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### 990

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calend	lar year, or tax year begin	nina		, 2013, and e	ndina		, 20				
		applicable	C Name of organization AME				Employer identification no.						
F.7		• •		CICANS FOR LIMI	TED GOVERNM	ENI INC.		- 1	• •				
	Address	_	Doing Business As		<del></del>		Ta		36-3975580				
$\overline{}$	Name ch	=	Number and street (or PO be		reet address)		Room/suite		Telephone number				
=	nitial reti		10332 MAIN STR				326						
<u> </u>	Terminate	ed	City or town, state or province	· · ·	postal code		499,607						
∐ ′	Amended	d return	Fairfax, VA 22	030			G Gross receipts \$						
⊔ ′	Application	on pending	F Name and address of princ	ipal officer			H(a) Isthisagr	nun retus	m for — —				
						_	subordinat	es?	∐ Yes ⊠ No				
<u></u>	ах-өхөг	npt status 🔲	501(c)(3) X 501(c) ( 4	) ◀ (insert no )	4947(a)(1) or	527	H(b) Are all sub	ordinate	s included? Yes No				
<u>J 1</u>	Nebsite:	<u>▶ get</u>	:liberty.org		····		H(c) Group exe	mption n	umber				
				sociation U Other	<u></u>	L Year of formation 1	.994 M State	of legal	domicile <b>DE</b>				
Pa	rt I	Summar	<b>y</b>										
	1	Bnefly descr	ibe the organization's miss	ion or most significant	activities TO	ADVOCATE FOR	VARIOUS IS	SUES	RELATING TO				
Ф		LIMITED	GOVERNMENT.										
2(lÁ¢tivities & Governance													
Ĕ													
ð	2	Check this b	ox 🕨 🔲 if the organization	n discontinued its opera	ations or disposed	of more that 25%)	of its net assets		<del> </del>				
ڻ مع	3	Number of v	oting members of the gove	rning body (Part VI, lin	e 1a) 🔎		$\mathcal{S}_{\parallel} \dots$	3	5				
8	4	Number of in	dependent voting member	rs of the governing bod	y (Part VI line Alb)	i 1·3 2014· · F	ő	4	0				
itie	5		r of individuals employed in		CDC			5	11				
Ęį	6		r of volunteers (estimate if	• ,		DEN: UT	<b>ぶ</b>	6					
Ĕ	7a		ed business revenue from	• •	ine 12	9614, 01		7a	16,120				
~	b		d business taxable income				<del>_</del>	7b	10,120				
<del></del>	+ -	1100 0111 01010			<u> </u>		Prior Year		Current Year				
. <b></b>	8	Contributions	s and grants (Part VIII, line	1h)			6,771	501	483,487				
CU AUG Revenue	9		vice revenue (Part VIII, line				0,771	, 331	403,407				
<b>∀</b> ≣	10	•	ncome (Part VIII, column (	•		F		18	16 120				
ڇ ⊊	11		ue (Part VIII, column (A), lu			F			16,120				
						<b>-</b>		,012	400 500				
	12		e - add lines 8 through 11 (	· · · · · · · · · · · · · · · · · · ·			6,839		499,607				
5	13		similar amounts paid (Part	• •	•	· · · · · · · ·	4,380	,750	223,000				
)) ()	14	· ·	to or for members (Part I)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4.50		0				
Se Se	15	•	er compensation, employe	•	umn (A), lines 5-10	" · · · · · · ⊦	159	,095	78,353				
Expenses	16a		fundraising fees (Part IX,	• • •	• • • • • • • •				0				
ğ	1		sing expenses (Part IX, col	- · · · · -	<del></del>	76,965							
ш	17		ses (Part IX, column (A), lı			· · · · · · ·	2,476	_	481,603				
	18	•	es Add lines 13-17 (must	•	• • •		7,016		782,956				
	19_	Revenue les	s expenses Subtract line	18 from line 12		• • • • • • •	(176	,755	(283,349)				
50	<u> </u>					-	Beginning of Current		End of Year				
Net Assets or	20		(Part X, line 16)		• • • • • • • • • •		1,334	ĭ	1,060,767				
¥.	21		s (Part X, line 26)					,366	559,366				
			r fund balances Subtract	line 21 from line 20 ·		• • • • • • • •	784	,750	501,401				
	rt II		re Block						<del></del>				
			are that I have examined this retuil aration of preparer (other than offi				nowledge and belief, it	IS	,				
			1-11-011		<del></del>	<u>-</u>	-	7~	1/20/11				
Sig	n		Talm -A/ella	<b>}</b>				<u> 10</u>	110/19				
		Signatur	e of officer					Date	. •				
Her	е		AN MEHRENS, PRESI	DENT				_					
		Type or	print name and title										
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	ıf P	TIN				
Pai				L		<u></u>	self-employe	ed					
	parei		<u> </u>	<del></del>			Firm's EIN						
Use	Only	Firm's addres	s <b>&gt;</b>				Phone no		^				
									<i>U</i>				
May	the ID	dieniee thie	return with the preparer sh	own shove? (see instr	uctions)				□ Voc □ No				

	n 990 (2013) AMERICANS FOR LIMITED GOVERNMENT INC.	<u>36-3975580</u>	Page 2
<u>Pa</u>	rt III 、Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>.</u>
1	Bnefly describe the organization's mission		
	TO ADVOCATE FOR VARIOUS ISSUES RELATING TO LIMITED GOVERNMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990-EZ?	· · · 🗌 Yes	x No
	If "Yes," describe these new services on Schedule O	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	T Vos	E No
	If "Yes," describe these changes on Schedule O	1 1 1 103	M 110
4	•	<b>L</b>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$535,476 including grants of \$223,000 ) (Revenue	\$483	<u>,487</u> )
	TO ADVOCATE FOR VARIOUS ISSUES RELATING TO LIMITED GOVERNMENT.		
		<del></del>	
			<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			<del></del> -
	<del> </del>		
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	•	<del></del>
40	(Code) (Expenses \$) (Revenue	<b>J</b>	·'
		<del></del>	
4d	Other program services (Describe in Schedule O )		
74		,	
1-			
40	Total program service expenses 535,476		

# Form 990 (2013) AMERICANS FOR LIMITED GOVERNMENT INC. 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III · · · · · · · · · · · · · · · · ·	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
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	X	
þ	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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		ľ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ŀ	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
9	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		<u>X</u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
420	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.		
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</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	445	- 1	v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>X</u>
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<del>-'6</del>		<u>X</u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-'/		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		y
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			1	

Part IV \(\simega\) Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a 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? 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 Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 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 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Partioners 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 Χ 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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, 37 Χ

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 4a **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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 chantable contributions? Χ 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). 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 X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b ь Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d 0 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7g h 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? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9а b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ь 10b Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 14b

Pa	rt VI 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 or note to any line in the Part VI			. 🛛
Sec	tion 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			,
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			T -
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	_X	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			'
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	16a		X
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?	16b		
	tion C. Disclosure			
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 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available 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			
	*AMERICANS FOR LIMITED GOVERNMENT IN (703)383-0880, 10332 MAIN STREET SUITE 326, VA	220	30	

Part VII							oloy	ees	s, Highest Cor	36-39755 npensated En	Page 7
	Check if Schedule O contains a response of	r note to any l	ine in 1	this I	Part	VII_	•_				
Section A.	Officers, Directors, Trustees, Key Emplo	yees, and Hi	ghest	Con	ıpen	sated	d Em	ploy	/ees		
1a Complete organization's	this table for all persons required to be listed tax year	Report comp	ensatı	on fo	or the	cale	ndar	yeaı	r ending with or wit	hin the	
	of the organization's <b>current</b> officers, director . Enter -0- in columns (D), (E), and (F) if no c				/idua	ls or	orgar	nızat	tions), regardless o	f amount of	
<ul> <li>List all o</li> </ul>	of the organization's current key employees,	if any. See ins	tructio	ns fo	or de	finitio	n of "	'key	employee."		
who received	organization's five current highest compensa- reportable compensation (Box 5 of Form W-2 nd any related organizations										
	of the organization's <b>former</b> officers, key emperortable compensation from the organization						empl	oye	es who received m	ore than	
<ul> <li>List all organization, r</li> </ul>	of the organization's <b>former directors or trus</b> more than \$10,000 of reportable compensation	tees that recent on from the org	eived, i ganizat	in the	e cap and a	acity any re	as a elated	forn org	ner director or trus	tee of the	
List persons in	n the following order: individual trustees or din	ectors; institut	ional tr	ruste	es, o	officer	rs, ke	y en	nployees; highest		
compensated	employees, and former such persons										
☐ Check this	s box if neither the organization nor any relate	d organization	comp	ens	ated	any c	currer	nt of	ficer, director, or tru	ıstee	
	(A)	(B)			(0	;)			(D)	(E)	(F)
	Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
		hours per week (list any	(do no	ot che	ck mo	re thar	n one		compensation from	compensation from related	amount of
		hours for	box, unless person is both an						the	organizations	other compensation
		related	office	r and	a dire	ctor/tru	ıstee)		organization	(W-2/1099-MISC)	from the
		organizations below dotted	우ァ	ă	ð	8	en H	Fo	(W-2/1099-MISC)		organization and related
	•	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
			8	tee			ated				
			8	Tee			ated				
(1) WILLIAN	4 WILSON	15.00		fee			ated				
DIRECTO	DR		X	tee			ated		17,500	0	0
DIRECTO	DR CONLIN	15.00	Х	tee			ated		17,500	0	0
DIRECTO (2) PETER C CHAIRMA	DR CONLIN	5.00		tee	X		ated		17,500	0	0
DIRECTO (2) PETER (CHAIRMF (3) DAVID V DIRECTO	DR CONLIN AN VANDERVEEN DR		Х	tee			ated				
DIRECTO (2) PETER O CHAIRM (3) DAVID O DIRECTO (4) NATHAN	DR CONLIN AN VANDERVEEN DR MEHRENS	5.00	X X	tee	X		ated		0	0	0
DIRECTO (2) PETER O CHAIRM (3) DAVID O DIRECTO (4) NATHAN PRESIDE	OR CONLIN AN VANDERVEEN OR MEHRENS	5.00	Х	tee			ated		0	0	0
DIRECTO (2) PETER O CHAIRM (3) DAVID O DIRECTO (4) NATHAN PRESIDE	DR CONLIN AN VANDERVEEN DR MEHRENS ENT FRING	5.00	X X	tee	X		ated		0	0	0 0
DIRECTO (2) PETER O CHAIRM (3) DAVID V DIRECTO (4) NATHAN PRESIDE (5) RAY WOT	DR CONLIN AN VANDERVEEN DR MEHRENS ENT FRING	5.00 10.00 10.00	X X	tee	X		ated		0	0	0
DIRECTO (2) PETER O CHAIRM (3) DAVID O DIRECTO (4) NATHAN PRESIDE (5) RAY WOT TRASURE (6)	DR CONLIN AN VANDERVEEN DR MEHRENS ENT ERING ER/SEC.	5.00 10.00 10.00	X X	tee	X		ated		0	0	0 0
DIRECTO (2) PETER O CHAIRM (3) DAVID O DIRECTO (4) NATHAN PRESIDE (5) RAY WOT TRASURE (6)	DR CONLIN AN VANDERVEEN DR MEHRENS ENT FRING ER/SEC.	5.00 10.00 10.00	X X	lee	X		ated		0	0	0 0
DIRECTO (2) PETER O CHAIRM (3) DAVID V DIRECTO (4) NATHAN PRESIDE (5) RAY WOT TRASURE (6) (7)	DR CONLIN AN VANDERVEEN DR MEHRENS ENT FRING ER/SEC.	5.00 10.00 10.00	X X	lee	X		ated		0	0	0 0
DIRECTO (2) PETER O CHAIRM (3) DAVID V DIRECTO (4) NATHAN PRESIDE (5) RAY WOT TRASURE (6) (7)	DR CONLIN AN /ANDERVEEN DR MEHRENS ENT ERING ER/SEC.	5.00 10.00 10.00	X X	lee	X		ated		0	0	0 0

(14)\_\_\_

(12)

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd h	ligh	est	Comp	ens	ated Employees (	continued)			
	(A)	(B)				<b>&gt;</b> )			(D)	(E)		(F)	
•	Name and title	Average	(do n	ot che		ition ore th	nan one		Reportable	Reportable		sumated	
		hours per week (list any	1 '				both ar		compensation from	compensation from related	a	mount or other	r
		hours for	-		direc	tor/tru	ustee)		the	organizations		npensati	
		related employee employee Officer Officer Institutional truste Individual trustee						[2]	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the panizate	
		organizations below dotted	mg &	t t	ğ	em (	ploy	Former	(44-2/1099-14/13C)			nd relate	
		line)	of B	mal		Key employee	ြ မိ ဋ				org	anızatıo	าทร
			stee	nstitutional trustee		8	pen						
				9			Highest compensated employee						
							_						
								_					
<u>(15)</u>										]			
<u>(16)</u>													
		ļ						-			_		
(17)													
							<u> </u>	<u> </u>			-		
(18)	<b></b>												
(40)													
<u>(19)</u>													
(20)								-			-		
(20)							ŀ						
(24)								$\vdash$					
(21)		}											
(22)					-								
(22)													
(23)								$\vdash$					
(23)													
(24)													
<u>'</u> '													
(25)	·· · · · · · · · · · · · · · · · · · ·								·	_			
Σ-Ξ/													
1b	Sub-total	<del></del>	• • •					•					
С	Total from continuation sheets to Part VII, Section	on A .						•					
d	Total (add lines 1b and 1c)							•	27,344	o			0
2	Total number of individuals (including but not limited							_					
	reportable compensation from the organization									0			
												Yes	No
3	Did the organization list any former officer, director,	or trustee, ke	ey emp	oloye	e, o	r hıg	jhest o	comp	ensated				
	employee on line 1a? If "Yes," complete Schedule J	for such indiv	vidual								3		X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the				
	organization and related organizations greater than	\$150,000? If	"Yes,"	com	plete	e Sc	hedul	e J fo	or such				
	ındıvıdual	• • • • •		• •	• •						4		Х
5	Did any person listed on line 1a receive or accrue co	•		-			-	nızatı	on or individual				
	for services rendered to the organization? If "Yes," or	omplete Sch	edule .	J for	suct	n pe	rson				5_		X
	on B. Independent Contractors								<del>.</del>				
1	Complete this table for your five highest compensate												
	compensation from the organization Report compensation	nsation for the	e caler	ndar	yea	enc	ding w	ith o	r within the organiz	ation's tax			
	year												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensatio	<u>n</u>
									<del>                                     </del>				
													<del>.</del>
							_	-					
	Total number of independent contractors (including l	hut not limiter	to the	ise li	isted	laho	nve) w	mc.			<u>-</u>		
~	received more than \$100,000 of compensation from					, abt	-+-) W						i

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Related or exempt function Total revenue Unrelated business Revenue excluded from tax revenue under sections 512-514 revenue Federated campaigns . . . . . . . . 1a b 1b 1c 1d Related organizations . . . . . . . . 10 Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 1f 483,487 g Noncash contributions included in lines 1a-1f \$ <u>...</u>...▶ 483,487 **Business Code** Service Revenue 2a Program f All other program service revenue · · · · · · Investment income (including dividends, interest, 16,120 16,120 . . . > Income from investment of tax-exempt bond proceeds (II) Personal 6a Gross rents . . . . . . . . . **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . . c Gain or (loss) d Net gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a **b** Less. direct expenses · · · · · · b c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from garning activities See Part IV, line 19 . . . . . . . . . . a **b** Less direct expenses .... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less **b** Less cost of goods sold . . . . . . . . **b** c Net income or (loss) from sales of inventory . . . . . . . . **Business Code** Miscellaneous Revenue 11a b e Total. Add lines 11a-11d Total revenue. See instructions 499,607 16,120

#### 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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, (D) Program service Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . 223,000 223,000 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 16,407 27,344 8,203 2,734 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages 36,633 21,980 10,990 3,663 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 14,376 8,625 4,313 1,438 11 Fees for services (non-employees) Legal 4,414 4,414 Accounting C Professional fundraising services. See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 37,898 18,949 18,949 13 1,013 1,013 14 29,073 17,444 8,722 2,907 15 <u>6,9</u>36 16 11,560 3,468 1,156 17 16,329 9,797 4,899 1,633 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization ..... 1,150 1,150 23 52,273 31,364 15,682 5,227 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) List Exp 8,308 8,308 b Consultants 281,447 168,868 84,434 28,145 376 c Postage 376 Payroll Fee 919 551 276 92 e All other expenses 36,843 9,016 25,114 2,713 25 Total functional expenses. Add lines 1 through 24e 782,956 535,476 170,515 76,965 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

# Part X Balance Sheet

1   Cash - non-interest-bearing   Segming dynam   Entit of year		<u> </u>	Check if Schedule O contains a response or note to any line in this Part X		• • •	<u></u>
1   Cash - non-interest-bearing   311, 909   1   168,551				(A)		(B)
2 Savings and temporary cash investments  3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Losins and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  6 Losins and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  6 Losins are deter receivable, from other disqualified persons (se defined under season 4558(X)1), persons described in section 4558(X)(X)(B), and community appropriate and speciments of the section 4558(X)(X)(B), and community appropriate and speciments of the section 4558(X)(X)(B), and community appropriate and speciments appropriate from their disqualified persons (see defined under season 4558(X)(X)(B), persons described in section 4558(X)(X)(B), and community appropriate and speciments appropriate from their disqualified persons (see defined under season 4558(X)(X)(B), persons described in section 4558(X)(X)(B), and community appropriate and speciments appropriate from their disqualified persons (see defined under season 4558(X)(X)(B), persons described in section 4558(X)(X)(B), and community appropriate and speciments appropriate from their disqualified persons (see defined under season 4558(X)(X)(B), persons described to true 4558(X)(X)(B), persons described to true 4558(X)(X)(B), and community appropriated a				Beginning of year		End of year
2 Savings and temporary cash investments		1	Cash - non-interest-bearing	311,909	1	168,551
3   Pledges and grants recovable, net   3   4   4   4   4   4   4   4   4   4		2	Savings and temporary cash investments		2	
2		3			3	·
S   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees		4		· · · · · · · · · · · · · · · · · · ·	4	······································
Trusties, key employees, and highest compensated employees   S		5		<del></del>		
Complete Part I of Schedule L Loans and other receivables from other disqualified persons (as defined under section  4589(I)(I) persons described in action 4589(I)(3)(8), and combuting employees and sponsoring organizations of leadins 01(10)(8) voluntary employees and disqualified persons Complete Part I vi of Schedule D 20 Tax-exempt bond labibities 21 Excover or custodated account labibity. Complete Part I vi of Schedule D 21 Excover or custodated account labibity. Complete Part I vi of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, inghest compensated employees, and disqualified persons. Complete Part I vi of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, inghest compensated employees, and disqualified persons. Complete Part I vi of Schedule D 21 Excover or custodated account labibity. Complete Part X of Schedule D 22 Complete Part I vi of Schedule L 23 Secured mortgages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other labilities of uncluded on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that do not follow SFAS 117 (ASC 958), check here b and complete lines 27 through 28, a		_				
Section   Sec			·		5	
4858(f)(1), persors dissociated in section 4858(c)(3)(8), and community sponsors or sponsors or section 50(c)(5) voluntary employees beneficiary operations (see includes) Complete Plant (1 of Schedule D   1, 150   100   1, 150   1, 15		6	·			
September   Sep		•	·			•
Page   Temperature   Temper						
7 Notes and loans receivable, net   825, 461   7   890, 959					انا	
8   Inventiones for sale or use   8   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   9   10a   1.150   10c   1.150   10c   1.150   10c   1.150   11c		7	- · · · · · · · · · · · · · · · · · · ·	205 461	<del>-</del>	
10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D   10a   25,382   1,150   10c   1,150   11   1   1   1   1   1   1   1   1	\$			825,461	<del> </del>	890,959
10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D   10a   25,382   1,150   10c   1,150   11   1   1   1   1   1   1   1   1	88			<del> </del>		
ther basis Complete Part VI of Schedule D	⋖	_	· · · · · · · · · · · · · · · · · · ·	<del>_</del>	9	·
b Less accumulated depreciation   10b   24,232   1,150   10c   1,150     11		Tua				· ,
11   Investments - publicity traded securities   11   12   12   12   13   14   13   14   15   15   14   15   15   16   16   17   16   17   18   16   17   17   18   18   19   18   19   19   19   19						
12   Investments - other secunties   See Part IV, line 11   13   13   14   11   13   14   11   14   15   15   16   14   15   16   17   16   17   16   17   17   18   18   19   19   19   19   19   19				1,150		1,150
13   Investments - program-related See Part IV, line 11   13   14   Intrangible assets   14   15   Other assets See Part IV, line 11   3,193   15   107   16   Total assets. Add lines 1 through 15 (must equal line 34)   1,334,116   16   1,060,767   17   Accounts payable and accrued expenses   17   18   Grants payable and accrued expenses   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   22   22   22   22   22			· · ·			
14			· •		-	
15 Other assets See Part IV, line 11   3,193   15   107     16 Total assets. Add lines 1 through 15 (must equal line 34)   1,334,116   16   1,060,767     17 Accounts payable and accrued expenses   17     18 Grants payable   18     19 Deferred revenue   19     20 Tax-exempt bond liabilities   20     21 Escrow or custodial account liability. Complete Part IV of Schedule D   21     22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   549,366   22   559,366     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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   25     26 Total liabilities. Add lines 17 through 25   549,366   26   559,366     27 Unrestricted net assets   784,750   27   501,401     28 Temporarily restricted net assets   28     29 Permanently restricted net assets   28     29 Permanently restricted net assets   28     29 Permanently restricted net assets   29     29 Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.   29     29 Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.   30   Capital stock or trust principal, or current funds   30     30 Capital stock or trust principal, or current funds   31     31 Paid-in or capital surplus, or land, building, or equipment fund   31     32 Retained earnings, endowment, accumulated income, or other funds   32     33 Total net assets or fund balances   784,750   33   501,401						
16   Total assets. Add lines 1 through 15 (must equal line 34)					<del>-                                    </del>	<del></del>
17					<del></del>	
18   Grants payable   18   18   19   Deferred revenue   19   19   20   20   21   20   20				1,334,116	-	1,060,767
Tax-exempt bond liabilities 20  Tax-exempt bond liabilities 20  Tax-exempt bond liabilities 21  Escrow or custodial account liability. Complete Part IV of Schedule D 21  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 549,366 22 559,366  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25  Total liabilities. Add lines 17 through 25 549,366 26 559,366  Organizations that follow SFAS 117 (ASC 958), check here					$\vdash$	
Tax-exempt bond liabilities   20			• •		<del>  </del>	
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25, check here and complete lines 27 through 29, and lines 33 and 34.  28 Temporanity restricted net assets  29 Permanently restricted net assets  29 Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follo					<del></del>	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			·	-		<del></del>
trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here organizations that follow SFAS 117 (ASC 958), check here organizations that follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here org			· · · · · · · · · · · · · · · · · · ·		21	<del></del>
23 Secured mortgages and notes payable to unrelated third parties	ies	22	• •			· ·
23 Secured mortgages and notes payable to unrelated third parties	ij					
23 Secured mortgages and notes payable to unrelated third parties	-ial		· · · · · · · · · · · · · · · · · · ·	<u>549,366</u>	_22	559,366
Other liabilities (including federal income tax, payables to related third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	-				23	<u> </u>
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D					24	· · · · · · · · · · · · · · · · · · ·
25   26   Total liabilities. Add lines 17 through 25   549, 366   26   559, 366		25	, , ,			
Total liabilities. Add lines 17 through 25						
Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets					25	
Complete lines 27 through 29, and lines 33 and 34.   27 Unrestricted net assets		26		549,366	26	559,366
33 Total net assets or fund balances	_					
33 Total net assets or fund balances	ĕ		•			· · · · · · · · · · · · · · · · · · ·
33 Total net assets or fund balances	la l	27	<u>L</u>	784,750	27	501,401
33 Total net assets or fund balances	æ	28			28	. <u></u>
33 Total net assets or fund balances	P P	29	<b>-</b>		29	
33 Total net assets or fund balances	Ī					
33 Total net assets or fund balances	, o		complete lines 30 through 34.	-		
33 Total net assets or fund balances	3et	30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances	et	32	Retained earnings, endowment, accumulated income, or other funds		32	
	~	33	<u></u>	784,750	33	501,401
		34	Total liabilities and net assets/fund balances	1,334,116	34	

Form	1990 (2013) AMERICANS FOR LIMITED GOVERNMENT INC. 36-39758	30	P	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	-	199,6	507
2	Total expenses (must equal Part IX, column (A), line 25)	•	782,9	56
3	Revenue less expenses Subtract line 2 from line 1	(2	283,3	349)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		784,7	
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	į	501,4	101
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🔲
			Yes	No
1	Accounting method used to prepare the Form 990			
	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?	2a		X
	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			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate 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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (	2013)

### SCHEDULE D (Form 990)

# 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number 36-3975580 AMERICANS FOR LIMITED GOVERNMENT INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Aggregate contributions to (during year) .... 2 3 Aggregate grants from (duning 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? 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 conferring impermissible private benefit? 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 П Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 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 3 tax year 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 ..... | Yes | No violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 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. Part III 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. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2013 AMERICANS FOR						36-397		Page 2				
Pa	rt III 🕓 Organizations Maintaining (	Collections of A	Art, Histo	orical Tr	reasures,	or Oth	<u>ner Similar A</u>	ssets (co	ontinued)				
3	Using the organization's acquisition, accession,	and other records, cl	heck any of	the follow	ing that are	a signific	ant use of its						
	collection items (check all that apply)												
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ams								
b	Scholarly research	_	er										
С	Preservation for future generations	_	·			•							
4	Provide a description of the organization's collect	ctions and explain ho	w thev furth	er the ora	anızatıon's e	xempt pi	uroose in Part						
	XIII		,										
5	During the year, did the organization solicit or re	ceive donations of ar	t. historical	treasures	or other sim	ular							
_	assets to be sold to raise funds rather than to be		•					П	Yes 🗌 No				
Pa	rt IV   Escrow and Custodial Arran												
	Complete if the organization a		Form 9	90. Part	IV. line 9.	or rep	orted an amo	unt on Fo	orm				
	990, Part X, line 21.			<b>,</b> · -··-	,								
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contrib	utions or o	ther assets r	not							
								П	Yes □ No				
b	•							<u> </u>					
_	b If "Yes," explain the arrangement in Part XIII and complete the following table  Amount												
С	<del>  _   -   -   -   -   -   -   -   -   - </del>												
d	Additions during the year						<del></del>						
9	received the year												
f	Ending balance												
2a	Did the organization include an amount on Form							П	Yes No				
	If "Yes," explain the arrangement in Part XIII Ch							_					
	rt V Endowment Funds.	ieck nere ii the explai	nauon nas	ocen provi	ucu iii r ait 7	XIII			<u>:</u>				
	Complete if the organization a	nswered "Yes" to	Form 9	90 Part	IV line 10	)							
	Complete it the organization at		I				(4) =		<del></del>				
10	Reginning of year halance	(a) Current year	(b) Pric	or year	(c) Two year	S Dack	(d) Three years bac	x (0) Fou	ir years back				
1a b	Beginning of year balance							<del></del>					
C	Net investment earnings, gains, and		<del> </del>	<del></del> -									
C	losses												
	Grants or scholarships				<u> </u>	-							
ď													
8	Other expenditures for facilities and programs												
_	Administrative expenses						<u>-</u>	-					
r	End of year balance						_						
9	Provide the estimated percentage of the current	Lucar and halance (lu	1	(-\\ ba	ld oo		L						
2		year end balance (iii %	ie ig, colui	iiii (a)) iie	iu as								
a	Board designated or quasi-endowment  Permanent endowment  %	76											
b		%											
С	Temporanily restricted endowment  The percentages in lines 2a, 2b, and 2c should a	<del></del>											
3a		-	that are he	ald and ad	ministered fo	r tha							
Ja	Are there endowment funds not in the possession organization by	on or the organization	i tilat ale lit	eiu ariu au	ministered to	ı ıne			Yes No				
	(i) unrelated organizations · · · · · · ·							20/11	Yes No				
	(ii) related organizations · · · · · · · ·							3a(i)					
b	If "Yes" to 3a(ii), are the related organizations lis	tod as required on Si	obodulo B2					3a(ii)	<del></del>				
4	Describe in Part XIII the intended uses of the org	· ·		• •				. 30	<del></del> _				
	rt VI Land, Buildings, and Equipm		ent iunus		<del></del>								
	Complete if the organization as		Form 9	90. Part	IV line 11	a See	Form 990 P	art X line	<u>-</u> 10				
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo					
	Description of property	(investme			other)		epreciation	(4) 800	ik value				
1a	Land				•								
b	Buildings												
c	Leasehold improvements								<del>-</del>				
d	Equipment				25 202		24 222		1 150				
u e	Other			-	25,382		24,232		1,150				
_	I. Add lines 1a through 1e (Column (d) must equ	al Form 990 Part Y	column /P	line 10/a	1) -				1 150				
<u>. 548</u>	. , as mos is an eager to (column ta) mast equ	a omi coo, i ait A,	Concentin (D)	,,	<i>,,</i>				1,150				

Part VII	Investments - Other Securities Complete if the organization answer	red "Yes" to Form 990, F	Part IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial d	envatives	•		
(2) Closely-hel	d equity interests	•		
(3) Other				
(A)				
(B)	·			
(C)				
(D)				
_(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12 )		<u></u>	
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Yes" to Form 990, P	art IV, line 11c See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>	must equal Form 900 Part Y col /R\line 13\			
Part IX	Other Assets.  Complete if the organization answer	ed "Yes" to Form 990, P	art IV, line 11d. See Form 990, F	Part X, line 15.
(1) PETTY		DOGG I PROFIT		10
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)		-		
(4)				· · · ·
(5)				
(6)				
(7)				
(8)		·		
(9)				
Total. (Column Part X	n (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities.  Complete if the organization answer			990 Part X
	line 25.	··· <b>, ·</b>		,
1.	(a) Description of liability	(b) Book value		<del></del>
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 25)			
	uncertain tax positions. In Part XIII, provide the te			
organization's I	iability for uncertain tax positions under FIN 48 (A	SC 740) Check here if the tex	t of the footnote has been provided in Par	t XIII

	dule D (Form 990) 2013 AMERICANS FOR LIMITED GOVERNMENT INC.	36-3975580	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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		
b	Donated services and use of facilities	$\exists$	
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIII )	7	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	-	
c	Add lines 4a and 4b	4c	
5		<del></del>	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 Poture	
Га	<del></del>	per Keturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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		
а	Donated services and use of facilities		
b	Pnor year adjustments · · · · · · · · · · · · · · · · · · ·		
C	Other losses · · · · · · · · · · · · · · · · · ·	_	
d	Other (Describe in Part XIII )	]	
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2е	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	~	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	rt XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			<del></del> -
		<del></del>	
			_
		····	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection 2013

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**≗** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. (h) Purpose of grant or assistance Sey ⊠ Employer identification number 36-3975580 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 56,000 17,000 15,000 100,000 15,000 20,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section rf applicable 4 4 4 4 4 ပ ပ ပ ပ ပ ပ General Information on Grants and Assistance 501 501 501 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 501 501 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 54-2123292 45-2927730 52-1701352 45-2153243 80-0931404 26-2383617 (b) EIN AMERICANS FOR LIMITED GOVERNMENT INC. 1301 GARVAIS STREET SUITE 480 (4) OHIO ACCOUNTABILY PROJECT 8913 CINCINNATI DAYTON ROAD C FOR RESPONSIBLE GOVT 8913 CINCINNATI DAYTON ROAD (5) HISPANIC LEADERSHIP FUND 9900 MAIN STREET SUITE 303 (a) Name and address of organization West Chester, OH 45069 West Chester, OH 45069 Cedar Falls, IA 50613 1521 TECHNOLOGY BLVD Alexandria, VA 22304 or government Columbia, SC 29201 (2)U S TERM LIMITS Fairfax, VA 22031 (6) OHIO RISING P O BOX 23162 Name of the organization (3)OHIO 2.0 Part Part II 5 3 8 6

Schedule I (Form 990) (2013)

36-3975580 AMERICANS FOR LIMITED GOVERNMENT INC.

Page 2

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013)

Part III Grants Part IV က 40 9 8 EEA

#### SCHEDULE L

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

lame of the organization							Employ	er idenu	ncauor	i numbe	31		
MERICANS FOR LIMITE						> (4)		97558	80				-
<del></del>	fit Transaction organization								Z, P	art V,	line 4	lOb.	
1 (3)		(b) Relationship be	tween disc	qualified pers	son and							(d) Con	ected?
1 (a) Name of disqualified pe	rson		rganizatio	on			(c) Description of	of transac	tion			Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax in under section 4958 • •									<b>.</b> .				
3 Enter the amount of tax, r									► \$	<u> </u>	-		
Dord II		-4- d D											
Complete if the	or From Interest organization a eported an amo	nswered "Yes"	on Fo				a or Form 990,	Part I	V, lin	e 26,	or if t	the	
(a) Name of interested person (b) Relations with organization		(c) Purpose of loan	fro	ti) Loan to or (e) Original from the principal anganization?		- 1	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Wr agreer	
· · · · · · · · · · · · · · · · · · ·			То	From				Yes	No	Yes	No	Yes	No
(1) HOWARD RICH	CHAIRMAN	WORKING CAPITAL	X		50	0,000	559,366		Х	х		$ _{x}$	
						0,000	333,300						
(2)			-										
(3)													<del> ,</del>
(4)	1												
(5) Total • • • • • • • • • • • • • • • • • • •	<u> </u>		• • • •			. ► s	559,366				-		
	sistance Bene	_											
· · · · · · · · · · · · · · · · · · ·	e organization		Τ.									. <u></u>	
(a) Name of interested person		thip between interester and the organization	a (c	Amount of	assistance	(d)	Type of assistance		(e)	Purpos	e of ass	istance	
(1)													
(2)													
(3)													
(4)													

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
440			LOAN FROM STILL RICH		
(1) HOWARD RICH	CHAIRMAN	559,366	LLC RELATED TO MR. RIC	H	Х
(2)			-		
(3)					
(4)					
(5)					
Rantiv Supplemental Information					
Provide additional informa	tion for responses to questions	s on Schedule L (see	e instructions).		
					-
<del></del>		<del></del>	<del></del>		
				<u>.</u>	
		<u> </u>			

### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

**Open to Public** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

AMERICANS FOR LIMITED GOVERNMENT INC.	36-3975580
01. Governing body decisions (Part VI, line 7b)	
Once a grant has been awarded to an organization, we do not normally reg	uire formal
written updates on the progress of the project. We do, however, reserve	the right to
request updates if we feel it is necessary.	
02. Committee meeting documentation (Part VI, line 8b)	
An executive committee exists and will hold periodic meeting between boa	rd meetings.
03. Form 990 governing body review (Part VI, line 11)	
ALG SENDS THE DRAFT FORM 990 TO THE DIRECTORS AND LEGAL COUNSEL FOR REVI	EW AND COMMENT
BEFORE IT IS FILED.	
04. Conflict of interest policy compliance (Part VI, lin	ne 12c)
ALL DIRECTORS ARE REQUIRED ANNUALLY SUBMIT A FORM TO THE ORGANIZATION AN	SWERING QUESTIONS
PERTAINING TO THEIR RELATIONSHIP WITH THE ORGANIZATION.	
05. Governing documents, etc, available to public (Part	VI, line 19)
ANNUAL TAX FILINGS ARE AVAILABLE BY FILING A WRITTEN REQUEST WITH THE OR	GANIZATION.
<del></del>	

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

lf you are fi	ling for an Automatic 3-Month Extension, com	ploto only E	lest Land shock this hav	<u></u>		•		X
		•						М
-	ling for an Additional (Not Automatic) 3-Month			=	0000		·	
Do not compi	ete Part II unless you have already been grante	ed an automa	atic 3-month extension on a pr	eviously filed Form	8868			
a corporation r 8868 to reques	ng (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not st an extension of time to file any of the forms lis insfers Associated With Certain Personal Benefit	automatic) 3 ted in Part I d	3-month extension of time You or Part II with the exception of	ı can electronically Form 8870, Inform	file Fo			
instructions). i	For more details on the electronic filing of this for	m, visit www	rs.gov/efile and click on e-file	for Chanties & No	nprofi	ts.		
Part I	Automatic 3-Month Extension of Ti	me. Only	submit original (no cor	ies needed)				—
	required to file Form 990-T and requesting an au	<del></del>	<del>-</del>					—
	· · · · · · · · · · · · · · · · · · ·			k and complete				П
•	rations (including 1120-C filers), partnerships, R			request an extensi	n of	mo		
to file income t	•	Livilos, and i	idata ilidat dae i olili 7004 to	request an extensit	) I O I			
to the income t	ax retains		Ento	r filoria idantifyina		har aa	o inetrustio	
				ter filer's identifying number, see instructions  Employer identification number (EIN) or				<u>ns</u>
Type or print	Name of exempt organization or other filer, see instructions			· <i>'</i>				
-					3975580			
File by the due date for	Number, street, and room or suite no If a PO	box, see ins		Social security number (SSN)				
filing your	10332 MAIN STREET		STE 326	<del></del>				
return See	City, town or post office, state, and ZIP code I	or a toreign	address, see instructions					
nstructions —————	Fairfax, VA 22030							
Enter the Retu	rn code for the return that this application is for (	file a separa	te application for each return)				0	1
Application	Application Return App		Application				Return	<u> </u>
Is For		Code	Is For				Code	)
Form 990 or	Form 990-EZ	01 Form 990-T (corporation)			07	_		
Form 990-Bl				08	_			
Form 4720 (	Form 4720 (individual) 03 Form 4720 (other than individual)			09	_			
Form 990-Pf	<del></del>	04	Form 5227				10	
	(sec. 401(a) or 408(a) trust)	05				11		
	(trust other than above)	06	Form 8870				12	—
101111 000 1	(made other than above)		1 0/11/00/0	<del></del>				—
Telephone if the organi	No. ► 703-383-0880  Ization does not have an office or place of busine a Group Return, enter the organization's four dig	FA ess in the Un it Group Exe	mption Number (GEN)	If this		• • • •	<b>&gt;</b>	
	roup, check this box If		of the group, check this box	· · ·▶ ∐ and a	tach			
	names and EINs of all members the extension is			<u>.                                    </u>				
-	t an automatic 3-month (6 months for a corporat							
until	08-15 , 20 14 , to file the exempt or	ganization re	eturn for the organization name	ed above The exter	nsion	IS		
	rganization's return for							
► M c	alendar year 20 13 or							
<b>.</b>								
	ax year beginning				<sup>20</sup> _			
	year entered in line 1 is for less than 12 months	, check reas	on   Initial return	Final return				
	ge in accounting period							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions								
•	plication is for Forms 990-PF, 990-T, 4720, or 60							
estimated tax payments made Include any prior year overpayment allowed as a credit. 3b \$								
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using								
EFTP\$ (	(Electronic Federal Tax Payment System) See ii	structions			3c_	\$		
Caution. If you	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see F	Form 8453-EO and	Form	8879-1	EO for	
navment instru	ictions.							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EEA