1	./			
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		11				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	-				_	
C	Add lines 7a and 7b	RALEAN A ACTORION NO. NO.	A.S. C. 4, 8967 513 4637	21 11 79 385 X 642 .	acomercina. Podernica acom-	. 1 of 8000000	
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sooti	on B. Total Support		<b>秦公司人等下面 68 34 48 5</b>	RECOMMINISTRATION	[Property Property	2011/04/2012/19/19/19 11:00 11   Teast 1	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	//	(5) 2011	(0) 2010	(4, 20.0	(0, 2011	(,, , , , , , , , , , , , , , , , , , ,
10a	Gross income from interest, dividends,	//					
	payments received on securities loans, rents,	//					
	royalties, and income from similar sources .	//					
b	Unrelated business taxable income (less/			-			
	section 511 taxes) from businessés						
	acquired after June 30, 1975 .//						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
4.0	(Explain in Part VI)	ļ					
13	Total support. (Add lines 9, 10c, 11, and 12)		[			Ì	
4.4	and 12.) //	L	o'e firet cocco	d third fourth	or fifth tay yo	ar as a section	501(c)(3)
14	organization, check this box and stop he						. ► □
Section	on C. Computation of Public Suppo			<u> </u>	· · ·	· · · ·	· · <u></u>
15	Public support percentage for 2017 (line			3. column (fl)		15	%
16	Public support percentage from 2016 Sci					16	%
	on D. Computation of Investment In				1,,		
17	Investment/income percentage for 2017 (			y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2010	6 Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests-2017. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is mi	ore than 331/3%	, and line
	17/is not more than 331/3%, check this box	and stop here.	. The organization	on qualifies as a	a publicly suppo	orted organization	n 🕨 🗌
b	331/3% support tests-2016. If the organiz	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 33	3 <sup>1</sup> /3%, and
	line/18 is not more than 331/3%, check this						
20/	Private foundation. If the organization d	id not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instruc	tions 🕨 📙

#### 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. All Su	apporting Org	ganizations
-------------------	---------------	-------------

ecti	on A. All Supporting Organizations			
	•	,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		
3 <sub>a</sub>	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	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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	) // S	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		2.4444
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	rie de	20
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under 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		
	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	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	Syder Society Established	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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)	6 7.		i de la companya de l
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b> ,	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		22
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		22

10b

determine whether the organization had excess business holdings )

, Par	V Supporting Organizations (continued)			
`		do 1972%	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		2556.25
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
		Barriese.	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			TAN
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
	is to the time of time of time of the time of the time of time		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	98	2002	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	e de la composition della comp	र्द्ध रहेल्ड
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	re-parale	owner: 4
3	"By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard		<b>33</b> 2	أنكنأ
Sect	ion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ารเกนต	uons	<i>i)</i>
a b	☐ The organization satisfied the Activities Test Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	tructi	ons)
2		_	Yes	
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2433	res ******	No %333
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		NE / NV 18
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		Mary 1	
. `а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	ſ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ıst on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	WITH THE WASHINGTON	•
2 Enter 85% of line 1	2	PARKET STATE OF THE PROPERTY O	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	NATURAL CARREST NATURAL NATURA NATUR	
4 Enter greater of line 2 or line 3.	4	SAMMENTAL PROPERTY OF A SAME OF A SA	
5 Income tax imposed in prior year	5		
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-functional instructions)	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supp	orted '			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>				
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which	th the organization is re	sponsive			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2017 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by line 9 amount	Υ	<del>r</del>			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable		
		LXCC33 DISTIBUTIONS	Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required - explain in Part VI) See					
	instructions					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013 .	L. BARNET BOOK	TO SERVICE THE RESIDENCE OF THE PERSON OF TH	AFFOR STATE OF STATE		
C	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7 \$					
a	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI. See instructions			11.00 No. 11.00 No. 11.00 No. 10.00 No. 10.00		
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.					
8	Breakdown of line 7:		274			
а	Excess from 2013					
b	Excess from 2014					
С	Excess from 2015	and the second of the				
d	Excess from 2016		X22467355236555			
e	Excess from 2017	488#158888##############################	J. 18 28 28 48 48 48 48 48 48 48 48 48 48 48 48 48			

٥	_	_	_	1
۳	а	u	е	

Part VI	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 D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name	of the organization		Employer identification number
Fir	st Liberty Institute		75-1403169
	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	<del>-</del>	
•	only for charitable purposes and not for the benef		
	and former and an arranged by the second and the se		
Par	Conservation Easements.		
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		a historically important land area
	Protection of natural habitat	•	a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	. 2b
С	Number of conservation easements on a certified h		. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	nnated by the organization during the
	tax year ►		
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy required violations, and enforcement of the conservation ear		pection, handling of
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing of	conservation easements during the year
•	►\$	g, nationing of violations, and emoroting t	onservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
_	balance sheet, and include, if applicable, the text o		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFA	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that	describes these items
b	If the organization elected, as permitted under Si	FAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relatii	na to these items	
	(i) Povenue included on Form 900. Port VIII line 1		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· • •
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain provide the
~	following amounts required to be reported under SI		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		. \$

Par	2	2

	t III Organizations Maintaining									
` 3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, chec	k any of th	e follov	ving that are a	a signific	ant us	se of its
а	☐ Public exhibition				or exchang					
b	Scholarly research		е	☐ Othe	r 					
C	Preservation for future generations					_				_
4	Provide a description of the organiza XIII	tion's collections	and expl	aın how t	hey further	the org	anızatıon's ex	empt pu	ırpose	n Pari
5	During the year, did the organization									
	assets to be sold to raise funds rather		ained as	part of th	e organizati	on's co	llection? .		Yes	☐ No
Par	Escrow and Custodial Arra					_	_		_	
	Complete if the organization 990, Part X, line 21.								on Fo	orm
1a	0 ,									_
	included on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	ollowing to	able <sup>.</sup>		<del></del>	A		
	Devices a balance					-		Amount		
C	Beginning balance Additions during the year	• •				1c				
d e	Distributions during the year					1e	<del></del>	<u>-</u>		
f	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1f	<del> </del>			
2a	Did the organization include an amoun		Part X. line		scrow or cu		account liabil	itv?	Yes	□No
	If "Yes," explain the arrangement in Pa									
	t V Endowment Funds.									
	Complete if the organization				Part IV, line	10.				
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years b	ack (e) F	our yea	ırs back
1a	Beginning of year balance		ļ							
b	Contributions		ļ							
С	Net investment earnings, gains, and losses						_			
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance		l	, ,						
2	Provide the estimated percentage of t			e (line 1g	, column (a)	) held a	ıs:			
a b	Board designated or quasi-endowmer Permanent endowment ▶	%	<b>.</b> %							
C	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and		00%							
За	Are there endowment funds not in the			zation tha	at are held a	and adr	ninistered for	the		
	organization by	- 1-	J						Ye	s No
	(i) unrelated organizations							. За	$\overline{}$	1
	and the second s							3a		
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	d as requi	red on Sc	hedule R?			31	<b>o</b>	
4	Describe in Part XIII the intended uses		on's endo	owment fu	ınds.					
Pari	, , ,									
	Complete if the organization									
	Description of property	(a) Cost or of			r other basis ther)		ccumulated preciation	(d) E	Book va	lue
1a	Land									
b	Buildings									
С	Leasehold improvements				65,154.		309,150.			004.
d	Equipment	·		8	06,741.		605,910.	<del></del>	200,	831.
e	Other	·	20.5	<u> </u>	(0) 1 1=			_	25.5	
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part X	(, <u>colum</u> n	(B), line 10d	s. <i>)</i>	<u>, .</u> ▶	_	356,	835.

rart VII	Complete if the organization ans		m 990. Part IV. II	ne 11b. See Forr	n 990. Part X. line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	ethod of valuation d-of-year market value
(1) Financia	l derivatives			<u> </u>	
(2) Closely-ł	held equity interests				
(3) Other					
(^)					
(B)					
(C)					<u> </u>
(D)				<del>                                     </del>	
(E)			<del> </del>		
(F)				<del> </del>	
(G) (H)	***************************************		<u>,</u>	<del> </del>	<del> </del>
	(h)t agral Form 000 Part V col (Plung 12)			970000000000000000000000000000000000000	
Part VIII	(b) must equal Form 990, Part X, col (8) line 12.) ► Investments—Program Related	<u></u>		A CONTRACTOR OF CONTRACTOR	
	Complete if the organization ans		m 990. Part IV. Jir	ne 11c. See Form	n 990 Part X line 13.
	(a) Description of investment	Weicu ico ciri ci.	(b) Book value		ethod of valuation
	(a) 5556		(0) 000		d-of-year market value
(1)				<del></del>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	·				
(9)				5 5 5 L. Vi et a 199 500	TO THE REAL PROPERTY.
	(b) must equal Form 990, Part X, col (B) line 13) ►			SEDENTE SE	
Part IX	Other Assets.		200 Daw IV Iv	44-1 0 5	200 B- + V Im- 45
	Complete if the organization ans	wered "Yes" on Forr  a) Description	n 990, Part IV, III	16 11a. See Forn	n 990, Part X, line 15.
(4)		a) Description			(b) Book value
(1)					<del> </del>
(2)		<del></del>		<del></del>	<del> </del>
(4)	<del></del>				<del> </del>
(5)			<del></del> -		<del> </del>
(6)					
(7)	<del>-</del>		··		
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .		>	
. Part X	Other Liabilities.		<del></del>		
	Complete if the organization ansuline 25.	wered "Yes" on Forr	n 990, Part IV, Iir	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	%X\$4 <sup>®</sup> 765033		
(1) Federal in	icome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	-				
Total. (Column (t	b) must equal Form 990, Part X, col (B) line 25 ) 🕨	1			

	Complete if the exceptation engineered "Vee" on Form 000 D	nd IV / line 10e		
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements.			11 410 020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· · <del>  '-</del> +-	11,410,038.
a	1	2a	] -	
b		2b	<del> </del> ·	
C	<del> </del>	2c		
d		2d	<del> </del> ,	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	11,410,038.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i i i i	·   -	11/120/0001
а		4a	1 1	
b		4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		. 5	11,410,038.
Part	XII Reconciliation of Expenses per Audited Financial Stateme			
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	9,964,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C		2c		
d	` '	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	9,964,182.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a		4a		
b		4b		
C E	Add lines 4a and 4b	101	. 4c	0.064.102
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	10)	. 5	9,964,182.
Pt X	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to  Line 2: "Management has concluded that any tax po	·		••••
maa+	the criteria of ACC 740 10 would be immaterial t	o the financi	al ctatem	
	thecriteria of ASC 740-10 would be immaterial t			
as a	whole. Accordingly, the accompanying financial sta		t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents
as a	whole. Accordingly, the accompanying financial sta	tements do no	t include	ents

Schedule D (Fo	orm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
••••		
•••		
		••••••

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service				990 or Form	990-EZ itest instructions		Open to Public Inspection
Name of the organization		- 40 10 11 11 11	13.90171 07117	350 101 1110 10		Employer identific	
First Liberty	Institute					75-1403169	
Part I Fundrai	sing Activities.	Complete if the	organiza	ation ansv	vered "Yes" on	Form 990, Part IV,	line 17.
		not required to					
					owing activities C	heck all that apply	
a 🗵 Mail solicit	_				ion of non-govern		
b 🗵 Internet an	d email solicitatio	ons	f [	Solicitati	on of governmen	t grants	
c 🗵 Phone solu	citations		g 🗵	Special i	fundraising events	S	
d 🗵 In-person s	solicitations						
2a Did the organi	zation have a wri	tten or oral agree	ment with	any individ	dual (including offi	cers, directors, trust	ees,
						fundraising services?	
				draisers) pi	ursuant to agreem	nents under which th	e fundraiser is to be
compensated	at least \$5,000 by	y the organization	١.				
(i) Name and addre		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		···	\ <u>-</u>
₁ Todd Dexter	& Assoc		100	110	1		
•		Consultation		×	1,789,838.	432,124.	1,357,714.
2 MDS Communic	ations	Consultation			1,703,030.	452,121.	1,00,7,721.
2		consultation		×	30,911.	29,850.	1,061.
3		Consultation			30,711.		
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Takal				_	1,820,749.	461,974.	1,358,775.
Total	n which the orga		ered or lic	onsed to s	olicit contribution	s or has been notifie	ed it is exempt from
registration or		illization is regist	ered or no	enseu to s	onon contribution	3 or rias been notine	so it is exempt from
AK CA CO DC GA H	-	וד או או או או אוד א	וכ אום סע ו	ጋኔ ፍሮ ጥነነ የ	א אש אנו		
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			**				

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (cl)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2 3	Less. Contributions . Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
Direc	8	Entertainment .				
	9	Other direct expenses	<u> </u>			
	10 11	Direct expense summary Ad Net income summary Subtra			<b>&gt;</b>	<del></del>
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	organization answei		00, Part IV, line 19, or	reported more
Revenue		than \$13,000 on Form 5	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5_	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summary	Subtract line 7 from li	ne 1, column (d)	<b>▶</b>	, <u></u>
	a lst	ter the state(s) in which the org the organization licensed to co No," explain	-	s in each of these states	s?	🗎 Yes 🗌 No
10		ere any of the organization's ga Yes," explain:	-		ated during the tax year	

Schedi	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	retain the state gaming license?
Part	
	See instructions.
<u> </u>	Total Total Ababa Davishous - as (Kisamas dity Ob Ob Ob WY WY
•	
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# **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

First Liberty Institute

Employer identification number

75-1403169

Part	Questions Regarding Compensation	•		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
, <del>-</del> -	🔟 🔀 Tax indemnification and gross-up payments 👑 🗌 Health or social club dues or initiation fees 🛶 💂 -			
,	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	16	×	١.
			25.25	<b>W</b>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2_	×	b N.S.
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☐ Written employment contract			
	independent compensation consultant			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing forganization or a related organization:			
, a ·	Receive a severance payment or change-of-control payment?	4a	المستحددين	×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
C '	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		\$500 \$500 \$100 \$100 \$100 \$100 \$100 \$100	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
′a	The organization?	5a		×
b	Any related organization?	5b		×
1	If "Yes" on line 5a or 5b, describe in Part III.			
_	Secretaria de la François De Millouria de Labra			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	-		
a b	The organization?	6b		×
U	If "Yes" on line 6a or 6b, describe in Part III	2000 2000	and the	e e e e
:	t tes on the oa or oo; describe in tark in			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	25552.34	×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<del>  •  </del>	<del>-,</del>	-
_	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		×
_				M
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	ĺ	

BAA

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation In column (B) reported as deterred on pnor Form 990	
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)—(D)		
Kelly Shackelford	(1)	284,408.	100,000.	0.	10,600.	23,911.	418,919.	0.	
1 President/CEO	(n)	0.	0.	0.	0.	0.	0.	_0.	
Hıram S. Sasser	(1)	163,831.	35,000.	0.	8,324.	7,396.	214,551.	0.	
_2 Gen Counsel	(11)	0.	0.	0.	0.	0.	0.	0.	
David Holmes	(1)	243,178.	50,000.	0.	7,200.	17,500.	317,878.	0.	
3 COO/CFO/EVP	(0)	0.	0.	0.	0.	0.	0.	0.	
Mike Berry	(0)	132,675.	30,000.	0.	6,553.	7,396.	176,624.	0.	
4 Dep Gen Counsel	(II)	0.	0.	0.	0.	0.	0.	0.	
Ken Klukowskı	(0)	158,952.	4,000.	0.	6,000.	7,396.	176,348.	0.	
5 Counsel	(11)	0.	0.	0.	0.	0.	0.	0.	
Matt Kacsmaryk	(1)	136,582.	25,000.	0.	7,314.	7,396.	176,292.	0.	
6 Dep Gen Counsel	(11)	0.	0.	0.	0.	0.	0.	0.	
	(1)						······		
_7	(11)								
	(1)								
8	(11)								
	(0)								
_9	(11)								
	(1)								
_10	(11)								
	(1)								
	(11)								
	(1)								
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REV 10/16/16 PRO

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insur	ance.									
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Pt I	Line la: Limited	l travel for	spouses to Bo	ard events	and other	contribut	or events.	Tax gross-u	ps for life	
for any a	the information, expl additional information	anation, or desc	inpuoris required is	or Part I, lines	1a, 10, 3, 4a	, 4D, 4C, 3a, 3	U, 0a, 0U, 7, ai	id 6, and for F	art ii Aiso compi	ete triis par
Part III	Supplemental Inf	formation		an Danid Jana	10 10 2 40	45 45 50 F	h 62 6h 7 a	and 0 and for D	artii Alaa samal	oto this see
Schedule J	(Form 990) 2017									Page 3

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number

Firs	st Liberty Institute			75-140	3169	_
Par	Types of Property					
	-	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
1 2 3 4	Art—Works of art					
5	Clothing and household goods					
6 7 8	Boats and planes . Intellectual property .					
9 10 11	Securities—Publicly traded Securities—Closely held stock . Securities—Partnership, LLC,	×	20	762,275.	active n	narket
12	or trust interests					
13	Qualified conservation contribution — Historic structures					
14	Qualified conservation contribution—Other					
15 16 17	Real estate—Residential Real estate—Commercial . Real estate—Other					
18 19	Collectibles					
20 21	Drugs and medical supplies .  Taxidermy					
22 23 24	Historical artifacts  Scientific specimens  Archeological artifacts					
25 26	Other ► ( ) Other ► ( )					
27 28	Other ► () Other ► ()					
29	Number of Forms 8283 received which the organization completed				29	Ves No
30a	During the year, did the organizat 28, that it must hold for at least th to be used for exempt purposes f	ree years t	from the date of the initial of	contribution, and which isr		30a ×
b 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep		es the review of any no	onstandard	31 ×
32a	Does the organization hire or use contributions?		les or related organizations	s to solicit, process, or se	ell noncash	32a ×
ь 33	If "Yes," describe in Part II If the organization didn't report an describe in Part II.	amount in	column (c) for a type of prop	perty for which column (a)	s checked,	

Page	2
Page	~

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	
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### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

75-1403169 First Liberty Institute Pt VI, Line 11b: The draft Form 990 is reviewed by the Board's Finance Committee and outside legal counsel, and any questions are resolved before the Form 990 is filed. \_\_\_\_\_\_ Pt VI, Line 12c: Policy is discussed at each board meeting. Pt VI, Line 15a: Officer compensation is reviewed annually by Compensation Committee Pt VI, Line 15b: Key employee compensation is reviewed annually by Compensation Committee Pt VI, Line 19: Policies available upon request Other: Pt VI, Line 17: States for which a copy is required to be filed: CA, GA, HI, KY, MD, MA, MI, MN, MS, NH, NJ, NC, PA, SC, TN, VA, WV, WI Pt IX, Line 11g: Description: Business Consulting Total: \$570,625 Program services: \$550,473 Management and general: \$20,152 Fundraising: \$0 Description: Education / Acquisition Total: \$717,385 Program services: \$717,385 Management and general: \$0 Fundraising: \$0 Description: Gift Processing Total: \$141,617 Program services: \$0 Management and general: \$141,617

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
First Liberty Institute	75-1403169
Fundraising: \$0	
Description: Training	
Total: \$181,500	
Program services: \$167,115	
Management and general: \$14,385	
Fundraising: \$0	
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