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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

Inte	nai Rever	nue Service	► The organization may have to use a copy of this return to satisfy state	reporting requi	rements.	Inspection				
A	For the	2012 cale	ndar year, or tax year beginning , 2012, and endi	ing		, 20				
В	Check if	f applicable:	C Name of organization Young Americans for Liberty Foundation		D Employ	er identification number				
	Address	s change	Doing Business As		45-3503672					
\Box	Name d	_	Number and street (or P O. box if mail is not delivered to street address) Room/s	surte	E Telephone number					
$\overline{\Box}$	Initial re	-	PO Box 2751			202-577-1749				
\Box	Termina	*	City, town or post office, state, and ZIP code			LOL-377-1743				
$\overline{\mathbb{Z}}$	Amende				G Gross receipts \$					
			Arlington, VA 22202 F Name and address of principal officer	444-31-41-	G Gross receipts \$ a) is this a group return for affiliates? Ye					
Y	Applicat	tion pending								
			Same			ncluded? LYes LNo				
<u>_</u>		mpt status:	√ 501(c)(3) □ 501(c) () √ (insert no) □ 4947(a)(1) or □ 527			list. (see instructions)				
<u>J</u> _	Website		w.yaliberty.org		p exemption					
K		 	✓ Corporation Trust Association Other ▶ L Year of forms	ation 2011	M State	of legal domicile VA				
Р	art I	Summ								
	1	Briefly de	scribe the organization's mission or most significant activities:							
•		YAL seek	s to recruit, train, educate, and mobilize students on the ideals of liberty a	nd the Consti	tution. Ou	ır				
Ë		goal is to	cast the leaders of tomorrow and reclaim the policies, candidates, and dir	ection of our	governme	ent.				
Activities & Governance										
8	2	Check th	is box ▶ ☐ if the organization discontinued its operations of disposed	of more that	n 25% of	its net assets.				
Ğ	3	Number	of voting members of the governing body (Part VI line 1a))	. 3	3				
8	4		of independent voting members of the governing body (Part VI, line-th	<u>ان</u>	. 4	2				
	5	Total num	nber of individuals employed in calendar year 2012((Part))/7line 2a)	S_{\parallel}	. 5	20				
差	6	Total nur	nber of volunteers (estimate if necessary)	O .	. 6	25				
ď	7a		elated business revenue from Part VIII, column(C)-line 12	S	. 7a	0				
	b		ated business taxable income from Form 990-T, line 34-N, . U.T.		7b	0				
_		14Ct Griffe	ated business taxable income norm of one of the or 1.17. G. [.	Prior Y		Current Year				
	8	Contribut	tions and grants (Part VIII, line 1h)							
Revenue	9		- · · · · · · · · · · · · · · · · · · ·	-	327,094	815,090				
9		•	service revenue (Part VIII, line 2g)	ļ	0	0				
æ	10		Int income (Part VIII, column (A), lines 3, 4, and 7d)		0	12				
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0				
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327,094	815,102				
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0	30,570				
	14		paid to or for members (Part IX, column (A), line 4)		0	0				
8	15	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	356,094				
2	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0	7,100				
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 77,588							
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,050	423,162				
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,050	816,926				
	19	Revenue	less expenses. Subtract line 18 from line 12		313,044	(1,824)				
5				Beginning of C	urrent Year	End of Year				
sets or	20	Total ass	ets (Part X, line 16)		327,094	331,030				
Net Age	21	Total liab	ulities (Part X, line 26)		14,150	19,811				
25	22	Net asse	ts or fund balances. Subtract line 21 from line 20		313,044	311,219				
Р	art II	Signat	ture Block							
Ur	der pena		ry, I declare that I have examined this return, including accompanying schedules and stat	ements, and to	the best of r	nv knowledge and belief it is				
			lete. Declaration of preparer (other than officer) is based on all information of which prepar			,,				
		$\mathbf{T} \mathbf{A}$				· · · · · · · · · · · · · · · · · · ·				
Sig	חב	Sign	attre di officer	D	ate	•				
He	_	11 7	eff Freger Executive Divector		9/2	tlis				
		Tvo	e or print name and title		4-	410				
		- 1 ', 		Date		PTIN				
Pa		- 1	Child that	9/24/13	Check self-em	⊻] # {				
	epare									
Us	se On				m's ⊟N ▶	20-0840396				
NA-	v tha II		Address • 4110 Point Hollow Lane, Fairfax, VA 22033	Ph	one no.	703-485-4861				
IVIE	y are li	いついばしい	s this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No				

SCAMPED OF 9.9 2013

For Paperwork Reduction Act Notice, see the separate instructions.

3

Form **990** (2012)

om 99	0 (2012) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	YAL seeks to recruit, train, educate, and mobilize students on the ideals of liberty and the Constitution. Our
	goal is to cast the leaders of tomorrow and reclaim the policies, candidates, and direction of our government.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
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 \$ 476,504 including grants of \$ 30,570) (Revenue \$ 0) Campus Outreach
	YALF's primary activity is organizing students into chapters on college campuses. YALF had more than 400 campus chapters nationwide in 2012. Significant staff time and resources are devoted to starting and building YAL chapters.
	YALF's campus outreach costs included staff salaries, travel, food, marketing materials, and registration fees.
	······································
4b	(Code:) (Expenses \$129,337 including grants of \$0) (Revenue \$0) Educational Materials
	YALF provides YAL chapters and members with valuable educational materials to distribute on their campus. These materials consist of flyers, palmcards, pamphlets, posters, and banners. All materials are to help educate students about American history, the U.S. Constitution, and the principles of liberty. YAL's educational materials costs include printing, shipping, and staff salaries.
	•
4c	(Code:) (Expenses \$ 74,879 including grants of \$ 0) (Revenue \$ 0)
	YAL National Convention
	YALF hosts an annual National Convention every year. In 2012, 267 students attended our convention. It was a three
	day event that featured keynote speakers and campus and campaign training. The costs for the YAL National Convention included staff salaries, lodging, food, travel, materials, venue rental, and marketing materials.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 680,720

Form 990 (2012)

Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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		1
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		1
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		1
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		1
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		1
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
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	•	1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	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		1
16	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		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
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 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		/
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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		/
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		<u> </u>	r <u> </u>
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Ė	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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	1	
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	İ
			<u> </u>	2012

Part				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31		163	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
_	reportable gaming (gambling) winnings to prize winners?	īc	1	
2a	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 20			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		✓
Ь	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.			
E۵	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 0		,
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 •
6a	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	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).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. .		١,
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		✓
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			1
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
۵.	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С				
		140		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
_				

Form 99	0 (2012)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	
Casti	Check if Schedule O contains a response to any question in this Part VI		•	<u> </u>
Secu	on 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 1a 3	Γ		-
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6		1
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		<u> </u>
	one or more members of the governing body?	7a		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
	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:	_		
а	The governing body?	8a	✓_	
Ъ	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
40-	Did the averagination have local characters bronches or offiliates?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	100		
13	Did the organization have a written whistleblower policy?	12c		1
14	Did the organization have a written document retention and destruction policy?	14	-	7
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		Ť
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		1
	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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	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?	405		
Sacti	on C. Disclosure	16b	L	L
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		, -	• • • • • • • • • • • • • • • • • • • •
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Jeffrey Frazee, PO Box 2751, Arlington, VA 22202			

	-
Dago	•

	(2012)	

1 01111 330 (201	L)
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

 List all of the organization's former directorganization, more than \$10,000 of reportable contains. 										or or trustee of the
List persons in the following order: individu	•				-			-	_	employees; highest
compensated employees; and former such persons.										
☐ Check this box if neither the organization no	any relate	d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				-	>)					
(A)	(B)	(do n	~+ ~+		ntion	then c	•••	(D)	(E)	(F)
Name and Title	Average	box,	(do not check more than one box, unless person is both an			an	Reportable	Reportable	Estimated	
	hours per week (list any	_				or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	or di	ng.	Officer	9		Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ğ	Key employee	Highest compensated employee	鱼	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약출	120		loye	fuo.	l			and related organizations
	11116)	8 8	먋		6	Dens				Organizations
			#			ated				
(1) Jeffrey Frazee	48									
Executive Director	12	1	_	1	1		L.	56,000	14,000	. 0
(2) John Tate	11	١,								1
Director	0	/			<u> </u>		<u> </u>			
(3) Kevin Martin	11	,								
Director	0	✓	-		-		-			
		}								
(5)			<u> </u>							
						<u> </u>				
(6)										
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744			-	-	-	<u> </u>	⊢	ļ		
(11)		ł		l						
(12)			 	\vdash	╁	\vdash	 	 -		
<u> </u>	† <u>-</u>	1								
(13)							Γ			
	<u> </u>	<u> </u>								
(14)							Γ			
	1	l	<u> </u>		l	l	1	1	<u> </u>	L

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continu	ed)		
					•	C) ation							_	
	(A)	(B)			neck	more	than o		(D)	(E)			F	
	Name and title	Average hours per						Reportable compensation			mated unt of			
		week (list any				_		<u> </u>	from	related	1		ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	결물	Former	the organization	organizatio (W-2/1099-M			ensation n the	n
		organizations	贫다	형	4) j	yes c	9	(W-2/1099-MISC)	(🗷	,	orgar	nzation	,
		below dotted line)	7 7	圓		l oy	Ĕ						related izations	
			1	Z st		ō	3				-	Organ	ZZUUIS	,
				8			Highest compensated employee							
(15)		-	<u> </u>		┢	-	<u> </u>	\vdash						
(13)		 	}											
(16)		ļ	 			├	 							
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(17)		 			\vdash	-		\vdash						
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(19)			-		-	<u> </u>		\vdash						
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(21)						_		_						
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(22)					\vdash		-							
3			1											
(23)						1		-	-					
3														
(24)														
32			1											
(25)														
¥			1				ł							
1b	Sub-total							▶	56,000	14	,000			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0			
d	Total (add lines 1b and 1c)							>	56,000	14	,000			
2	Total number of individuals (including but							e) w	no received m	ore than \$1	00,000	of		
	reportable compensation from the organ	ization ▶ 0												
													Yes	No
3	Did the organization list any former of						-			•				
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ınd	ivid	ual		· · · · ·			3		✓_
4	For any individual listed on line 1a, is the												l	
	organization and related organizations									edule J fo	r such	1		
	ındividual										• •	4		✓
5	Did any person listed on line 1a receive of											l i	.	
	for services rendered to the organization	? If "Yes," o	compl	ete	Scr	nedi	ile J 1	or s	such person	· · · ·		5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest	•		-								-		
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	n or within	the org	anizatio	ın's ta	ΙX
	year.													
	(A) Name and business add	traca						1	(B) Description of s	90,8000		(C) Compens	atıce	
	Name and business add	11622						<u> </u>		er vices		Junpers	au u 11	
								<u> </u>						
								\vdash						
-						-		-						
														
	Total number of independent activate	m (includit	ng b	-	ot .	lino.	od t		none listed -L	240) 1150				
2	Total number of independent contractor received more than \$100,000 of compen							, U		ove) wno				
	necessed more than \$100,000 or compen	Saudii ildiil	016 O	· yai	uzd	uŲI			0					

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response to any quest	ion in this Part V	70		<u>_</u>
		Check if Schedule O contains a response to any quest	(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, Offts, Grants and Other Similar Amounts	1a	Federated campaigns 1a 0				
בַּ קַ	ь	Membership dues 1b 0				
Ę,	С	Fundraising events 1c 0	i			
F F	d	Related organizations 1d 0				
0.₩	e	Government grants (contributions) 1e 0				
S to	f	All other contributions, gifts, grants,				
黄萝	•	and autiliar amounts not included about 1 and 1				
물품	_					
<u> </u>	g					
	h	Total. Add lines 1a–1f ▶	815,090			
5	_	Business Code			-	_
9Ve	2a				 	
œ l	Ь					
ξ	C					
Ser	d					
E	е					
Program Service Revenue	f	All other program service revenue .				
<u>~</u>	g	Total. Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	12	12		
	4	Income from investment of tax-exempt bond proceeds ▶			•	
	5	Royaltres				
		(i) Real (ii) Personal	1			
:	6a	Gross rents	İ			
	b	Less: rental expenses	i			
	C	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	İ			
	ь	Less. cost or other basis	1			
		and sales expenses .				
		Gain or (loss)				
	C	<u> </u>			ı	
0	d	(333)				
Revenue	8a	Gross income from fundraising events (not including \$:		
-		of contributions reported on line 1c). See Part IV, line 18 a				
Other	b	Less: direct expenses b				1
	C	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from garning activities.				
	ł	See Part IV, line 19 a				
	ь	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶			1	
	10a	Gross sales of inventory, less				
		returns and allowances a				
	ь	Less: cost of goods sold b	j			1
		Net income or (loss) from sales of inventory	-			-
	├─	Miscellaneous Revenue Business Code				
	11a			-		-
					 	
	Ь					
	C	All other revenue				
	d	All other revenue			 	
	l	Total. Add lines 11a-11d				
		TOTAL CAMPILLA SEE INSTRUCTIONS - 1	046 4001	40	1	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,028	2,028		
2	Grants and other assistance to individuals in		·		
	the United States. See Part IV, line 22	28,542	28,542		1
3	Grants and other assistance to governments,				I
	organizations, and individuals outside the				1
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	. 0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	56,000	47,600	3,360	5,040
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	270,823	216,902	35,967	17,954
8	Pension plan accruals and contributions (include]	ţ	
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	29,271	19,350	3,743	6,178
11	Fees for services (non-employees):			1	
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	10,553	0	10,553	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	7,100			7,100
f	Investment management fees	0	. 0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	106,577	106,577	0	0
12	Advertising and promotion	9,908	9,908	0	0
13	Office expenses	0	0	0	0
14	Information technology	14,736	8,375	282	6,079
15	Royalties	. 0	. 0	0	0
16	Occupancy	54,822	50,030	3,024	1,768
17 18	Travel	70,399	471,33	0	23,266
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22.025	0	0	0
20	_	32,825	32,825	0	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
23 24	Other expenses, Itemize expenses not covered	<u> </u>		-	
£4	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.)			į	
а	Supplies	47,681	43,951	50	3,680
ь	Printing and Postage	50,318	43,795	0	6,523
c	Books	13,524	13,524	0	0,323
ď	Miscellaneous	11,819		1,639	0
e	All other expenses	,310	10,100	1,000	<u></u>
25	Total functional expenses. Add lines 1 through 24e	816,926	680,720	68,618	77,588
26	Joint costs. Complete this line only if the	0.0,520	000,720	55,516	, 500
-	organization reported in column (B) joint costs]	İ	
	from a combined educational campaign and fundraising solicitation. Check here \(\bigsire\) [7] if				
	following SOP 98-2 (ASC 958-720)	71,660	43,602	3,024	25,034
	· · · · · · · · · · · · · · · · · · ·	,300		5,551	Form 990 (2012)

P	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part)	(. <i>.</i>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	100	1	70,849
	2	Savings and temporary cash investments	0	2	1,201
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	79,571
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
œ.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ě	7	Notes and loans receivable, net	0		0
Assets	l	Inventories for sale or use	327,094		179,410
•	8	-	0	8	0
	9 10a	Prepaid expenses and deferred charges	0	9	0
	ь	Less: accumulated depreciation 10b	- 0	10c	0
	11	Investments – publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	327,194		331,030
	17	Accounts payable and accrued expenses	327,194	17	331,030
	18	Grants payable	0	18	0
	19	Deferred revenue	0	-	0
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
ø	22	Loans and other payables to current and former officers, directors,	U		0
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
_	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	0	24	0
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14 150	25	10.044
	26	Wassi Cabillate - Add Cons. 47 Moscob 05	14,150 14,150		19,811
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	14,150	20	19,811
JE.	27	Unrestricted net assets	313,044	27	311,219
Ž	28	Temporanily restricted net assets	0		311,219
d E	29	Permanently restricted net assets	0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund [31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	313,044	33	311,219
_	34	Total liabilities and net assets/fund balances	327,194		331,030

		Pa	ge 12
	• •		5 402
			5,102
-			6,926 1,824)
			3,044
_			0
	-		0
			0
			0
_			0
_		31	1,219
		Yes	No
	2 a	· 🗸	-
	2b		√

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 5 6 7 8 8 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990:
Cash
Accrual ☑ Other From cash to accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☑ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form **990** (2012)

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

0MB No. 1545-0047 20**12**

Open to Public Inspection

	or are organization							mithiole i	Gennicano	11 110011001		
	g Americans for Li								45-35	03672		
Pa			rity Status (All orga						instruction	ons.		
ine (-	•	ation because it is: (Fo thes, or association of		_	•	•					
2						ed in sec	200N 17U	(D)(T)(A)(I	ı).			
3			ı 170(b)(1)(A)(ii). (Attad ıspıtal service organiza		•		470/51/41	/AVGID				
4	A medical rese		on operated in conjun						O(b)(1)(A)	(iii). Ent	er the	
5	☐ An organization		the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vemmen	tal unit o	descri	bed in
6	_		•	ol unit do	oodbod i		. 470/L\/-	()(A)(-)				
7	✓ An organization	on that normally	nment or govemment receives a substantia)(A)(vi). (Complete Pai	al part of					nit or from	n the ge	neral	public
8	☐ A community	trust described i	in section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. Se	an 33¹/₃% tions—su lated bus	6 of its so bject to o siness ta	upport fre certain ex xable inc	xceptions come (les	s, and (2) ss sectio) no more	e than 3	31/3%	of its
10	An organization	on organized and	d operated exclusively	to test fo	or public s	safetv. Se	ee sectio	n 509(a)((4).			
11	-	_	nd operated exclusive		•	•			• •	or to ca	arry o	ut the
			olicly supported organ									
	509(a)(3). Che	ck the box that	describes the type of	supportir	ng organiz	zation an	d comple	ete lines 1	l 1e throug	gh 11h.		
	a 🗌 Typei	b 🗌 Type	II c 🗌 Type II	-Functio	nally inte	grated	d 🗀 '	Type III—	Non-funct	tionally i	ntegra	ted
е	☐ By checking to	his box, I certify	that the organization				r indirecti	ly by one	or more	disqualif	ied pe	ersons
	other than fou or section 509	ındation manage	ers and other than on	e or more	e publicly	support	ed organ	izations o	described	l in secti	on 50	9(a)(1)
f	If the organize	ation received a	a written determination	on from	the IRS 1	that it is	а Туре	I, Type	il, or Typ	e III su	pporti	ng
	•											. 🗆
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	•			
			ndirectly controls, ettl								Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?					11g(0	
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(i	ŋ	
			a person described in							11g(ii	ŋ	
h	Provide the fo	llowing informat	ion about the support	ed organi	izatıon(s).				_			
(1)	Name of supported organization	(īi) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col. ized in the S.?	(vii) Amou s	int of m upport	onetary
				Yes	No	Yes	No	Yes	No	1		
(A)												
(B)												•
(C)												
(D)												· · · · ·
(E)												
	•											

Page 2 Schedule A (Form 990 or 990-EZ) 2012 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.) Section A. Public Support (a) 2008 **(b)** 2009 (c) 2010 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ (d) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 327,094 815.090 1,142,184 levied for the revenues organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 327,094 815,090 1,142,184 The portion of total contributions by person (other than each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 612,300 Public support. Subtract line 5 from line 4. 529,884 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 327.094 815,090 1,142,184 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 12 12 Net income from unrelated business activities, whether or not the business is regularly carned on 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 Total support. Add lines 7 through 10 1,142,196 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) % Public support percentage from 2011 Schedule A. Part II. line 14 15 % 16a 331/2% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 331/a% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test -- 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

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.)

Sacti	on A. Public Support			, , , , , , , , , , , , , , , , , , , ,	ompioto r art	7	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2000	(D) 2009	(6) 2010	(u) 2011	(0) 2012	(i) iolai
•	received. (Do not include any "unusual grants.")		İ				
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				<u> </u>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513				[:		ĺ
_				,			
4	Tax revenues levied for the		ľ	i			ł
	organization's benefit and either paid						
_	to or expended on its behalf		ļ				ļ <u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ	<u> </u>	ļ		<u></u>
b	Amounts included on lines 2 and 3						Į.
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		[1
_	•						
8	Add lines 7a and 7b						-
0	line 6.)						
Sacti	on B. Total Support		1			L	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(-) 2010	/ -0 2011	(0) 2012	40 Total
9	Amounts from line 6	(a) 2006	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a							
iva	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						
•	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						
12	Other income. Do not include gain or					<u> </u>	
	loss from the sale of capital assets						1
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			····································			
	and 12.)						1
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her	re					🕨 🗀
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2012 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2011 Sch			<u> </u>		16	%
	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2012 (17	%
18	Investment income percentage from 2011					18	<u>%</u>
19a	331/3% support tests-2012. If the organi						
	17 is not more than 331/3%, check this box		_	-		-	
ь	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this t		_	•			
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instru	ictions 🕨 📋

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

		-

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Young Americans for Liberty Foundation 45-3503672 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year **2**a 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Dogo	2

Part	Organizations Maintaining	Collections o	f Art, His	torical 1	reasures,	or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of th	e follov	ving that are a sig	gnificant use of its
а	☐ Public exhibition				or exchang			
b	☐ Scholarly research		е	☐ Other	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections	and expl	ain how t	hey further	the org	ganization's exem	pt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
rari	line 9, or reported an amour				ailization	ai 13 W C	ieu res toro	iii 990, Fait iv,
1a	Is the organization an agent, trustee				or contribut	ions of	other assets not	
14	included on Form 990, Part X?							☐ Yes ☐ No
.	If "Yes," explain the arrangement in P					•		□ res □ no
b	ir res, explain the analigement in F	art Alli arid Coriiş	here me u	onowing a	abie.	_	An	nount
^	Beginning balance					10		
c d	• -					10		
	Distributions during the year					1e		
e	Ending balance					1f		
f 2a	Did the organization include an amount							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P							
Par		ete if the organ	ization a	nswered	"Yes" to F	om 9	90 Part IV line	<u> </u>
ı aı	Endownent runus. compr	(a) Current year		or year	(c) Two year		(d) Three years back	
1a	Beginning of year balance		+	7	(4,, ,		(-,	(4): ,
b	Contributions			•				
C	Net investment earnings, gains, and	··· ··· · ·	+				······································	
·	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and		+				 	
•	programs			<u>.</u>			, .,	
f	Administrative expenses		ļ					
g	End of year balance	L			<u> </u>			
2	Provide the estimated percentage of t			ce (line 1g	ı, column (a)) held	as:	
а	Board designated or quasi-endowme		%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2	•						
3a	Are there endowment funds not in th	e possession of	the organ	ization the	at are neid	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations			• • •				3a(i)
	(ii) related organizations		· · · · ·					3a(ii)
b	If "Yes" to 3a(ii), are the related organ							3b
4	Describe in Part XIII the intended uses							
Part								
	Description of property	(a) Cost or (invest			or other basis in their)		Accumulated epreciation	(d) Book value
1a	Land			<u> </u>				· · · · · · · · · · · · · · · · · · ·
b	Buildings							
C	Leasehold improvements							
đ	Equipment							
<u>e</u>	Other	·1						
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, columr	n (B), line 10)(c).)	•	·- · · · · · · · · · · · · · · · · · ·

Part VII	Investments-Other Securities	. See Form 990, Part X,	line 12.	· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	I derivatives			
	held equity interests			
(3) Other		 		
(A)	***************************************	·		
(B)				
(C)		· · · · · · · · · · · · · · · · · · ·		.
(D)		· · · · · · · · · · · · · · · · · · ·		
(E)				
(F)	•••••			
(G) (H)				
(I)				- · · · · · · · · · · · · · · · · · · ·
	A) must equal Form 000. But V and /Bl (mo 10.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related	Soo Form 990 Part Y	line 13	
Fait VIII	(a) Description of investment type	(b) Book value	(c) Method of va	aluation
	(a) Description of investment type	(b) Book value	Cost or end-of-year r	
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)			. ,	
(6)				
<u>(7)</u> (8)				· · · · ·
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	 	a) Description		(b) Book value
(1)				
(2)				
_(3)				
(4)		·		
(5)				
(6)				
			·	
(8)		 		
(9)		· · · · · · · · · · · · · · · · · ·		
(10)	(h) COO Don't V	-(/D) (4E)		· · · · · · · · · · · · · · · · · · ·
	umn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Part X	(a) Description of liability	(b) Book value	r -	····
	I income taxes	(b) BOOK VAIDE	{	
		40.044	1	
(3)	payable to related third party organization	19,811		
(4)				
(5)				
(6)				
(7)	·			
(8)				
(9)				
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,811		
	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the org	anization's financial statements tha	t reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in I	Part XIII

Schedu	le D (Form 990) 2012				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	m
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		ĺ	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c	<u> </u>	1	
đ	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b		<u> </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	- · · · · · · · · · · · · · · · · · · ·
Part	XII Reconciliation of Expenses per Audited Financial Statem				turn
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Ť	
а	Donated services and use of facilities	2a	1	1	
Ь	Prior year adjustments	2b		1 1	
C	Other losses	2c		1	
-	Other (Describe in Part XIII.)	2d		1	
	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1			3	·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·		
b	Other (Describe in Part XIII.)	4b		1	
_	Add lines 4a and 4b		 	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XIII Supplemental Information	- 10.7		1	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				

Schedule D (For	m 990) 2012	Page 5
Part XIII	m 990) 2012 Supplemental Information (continued)	
•••••		
	•	
		••••

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

20**12**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public

Schedule I (Form 990) (2012)

Name of the organization		· · · · · · · · · · · · · · · · · · ·	······································			T	Employer Identification number
Young Americans for Liberty Foundation					· · · · · · · · · · · · · · · · · · ·		45-3503672
Part I General Information	*** ******						
 Does the organization maintain the selection criteria used to a 					grantees' eligibility :		•
2 Describe in Part IV the organiz	•						· · · · · · · · · · · · · · · · · · ·
						if the organization	n answered "Yes" to Form 9
Part IV, line 21, for any							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistar	
(1)							
(2)							
(3)						•	
(4)				,			
(5)							
(6)				· · · · · · · · · · · · · · · · · · ·		 	
(7)						•	
(8)					<u> </u>		
(9)							
(10)	· · · · · ·						
(11)	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
(12)	· · · · · · · · · · · · · · · · · · ·				1		
2 Enter total number of section : 3 Enter total number of other on				line 1 table			· •

Cat. No. 50055P

Schedule I (Form 990) (2012) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appreisal, other) (a) Type of grant or assistance (f) Description of non-cash assistance 1 Campus activism cash grant 280 28,542 0 FMV -- Cash N/A 2 _ 3 5 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. All grants are tracked and documented with pictures and videos from our chapters. The national office compiles all of these reports to show the results of these grants

Schedule I (Form 990) (2012)

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.

Open to Public Inspection Employer identification number

Young Americans for Liberty Foundation	45-3503672
990 Part III Line 2	
Substantially all activities of Young Americans for Liberty Foundation were started in 2012. Those act	ivities are itemized on form 990,
Part III	
990 Part VI Line 11B	
The 990 is compiled with assistance from an outside financial consultant. When completed, the 990 is	reviewed by the Organization's
Executive Director for accuracy and completeness prior to filing.	
990 Part VI Line 19	
Governing documents, financial statements, and summaries of operational policies are made available	
990 Part XII Line 1	
The accounting method was changed from cash to accrual. As there was no substantial activity in price	or years, this change required no
restatements.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection
Employer identification number

TOUTY AIR	ancalis for ciberty roundation							3303072	
Part I	Identification of Disregarded Entitles (Comple	te if the or	rganızatıon	answered "Yes	' to Form 990, Pa	rt IV, line 33.)			
	(in) Name, address, and EIN (if applicable) of disregarded entity		Prim	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con entit	gruilort
(1)			,						
(2)	······································								
(3)									
(4)								·····	
(5)									· · · · · ·
(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d	ations (Co	omplete if the ax year.)	he organization	answered "Yes"	to Form 990, Par	t IV, line 34 beca	use it ha	d
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country		(e) Public charity state (if section 501(c)(3)		cont	g) 512(b)(13) rolled tity?
44)		<u> </u>						Yes	No
	Americans for Liberty 26-2417908 31, Arlington, VA 22202	Youth civic	~c	VA	501(c)	ام	N/A	1	1
$\overline{}$	S AMERICANS FOR LIBERTY PAC - 45-3503811	Toddi Civic	,3	'	301(0)	· · · · · · · · · · · · · · · · · · ·	1960	+	<u> </u>
	ENDON BLVD STE 200, ARLINGTON, VA 22201	Political		VA	PA	с	N/A		1
(3)		-							
(4)									
(5)		-	•						
(6)						<u> </u>	- 		
(7)									

Part III	Identification of because it had or	Related Organiz ne or more related	ations Taxable d organizations	e as a treate	Partner: d as a pa	ship (C ertners)	omplete i nip dunng	f the the	organiza tax year.	ation ans	wered	"Ye	s" to	o Form 990,	Part 1	V, line	34	
	(a) (b) Name, address, and EIN of related organization		(c) Legal domictle (state or foreign country)		(d) controlling entity	incon un exclu ta:	(e) dominant ne (related, related, ided from c under ns 512-514)		(f) are of total income	(g) Share of er year ass		(h ispropo allocat	rtionata	(i) Code V – UB amount in box of Schedule K (Form 1065)	20 ma	(i) neral or maging artner?	Perc	(k) sentage nership
(1)				-		<u> </u>				<u> </u>	-	res	No		Ye	s No		—
100											_	_				-	↓_	
		<u> </u>		ļ							_	_				↓_		
_(4)						<u>'</u>			-									
(5)											İ			-	\top			
(6)						-		_	· · · · · ·						*-	1	<u> </u>	
(7)						-		-		· · · · · · · · · · · · · · · · · · ·		\dashv			+	 	╁	
Part IV	Identification of	 Related Organiz	ations Taxable	as a	Corpora	tion or	Trust (C	omp	lete if the	organiz	ation a	ansv	vere	d "Yes" to F	orm 9	 90, Pa	art IV	,
Nam	line 34 because it (a) e, address, and EIN of relati		(b) Primary activit		treated (d Legal do (state or fore	micile	Orporation (d) Direct contr entity	oiling	Type	ng the ta: of entity corp. or trust)	Share	ŋ		(g) Share of d-of-year assets	(h) Percenti owners	JAD -	contro	12(b)(13) Med y?
(1)													+			<u> </u>	es	No
(2)																+	\dashv	
(3)													Ť			+		
(4)													╁			+	-	
(5)																	+	
(6)													+			+	_	
(7)									 				\dagger				1	
			L		L		l	_	L					S	chedule	R (For	m 990	J 2012

Schedule R (Form 990) 2012

chedu	s R (Form 990) 2012					F	age 3
Part	Transactions With Related Organizations (Complete if the organization answ	vered "Yes" to Form	990, Part IV, line 34	l, 35b, or 36.)			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related orga	nizations listed in Part	3 II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		1
b	Gift, grant, or capital contribution to related organization(s)				1b		1
¢	Gift, grant, or capital contribution from related organization(s)				1c		1
d	Loans or loan guarantees to or for related organization(s)				10		1
0	Loans or loan guarantees by related organization(s)				1e	✓	=
f	Dividends from related organization(s)				1f		1
9	Sale of assets to related organization(s)				1g		\
h	Purchase of assets from related organization(s)				1h		1
i	Exchange of assets with related organization(s)				1i		1
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		\
L	Lease of facilities, equipment, or other assets from related organization(s)				1k	-	ž.
ı.	Performance of services or membership or fundraising solicitations for related organization(s)				11		*
<u>.</u>	Performance of services or membership or fundraising solicitations for related organization(s).				-		*
m	, , , , , , , , , , , , , , , , , , , ,	,			1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	-	
0	Sharing of paid employees with related organization(s)				10	✓	
	Reimbursement paid to related organization(s) for expenses				1p	ŀ	1
٩	Reimbursement paid by related organization(s) for expenses				10		·>
7	Tombacomon pad by routed a garactic (by for expenses	•	• •	•			Ť
r	Other transfer of cash or property to related organization(s)				1r		1
8	Other transfer of cash or property from related organization(s)				18		1
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inc	luding covered relation	ships and transacti	on thr	eshole	ds.
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determinin	g amou	nt unvol	ved
Yo (1) PC	ung Americans for Liberty 26-2417908 Box 2751, Arlington, VA 22202	E	5,661	Cash			
Yo (2) PO	ung Americans for Liberty 26-2417908 Box 2751, Arlington, VA 22202	N	7,693	Proportionate rent	į		
Yo (3) PC	ung Americans for Liberty 26-2417908 Box 2751, Arlington, VA 22202	0	42,617	Proportionate salan	es		
(4)		,		<u> </u>			
(5)							
(B)							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

Name, add	(a) tress, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all p	e) pertners tion (d)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) orbonate bons?	(f) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentag ownership
				section 512-514)	Yes				Yes	No	, ,	Yes	No	
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Schedule R (Form 990) 2012

	rom 990) 2012	Page J
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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