Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2010 calen	dar year, or ta	x year begin	ning		, 20	10, an	d ending	3		,	ı			
В	Check if a	pplicable:									D Employ	er Identif	ication Number			
	Addre	ess change	Western 5	[radition	n Insti	tute					26-4239065					
		e change	dba: Ame			Instit	ute				E Telepho					
	\vdash	-	c/o Hacks	staff La	w, 1601	Blake :	St. #30	1								
	_	I return	Denver, (202-670-2680						
		inated											100			
	X Amer	nded return	_						1.	G Gross receipts \$ 186,00						
	Appli	cation pending	F Name and ad		l officer:						a group retur		⊢			
			Same As (affiliates inc attach a list.		ructions) Yes	No No		
<u></u>	Tax-exe	empt status	X 501(c)(3)	501(c) () ∢ (in	sert no.)	4947(a)(1)	or or	527	,		(000	, ,			
J	Webs	ite: ► N/	Ά						ļ.	H(c) Group	exemption n	umber ►				
K	Form of	organization:	X Corporation	Trust	Association	Other ►		L Year	of Formation	on: 2009	9 M s	State of le	gal domicile: C	0		
Pa	art I	Summai	rv			•					•		-			
	1 Br		be the organiz	ation's missi	on or most s	ignificant	activities:	Rese	earch	envir	onment	al pi	ublic po	licv		
a)	i	ssiles a	<u>nd provid</u>	e inform	nation to	o the r	nublic i	rega:	rdina	those	nolia	rv is	siles .			
ğ		<u></u>	<u> pro rro</u>		. <u> 01011 _ 0</u>	<u>0_0110_6</u>	<u> </u>	<u>. 090</u>	<u> </u>		<u> </u>	<u> , , , , , , , , , , , , , , , , , , ,</u>	<u> </u>			
Governance	_															
Ş	2 CI	heck this bo	ox ► if the	organizatio	n discontinue	ed its oper	ations or d	ispose	ed of mo	re than 2	5% of its	net ass	ets.			
Ğ			ting members									3		3		
თ			dependent vot									4		3		
Ë			of individuals									5		0		
Activities &	6 To	otal number	of volunteers	(estimate if	necessary)							6		3		
ĕ	7a To	otal unrelate	ed business re	venue from F	Part VIII, colı	umn (C), li	ine 12					7a		0.		
	b Ne	et unrelated	d business taxa	able income	from Form 9	90-T, line	34					7 b		0.		
										Р	rior Year		Current `	Year		
	8 Co	ontributions	and grants (P	art VIII, line	1h)						10,0	000.	186	5,000.		
Revenue			rice revenue (F								·					
ě	10 In	vestment ir	ncome (Part VI	II, column (A	A), lines 3, 4,	, and 7d).										
8	11 O	ther revenu	e (Part VIII, co	lumn (A), lir	nes 5, 6d, 8c	, 9c, 10c, a	and 11e)									
	12 To	otal revenue	e – add lines 8	3 through 11	(must equal	Part VIII,	column (A)	, line	12)		10,0	000.	186	5,000.		
	13 Gi	rants and s	imilar amounts	paid (Part I	X, column (A	A), lines 1-	3)				9,5	500.				
			to or for mem								•					
														288.		
es																
Expenses		16a Professional fundraising fees (Part IX, column (A), line 11e)														
ă.	b To	otal fundrais	sing expenses	(Part IX, col	umn (D), line	e 25) 🕨		4,	000.							
ш	17 O	ther expens	ses (Part IX, co	olumn (A), lir	nes 11a-11d,	11f-24f)						8.	69	9,852.		
	18 To	otal expense	es. Add lines 1	3-17 (must 6	equal Part IX	(, column ((A), line 25))			9,5	508.	70),140.		
	19 Re	evenue less	expenses. Su	btract line 1	8 from line 1	2					4	192.	115	5,860.		
or Ses										Beginnin	g of Currer	nt Year	End of Y	'ear		
Net Assets Fund Baland	20 To	otal assets	(Part X, line 16	5)							4	192.	116	5,352.		
Ass	21 To	otal liabilitie	s (Part X, line	26)								0.		0.		
Ë	22 Ne	et assets or	fund balances	Subtract li	ne 21 from li	ne 20						192.	116	5,352.		
	art II		re Block	o. Gabtiact iii	110 21 110111 11	110 20				1				7,002.		
				versioned this ret	ura including on		ahadulaa and a	tataman	uto and to t	ha baat of m	ar lunarrila da	a and hali	of it is true source	at and		
con	iplete. Decl	laration of prep	leclare that I have e arer (other than off	cer) is based on	all information o	f which prepa	rer has any kn	owledge.	its, and to t	ne best of fr	ny knowiedy	e and bene	er, it is true, corre	ect, and		
-																
Sig	nn	Signatu	re of officer							Da	te					
He	re re	Dan	Reed							Direc	rtor					
			print name and titl	e.						DITEC	JUUI					
		- ''	'		Prenarer's sign	ature		Da	ate	1	Observi T	K if F	PTIN			
_		Print/Type preparer's name Preparer's signature Date George M. Vogler George M. Vogler								_	7 11		2			
Pa					George		тет				self-employ	ed L	P00642078	<u> </u>		
	eparer	Firm's name			gler, CP											
US	e Only	Firm's addre			od Plaza			N			Firm's EIN	•				
			Green	wood Vil	llage, C	0 80111	L				Phone no.	(303	•	88		
Ma	y the IRS	S discuss th	is return with	the preparer	shown abov	e? (see in:	structions).						X Yes	No		

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 53,659.

BAA

TEEA0102L 10/06/10

Form 990 (2010)

Form 990 (2010) Western Tradition Institute 26-4239065 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	Χ	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) Western Tradition Institute 26-4239065 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		Χ
ı	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
á	a 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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х

BAA Form **990** (2010)

14b

	n 990 (2010) Western fradition institute Z6-423906)	F	age:
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V.			. L
			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3:	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b		- 11
	· · · · · · · · · · · · · · · · · · ·	- 55		
47	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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?	6a	Χ	
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		•	
	not tax deductible?	6b	Χ	
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 and			
	services provided to the payor?	7a		Χ
I	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	٦.		v
	Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		v
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/1		A
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 3		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
٥	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
0	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0 -		
	a Did the organization make any taxable distributions under section 4966?	9a 9b		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	מפ		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ı	b Enter the amount of reserves the organization is required to maintain by the states in			
•	which the organization is licensed to issue qualified health plans			
(c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ

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

Form 990 (2010) Western Tradition Institute 26-4239065 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 1 a **b** 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?... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors or trustees, or key employees to a management company or other person?..... Χ Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Χ governing body?..... 7 a Χ 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8_b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10 a Does the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization?..... 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?. c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Χ 13 Does the organization have a written whistleblower policy?...... 13 Χ 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official....... 15a Χ **b** Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule 0

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

►Dan Reed 3044 So. Forest St. Denver CO 80222

BAA Form 990 (2010)

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

Check if Schedule O contains a response to any question 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.

\overline{X} Check this box if neither the organizatio	n nor any	relate	d o	rgan	izat	ion co	mpe	ensated any current o	fficer, director, or trus	stee.
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Po Individual trustee or director	institutional trustee	check Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Dan Reed Director	5			Х	Х			0.	0.	0.
(2)										
_(3)										
_(4)										
(5)										
_(6)										
_(7)										
_(8)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										
<u>(15)</u>										
<u>(16)</u>										
<u>(17)</u>										
	L	l						<u>L</u>	l .	

(A)	(B)	(c)				(D)	(E)	(F)	<u>y</u>			
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount of , compensa from th organizat and rela organizati	other ition e ion ted	
_(18)												
<u>(19)</u>												
<u>(20)</u>												
<u>(21)</u>												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
(29)												
1 b Sub-total. c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	A						* * *	0. 0. 0.	0. 0. 0.	0.		
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	labo	ove)	wh	o re	ceived more than	\$100,000 in report	able compen	sation	
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, l	key	emp	oloy	ee, o	or hi	ighest compensat	ed employee	Yes	No X	
For any individual listed on line 1a, is the sum of re the organization and related organizations greater the organization.	portable	cor	npe	nsat	tion	and	oth	er compensation		3	A	
such individual	ompens	atio	 n fro	 om a	 any	unre	i elate	ed organization or	individual		X	
for services rendered to the organization? <i>If 'Yes,' a</i> Section B. Independent Contractors	complete	e Sc	hed	ule .	J fo	r suc	ch p	erson		. 5	X	
Complete this table for your five highest compensate compensation from the organization.	ed inde	oeno	dent	con	itrac	ctors	tha		1	(0)		
(A) Name and business address							Description of	of services	(C) Compensation			
2 Total number of independent contractors (including	hut not	limi	ted :	to th	nose	lict	ed s	ahove) who receiv	ed more than			
\$100,000 in compensation from the organization			.ou	io u	.030	, iiSl	ou c	ADDVO, WITO TECETV				

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b 1,000. c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 185,000. g Noncash contributions included in Ins 1a-1f: \$				
	h Total. Add lines 1a-1f	186,000.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue				
PRC	g Total. Add lines 2a-2f				
ENUE	3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. (i) Real (ii) Personal 6 Gross Rents (ii) Personal 6 A Gross Rents (iii) Personal 6 A Gross Rents (iv) Real (iv) Personal 6 A Gross Rents (iv) Real (iv) Personal 6 A Gross amount from sales of assets other than inventory. 6 A Gross amount from sales of assets other than inventory. 7 A Gross amount from sales of assets other than inventory. 6 Less: cost or other basis and sales expenses (c) Gain or (loss). 7 A Gross income from fundraising events (not including. \$				
OTHER REVEN	of contributions reported on line 1c). See Part IV, line 18				
	9a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory▶				
	Miscellaneous Revenue Business Code 11 a				
	d All other revenue				
	e Total. Add lines 11a-11d		0.	0.	0.

Part IX Statement of Functional Expenses

Form **990** (2010)

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				3 - · · · · · · · · · · · · · · · ·	0.100.000
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	288.	288.		
10	Payroll taxes				
	Fees for services (non-employees):				
	Management	16,000.	8,000.	4,000.	4,000.
) Legal	17,737.	10,000.	7,737.	
	Accounting				
	Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees	4 000	4 000		
	Other	4,000.	4,000.		
	Advertising and promotion	10,000. 2,514.	10,000. 2,000.	514.	
13 14	Office expenses	7,000.	7,000.	514.	
15	Royalties	7,000.	7,000.		
16	Occupancy	550.	300.	250.	
17	Travel	522.	522.	250.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	321,	322.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				
:	a Direct Mail	11,529.	11,529.		
)		,,		
	:				
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	70,140.	53,639.	12,501.	4,000.
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		1			Form 990 (2010)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	492.	1	116,352.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees,			
	3	and highest compensated employees. Complete Part II of Schedule L		5	
	6	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).		6	
A	7	Notes and loans receivable, net.		7	
A S E T	8	Inventories for sale or use.		8	
T	9	Prepaid expenses and deferred charges.		9	
3		· · · · · · · · · · · · · · · · · · ·			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets . Add lines 1 through 15 (must equal line 34)	492.	16	116,352.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
 	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ť		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets		27	
SELLS	28	Temporarily restricted net assets.		28	_
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117, check here ► X and complete			
F U N D		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
B A	31	Paid-in or capital surplus, or land, building, or equipment fund		31	4440
A N	32	Retained earnings, endowment, accumulated income, or other funds	492.	32	116,352.
B41420E の	33	Total net assets or fund balances.	492.	33	116,352.
S	34	Total liabilities and net assets/fund balances	492.	34	116,352.

BAA Form **990** (2010)

Form 990 (20	10) V	Jestern	Tradition	Institute
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Page **12**

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		. \square		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	86,0	00.		
2	Total expenses (must equal Part IX, column (A), line 25).	2	7	0,1	40.		
3	Revenue less expenses. Subtract line 2 from line 1	3	11	.5,8	60.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5		5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11	.6,3	52.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				. 🔲		
				Yes			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	b Were the organization's financial statements audited by an independent accountant?	[2b		Χ		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
,	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3a		Χ		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b				
BAA			Form	990 (2010)		

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Western Tradition Institute dba: American Tradition Institute 26-4239065

Par	t I	Reason for	or Pub	lic Charity Statu	us (All organi	zations	must o	comple	ete this	part.)	See ii	nstruct	ions.		
The o	orga	nization is no	t a priva	ate foundation beca	use it is: (For lir	nes 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).													
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)														
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4		A medical re	esearch (organization operate	ed in conjunctio	n with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) . Er	nter the hos	spital's	S
		name, city, a													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)													
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)													
8		1		escribed in section	•	. (Comple	te Part I	1.)							
9	X	·		normally receives:				•	n contri	butions.	membe	rshin fee	es, and arc	ss red	ceints
		from activitie investment i	es relate ncome a	d to its exempt fund and unrelated busing section 509(a)(2). ((ctions – subject ess taxable inco	to certair me (less	n except	ions, ar	nd (2) no	more t	han 33-	1/3% of	its support	from	gross
10		An organiza	tion orga	anized and operated	d exclusively to t	test for pu	ublic safe	ety. See	section	1 509(a)	(4).				
11		more publicl	v suppoi	anized and operated rted organizations of f supporting organiz	lescribed in sect	tion 509(a	1)(1) or s	ection 5	509(a)(2	nctions o). See s	of, or ca section 5	rry out th 5 09(a)(3)	he purpose). Check th	s of o e box	ne or that
		a Type I		b Type II	с	Type II	I — Fund	tionally	integra	ted		d	Type III -	- Othe	er
е		By checking other than for section 509(oundatio	r, I certify that the on managers and oth	organization is no ner than one or	ot controll more pub	led dired licly sup	tly or in ported o	idirectly organiza	by one itions de	or more escribed	disquali in section	ified persor on 509(a)(1	ns) or	
f		If the organi	zation re	eceived a written de	termination fron	n the IRS	that is a	Type I	, Type II	l or Typ	e III sup	porting	organizatio	n,	. 🗆
g		Since Augus	t 17. 20	06, has the organiz	ation accepted a	anv aift o	r contrib	ution fr	om anv	of the fo	ollowina	persons	?		
,		3.	,	·, · · · · · · · · · · · · · · · · · ·		, , , .			,					Yes	No
		(i) A pers	on who	directly or indirectly	controls, either	alone or	together	with pe	ersons d	lescribe	d in (ii) a	and (iii)			
		•	9	erning body of the s	11 3										
		` '	,	per of a person desc	· · ·										
				ed entity of a perso									11 g (iii)		
h			`	information about	the supported o	rganizatio	T . /		1			1			
		(i) Name of support organization		(ii) EIN	(iii) Type of org (described on above or IRC (see instruc	lines 1-9 Section	organiz column (your go	s the ation in in its i	the organ	rou notify nization in n (i) of upport?	organiz	nn (i) ed in the	(vii) Amour	nt of sup	port
							Yes	No	Yes	No	Yes	No			
(A)															
<u>(~)</u>															
<u>(B)</u>															
(C)															
<u>\-/</u>															
<u>(D)</u>															
<u>(E)</u>															
Total															

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Western Tradition Institute 26-4239065 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				_		
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	1	1	1			
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	tructions)				
13	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	%
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box
Ł	33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pul	did not check a bo olicly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	anď-circumstance	s' test, check this	box and stop her	re. Éxplain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization	IV how the▶
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			
BAA					Sc	neaule A (Form 99	90 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					_	
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')				10,000.	186,000.	196,000.
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.				10,000.	100,000.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	10,000.	186,000.	196,000.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)	5.	Ţ.	J.	J.	J	196,000.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6	0.	0.	0.	10,000.	186,000.	196,000. 0.
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
	Total support. (Add Ins 9, 10c, 11, and 12.)	0.	0.	0.	10,000.	186,000.	196,000.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	B)
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2						%
	tion D. Computation of Inv					1 1	
	Investment income percentage for	•	• •	-			%
		rom 2009 Schedul	e A, Part III, line '	1/			%
18	Investment income percentage fi			how on line 14 -	nd line 1E is assert	than 22 1/20/	ad line 17
18 19 a	Investment income percentage fi 33-1/3% support tests – 2010. If is not more than 33-1/3%, check 33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization this box and stop	did not check the here. The organi	zation qualifies a	is a publicly suppo	orted organization	

Schedule A	(Form 990 or	990-EZ) 2010	Western	Tradition	Institute	26-42390	165 Page 4
Part IV	Suppleme Part II, line (See instru	ntal Informa e 17a or 17t uctions).	ation. Compl o; and Part II	ete this part to I, line 12. Also	provide the exp complete this p	lanations required by Pa art for any additional info	rt II, line 10; ormation.
	. – – – – –		. – – – – –	. – – – – –			
			- – – – – –				
				. – – – – –			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization Western Traditi	on Institute	Employer identification number
dba: American T	'radition Institute	26-4239065
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	E01(a)(2) exempt private foundation	
FOIII 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
	501(c)(3) taxable private foundation	ivate ioditation
Check if your organization is covered by the	e General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule and	Special Rule. See instructions.
General Rule		
	0-EZ, or 990-PF that received, during the year, \$5,000 or mor	e (in money or property) from any one
contributor. (Complete Parts I and II.)	5-E2, or 550-11 that received, during the year, \$5,000 or mor	s (in money or property) from any one
Special Rules		
For a section 501(c)(3) organization filing	ng Form 990 or 990-EZ, that met the 33-1/3% support test of	the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi), and rece	eived from any one contributor, during the year, a contribution Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I	of the greater of (1) \$5,000 or
	anization filing Form 990 or 990-EZ, that received from any or	
aggregate contributions of more than \$1	1,000 for use exclusively for religious, charitable, scientific, lit	erary, or educational purposes, or
the prevention of cruelty to children or a		
For a section 501(c)(7), (8), or (10) orga	anization filing Form 990 or 990-EZ, that received from any or gious, charitable, etc, purposes, but these contributions did n	ne contributor, during the year, of aggregate to more than \$1,000
If this box is checked, enter here the tol	tal contributions that were received during the year for an <i>exc</i>	clusively religious, charitable, etc.
	rts unless the General Rule applies to this organization becand specifies the structure of \$5,000 or more during the year.	
, ,		· · · · · · · · · · · · · · · · · · ·
Caution: An organization that is not covered	d by the General Rule and/or the Special Rules does not file to line 2 of their Form 990, or check the box on line H of its Fo	Schedule B (Form 990, 990-EZ, or
990-PF, to certify that it does not meet the	filling requirements of Schedule B (Form 990, 990-EZ, or 990-	PF).
BAA For Paperwork Reduction Act Notice	e, see the Instructions for Form 990, Sched	ule B (Form 990, 990-EZ, or 990-PF) (2010)
990EZ, or 990-PF.		

of Part I

Western Tradition Institute Page 1 of 1
Employer identification number

26-4239065

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ATP 12361 E. Cornell Ave. Aurora, CO 80014	\$40,000.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Atlas Economic Research Foundation 1201 L. Street NW Washington, DC 20005	\$ <u>5,000.</u>	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Doug Lair PO Box 1289 Big Simber, MT 59011	\$ <u>5,000.</u>	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Lair Family Foundation PO Box 1289 Big Simber, MT 59011	\$ <u>135,000.</u>	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of 1

of Part II

Western Tradition Institute

Employer identification number

26-4239065

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Western Tradition Institute 26-4239065

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch (Enter this information once. S	naritable, etc, See instruction	, ns.)▶\$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	t is held
Part I		Purpose of gift Use of gift			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	sferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number Western Tradition Institute 26-4239065 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Part I-B | Complete if the organization is exempt under section 501(c)(3). 0. 2 Enter the amount of any excise tax incurred by organization managers under section 4955...... ▶ \$ 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... Yes No 4a Was a correction made?..... No b If 'Yes.' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... Did the filing organization file Form 1120-POL for this year?.... Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing (e) Amount of political organization's funds. If none, enter-0-. contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5)

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

(6)

Schedule C (Form 990 or 990-EZ) 2010

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Page 2

Part II-A Complete if section 501(the organizatio (h)).	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► if the filing	ng organization bel	ongs to an affiliated group			
		ecked box A and 'limited co			
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots le	obbying)		
b Total lobbying expendit	ures to influence a	legislative body (direct lob	bying)		
c Total lobbying expendit	ures (add lines 1a	and 1b)			
d Other exempt purpose	expenditures				
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable ar both columns.	nount. Enter the ar	nount from the following ta	ble in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	s over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
•	•	of line 1f)			
		ss, enter -0			
i Subtract line 1f from lin	ie 1c. If zero or les	s, enter -0			
j If there is an amount ot section 4911 tax for this	her than zero on e s year?	ther line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	Yes No
(Som	e organizations the	4-Year Averaging Period at made a section 501(h) ens below. See the instruction	Under Section 501(h) lection do not have to ions for lines 2a throug	complete all of the five gh 2f.)	
	Lob	bying Expenditures During	g 4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					_
BAA				Schedule C (Form	990 or 990-EZ) 2010

Schedule **C** (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Western Tradition Institute 26-4239065 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(ciection ander section so (inj).	(a	a)	(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		V	
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV See. Part .IV		X	
j Total. Add lines 1c through 1i.			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Χ	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	_
Section 501(c)(6).			Yes No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			1
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or	
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	art III-	A, lin	e 3
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year.		2b	
c Total.		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	tical	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	nd Part	: II-B, I 	ine 1i.
Part II-B, Line 1i - Other Activities Description			
No political activity this year. There is a section 501(h) elect	<u>cion</u>	curr	cently in
effect			

Schedule C (F	Form 990 or 990-EZ) 2010 Western Tradition	Institute	26-4239065	Page 4
Part IV	Form 990 or 990-EZ) 2010 Western Tradition Supplemental Information (continued)			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

WC5CCIII IIudicion Inscitute	Employer identification number
dba: American Tradition Institute	26-4239065
Schedule C	
Schedule C is included only because the organization has a section 501(h) election	
in_effect.	
Form 990 - Explanation of Amended Return	
Original return was incomplete. Form 990, Part VI, Line 11b - Form 990 Review Process	
No-review was or will be conducted	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No-documents available-to the public	