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#### 990

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

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 F	or the	2016 calendar	year, or tax year begin	ning		, 2016, a	nd en	ding			, 20		
B CI	heck if a	applicable C	Name of organization AME	RICANS FOR LIMITED	GOVERNME	NT INC.					D Employer Identification		
□ A	ddress	change	Doing business as								36-3975580		
□ Na	ame cha	ange	Number and street (or PO bo	x if mail is not delivered to street addre	ess)			Room/s	suite		E Telephone number		
ln	ıtıal retu	ım	10332 MAIN STR	EET				326	<u> </u>				
☐ Fi	nal retu	ım/terminated	City or town, state or province	, country, and ZIP or foreign postal coo	de						2,502,834		
□ ~	mended	l return	Fairfax, VA 22	030							G Gross receipts\$		
□ A <sub>1</sub>	plication	on pending F	Name and address of principa	d officer				H(a)	Is this a group	return fo	or subordinates? Yes		
								Н(Б)	Are all subc	rdinate	s included? Tyes		
I Ta	x-exem	pt status 50	01(c)(3) X 501(c) ( <b>4</b>	) <b>4</b> (insert no ) 4947(a)(1	1) or 52	27			lf "No,"	attach a	a list (see instructions)		
J W	ebsite.	▶ get1	iberty.org					H(c)	Group exe	mption	number		
K Fo	orm of o	rganization 🛛 C	Corporation Trust Ass	ociation Other	L	Year of formatio	n 19	994	M State	of lega	al domicile DE		
Par	tI	Summary											
	1	Bnefly describe	e the organization's missi	on or most significant activitie	s TO A	DVOCATE	FOR	VARI	OUS IS	SUE	S RELATING TO		
ą.		LIMITED GO	OVERNMENT.										
auc													
Ĕ	1												
ŏ	2	Check this box	If the organization     If the organization	discontinued its operations o	r disposed of	more than 2	5% of	its net	assets				
Activities & Governance	3	Number of voti	ing members of the gove	rning body (Part VI, line 1a)						3			
S.	4	Number of inde	ependent voting member	s of the governing body (Part	VI, line 1b)					4			
įį	5	Total number o	of individuals employed in	calendar year 2016 (Part V, I	ine 2a)					5			
急	6	Total number o	of volunteers (estimate if	necessary)						6			
⋖	7a	Total unrelated	business revenue from I	Part VIII, column (C), line 12						7a	9,3		
	b	Net unrelated b	business taxable income	from Form 990-T, line 34						7b			
	1								Prior Year		Current Year		
	8												
ne	9	9 Program service revenue (Part VIII, line 2g)											
Revenue	10												
ş	11		• •	nes 5, 6d, 8c, 9c, 10c, and 11e	2)		🗀	_					
	12			must equal Part VIIE columin		17. 9.	🗀		847	,059	2,502,8		
	13	Grants and sim	nilar amounts paid (Part I	X, column (A), lines 1-3)		1 421	-				1,031,4		
	14		o or for members (Part I)	l l <del></del>	amen.		[						
	15	Benefits paid to or for members (Part IX, column (A), line 4)  Salanes, other compensation, employee benefits (Part IX, column (A), fines 5=10)  230,5									210,9		
Expenses	16a		indraising fees (Part IX, o	And in case of the last of the									
e G	ь	Total fundraisin	ng expenses (Part IX, col	umn (D), line 25)	1	51,367							
Ä	17	Other expense	s (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			-		570	,234	1,458,8		
_	18			equal Part IX, column (A), line	25) • •					,798			
	19			18 from line 12	•		🗀			,261			
8			<del></del>			<del></del>		Beginnur	g of Current		End of Year		
anc c	20	Total assets (P.	Part X. line 16)					<u> </u>		,135	<del></del>		
Net Assets or Fund Balances	21	•	(Part X, line 26)				🗀			,366			
<b>2</b> 5	22	Net assets or fi	und balances Subtract I	ine 21 from line 20 · · · ·						,769			
Par		Signature								/			
Under		es of perjury, I declar	re that I have examined this retu	im, including accompanying schedules			of my k	nowledg	e and belief,	it is			
true, c	orrect, a	and complete Declar	ration of preparer (other than of	ficer) is based on all information of whi	ich preparer has	any knowledge			<del></del>		<del>- ;</del>		
~		12.	D. V WWW.								10/31/17		
≕Sign	1	Signature of	of officer	<del>}</del>						Date			
<sup>™</sup> Here	,	RICHAR	RD MANNING, PRES	SIDENT									
2			nt name and title	JIDUN I	<del></del>			_					
Ĭ——		Print/Type prepa	orer's name	Preparer's signature		Date			Check	ıf	PTIN		
Paid	1	Finite Type prepa	nor o Hamo	i repara a signatura					self-employ		1 1114		
Pren	arei	Firm's name	<b>&gt;</b>	l				Firm's I					
Prep Use	Only	Firm's oddeser									<del></del>		
/ JGC	<b>-</b> ;	Firm's address	•					Phone	IIO				
Marra		discuss this set	turn with the account of	own above? (see instructions)	· · · · · · · · · · · · · · · · · · ·			L			Пут Пы		
_ <u>-</u> _				own above? (see instructions)	, · · · · ·	· · · · · · ·	• •	• • • •	• • • •	• • •	· · · [] Yes [] N		
ror P	aperv	vonk reduction	n Act Notice, see the se	parate instructions.							Form 990 (20		

	rtill Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	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? · · · · · · · · · · · · · · · · · · ·
_	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?
4	If "Yes," describe these changes on Schedule O  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 \$ 2,095,743 including grants of \$ 1,031,400 ) (Revenue \$ 2,493,494 )
	TO ADVOCATE FOR VARIOUS ISSUES RELATING TO LIMITED GOVERNMENT.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2,095,743
EEA	Form <b>990</b> (2016)

EEA

Form 990 (2016) O16) AMERICANS FOR LIMITED GOVERNMENT INC.

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,"	l		
	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		Ì	
	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	ļ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	J	,	
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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		1	
	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,			3.
	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	<u>X</u>	
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		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	j		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		_X_
θ	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>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	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		X
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
4=	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		17
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4		v
	If "Yes," complete Schedule G, Part III	19	000 (	X

Form 990 (2016)

AMERICANS FOR LIMITED GOVERNMENT INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	<b> </b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
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			1
	employees? If "Yes," complete Schedule J	23		Х
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			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Ì	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_ <del></del>
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_ <u></u> -
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
<b>-</b>	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<del></del> -
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<del></del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	300		<del></del>
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		<b></b>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		$\overline{}$
38	·	20	Ţ	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016)

AMERICANS FOR LIMITED GOVERNMENT INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			П
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	l		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 3		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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	Χ	
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	Χ	
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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	X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
a	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		~ ~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · · 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	]		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	n 990 (2016) AMERICANS FOR LIMITED GOVERNMENT INC.	36-39755	80	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bei	ow, and for a "	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI				. 🛛
Sec	ction 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	5			,
	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	5			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	i			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? • • •		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	• • • • • • )	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				l
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		_7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ĺ			ı
	the year by the following:				3
<b>a</b>	The governing body?	· · · · · · ·	8a	X	<b> </b>
b	Each committee with authority to act on behalf of the governing body?		8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				.,
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · ·	9		X
360	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
100	Did the ergonization have lead chapters, branches or effiliates?	ĺ	10a	Yes	X
10a b	Did the organization have local chapters, branches, or affiliates?	• • • • • • • • • •	10a		
b	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 filling the fo	rm2	11a	X	├─
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	"",	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	$\tilde{X}$	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	nflicts?	12b	X	<del>                                     </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	71111010			
_	describe in Schedule O how this was done	. <i>.</i>	12c	Х	
13	Did the organization have a written whistleblower policy?	. <i>,</i>	13	X	
14	Did the organization have a written document retention and destruction policy?	. <i>.</i>	14	X	
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?				ĺ
а	The organization's CEO, Executive Director, or top management official		15a	-	Х
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)	Ì			
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ſ			ĺ
	organization's exempt status with respect to such arrangements?		16b		_
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Virginia				
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 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 interest poli	cy, and			
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
	THE ORGANIZATION (703) 383-0880, 10332 MAIN STREET 326, FAIRFAX, VA 22030				

	<del>-</del>	-	_		_					-	==
Form 990 (20	16) AMERICANS FOR LIM	TED GOVE	RNME	NT	IN	c.				36-39755	80 Page 7
Part VII	Compensation of Officers, Directly Independent Contractors	ctors, Trus	stees	, K	ey I	Ēm	ploy	ees	, Highest Con		
	Check if Schedule O contains a response of	note to any l	ine in t	hıs F	art \	VII					<i>.</i> П
Section A.	Officers, Directors, Trustees, Key Employ				_	_	ed Em	rola	/ees	<del></del>	
1a Complete organization's	this table for all persons required to be listed				_					hin the	
	of the organization's <b>current</b> officers, directors Enter -0- in columns (D), (E), and (F) if no co				ıdua	ls o	r orgar	nızat	cions), regardless o	f amount of	
<ul> <li>List all c</li> </ul>	of the organization's <b>current</b> key emplo <mark>ye</mark> es, i	fany See ins	tructio	ns fo	r de	finit	on of "	'key	employee "		
who received	organization's five <b>current</b> highest compensa reportable compensation (Box 5 of Form W-2 nd any related organizations										
	of the organization's <b>former</b> officers, key empl portable compensation from the organization		•				d empl	loye	es who received m	ore than	
	of the organization's <b>former directors or trus</b> nore than \$10,000 of reportable compensatio									ee of the	
List persons in	the following order individual trustees or dire	ectors, institut	ional tr	uste	es. c	offic	ers. ke	v er	nplovees, highest		
•	employees, and former such persons	,			,		,	,	, , ,		
	s box if neither the organization nor any relate	d organization	amoo r	ensa	ated	anv	currer	nt of	ficer, director, or tru	stee	
	<u> </u>					(C)					
						sition					
	(A)	(B)	,		eck m	ore t	han one		(D)	(E)	(F)
	Name and Title	Average hours per			•		is both a r/trustee		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	)	701 GIII	u u u	0010	1711 43100	,	from	related	other
		hours for related	약동	=	0	_	<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Forme	(W-2/1099-MISC)	(VV-2/1099-WISC)	organization
		below dotted	ctal	tona		m pic	yee α	"			and related
		line)	เกร	臣		yee	) mg				organizations
			8	trustee			nsa				
			ļ				<u> </u>				
(1) RICHARI	MANNING	40.00					<del>                                     </del>	_			
PRESID		12.00	X		X				105,000	o	0
	VANDERVEEN	5.00									
DIRECT			Х					1	o	o	o
(3) PETER		5.00									
CHAIRM	<del></del>		Х		X				o	o	o

	below dotted line)	dual trustee	tional trustee	-	mployee	st compensated lyee	er			and related organizations
(1) RICHARD MANNING	40.00	V								
PRESIDENT	5.00	X		X				105,000	0	0
(2) DAVID_VANDERVEENDIRECTOR		Х				1	- 1	o	o	o
(3) PETER Conlin CHAIRMAN	5.00_	Х		Х				0		0
(4) DAVE RENSIN DIRECTOR	5.00_	Х						0		0
(5) GLEN DOWNS DIRECTOR	5.00_	Х		_				0		0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)							7			
(13)						-	_			
(14)							_			

	(A) Name and title	(B) Average hours per week (list any	box, u	ınless	perso	tion ore that on is l	an one both an rustee)		(D) Reportable compensation from	(E)  Reportable compensation from related		(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	npensati from the ganizatio nd relate ganizatio	e on ed
(15)							-		 				
(16)													
(17)									<del></del>				
(18)						1							
(19)		<b>-</b> -										<del></del> .	
(20)													
(21)						į	:						
(22)													
(23)													
(24)													
<u>(25)                                    </u>									····			·	
C	Sub-total	on A	• • •					•					
	Total (add lines 1b and 1c)								105,000 than \$100,000 of				0_
3	Did the organization list any former officer, director,	or truston ke	w omn	lovo		. b.al	host s		operated	1_		Yes	No
	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such indi	ıdual					• •			3		X
•	organization and related organizations greater than sindividual	\$150,000? <i>If</i>									4		X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," of	mpensation i		-			-	ızatıc	on or individual		5		X
Section	on B. Independent Contractors										_ <u>-</u> _		
	Complete this table for your five highest compensate compensation from the organization Report compensation report compensation report compensation report compensation report compensation report rep												
	(A)								(B)			(C)	
CONVE	Name and business address RSANT, 30699 RUSELL RANCH ROAD, T	housand	Oaks	, (	CA	913	362		Description of ADVERTISI		Comp	292	,242
	MBER GROUP LLC, 1712 PIONEER AVE								ADVERTISI				,000
	LLC, 18532 PARTLOW ROAD, Cardinal CONSULTING, 2214 GLENRIDGE LANE,			_		_			CONSULTIN	G			,000
									CONSULTIN			707	<u>,975</u>

		Check if Schedule O contains a response or n	ote to any line in this	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
a a	1a	Federated campaigns 1a					
	b	Membership dues 1b					
A, E	С	Fundraising events 1c			,		
ig ig	d	Related organizations 1d					
Si, C	е	Government grants (contributions) - 1e					
tior er S	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$				-	
- <del></del>	h	Total. Add lines 1a-1f	<u> </u>				
_			Business Code				
an e	2a	CONTRIBUTIONS	900099	2,493,494	2,493,494		
Rev	b	INTEREST INCOME	900099	8,765		8,765	
92	C	OTHER INCOME	900099	575		575	
Sen	d						
E	0						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,502,834			
	3	Investment income (including dividends, interest,					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
		(ı) Real	(ii) Personal				
		Gross rents · · · · · ·					
		Less rental expenses · · · ·					!
	l.	Rental income or (loss) · · ·	L	-	- •		
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less. cost or other basis and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)					
une une	8a	Gross income from fundraising					
Ven		events (not including \$		}	ļ		
Other Reve		of contributions reported on line 1c)	1				
þer		See Part IV, line 18 · · · · · · a					
5	þ	Less. direct expenses $\cdots \cdots b$					
	C	Net income or (loss) from fundraising events •	▶				
	9a	Gross income from gaming activities	[				
		See Part IV, line 19 · · · · · · · a					
		Less: direct expenses b	L				
	C	Net income or (loss) from gaming activities • •	· · · · · · • •				
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold $ \cdot  \cdot  \cdot  \cdot  \cdot  \cdot        $			ļ		
	C	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code			-	
	11a					j	
	b						
į	С						
		All other revenue					
		Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See instructions	<b>▶</b>	2,502,834	2,493,494	9,340	0

#### 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 (D) (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,031,400 1,031,400 Grants and other assistance to domestic individuals. See Part IV. line 22 . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 105,000 63,000 31,500 10,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . . 77,067 46,240 7,707 23,120 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 28,910 17,346 8,673 2,891 11 Fees for services (non-employees) а 9,947 9,947 2,216 2,216 Lobbying Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 525 525 12 345,633 207,380 103,690 34,563 13 4,190 2,514 1,257 419 14 36,821 22,093 11,046 3,682 15 16 35,200 21,120 10,560 3,520 17 4,162 2,497 1,249 416 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 318 318 21 22 Depreciation, depletion, and amortization . . . . . . . 1,150 1,150 23 20,286 20,286 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 25,000 25,000 political Consultants 869,110 521,466 260,733 86,911 Postage & Printing 3,052 1,831 916 305 Membership & Registration 5,132 5,132 All other expenses <u>94,2</u>82 96,095 1,360 453 Total functional expenses. Add lines 1 through 24e 2,701,214 2,095,743 454,104 151,367 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)

36-3975580

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 27,949 1 31,389 2 2 Pledges and grants receivable, net .............. 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 Notes and loans receivable, net 7 710,036 8 Prepaid expenses and deferred charges ....... 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a 25,382 10b 10c 25,382 1,150 11 11 12 Investments - other secunties See Part IV, line 11 ...... 12 Investments - program-related See Part IV, line 11 ...... 13 13 14 14 Other assets See Part IV, line 11 15 15 16 16 Total assets, Add lines 1 through 15 (must equal line 34) ..... 739,135 31,389 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 . . . . . . . . . . . . . . . 559,366 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 50,000 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 559,366 50,000 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 179,769 (18,611)28 28 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 (18,611) 179,769 34 Total liabilities and net assets/fund balances ....... 739,135 31,389

	1 990 (2016) AMERICANS FOR LIMITED GOVERNMENT INC.	36-3975580		Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,50	2,834
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,70	1,214
3	Revenue less expenses Subtract line 2 from line 1	3	(19	8,380)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	9,769
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses · · · · · · · · · · · · · · · · · ·	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	(1	8,611)
Pa	rt XII Financial Statements and Reporting	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII			□
			Y	es No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a pnor 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	Ī		
	Schedule O.		İ	
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 99	<b>20</b> (2016)

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Rèvenue Service

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

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

► Complete if the organization is described below.

Section 527 organizations Complete Part I-A only

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations.	. Complete Part III			
Nan	ne of organization			Employer	identification number
A	MERICANS FOR LIMITED GOVERNM	MENT INC.		36-397	5580
Pa	art I-A Complete if the organ	ization is exempt under secti	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's	s direct and indirect political campaign ac	tivities in Part IV (s	see instructions for	
	definition of "political campaign activities")	1			
2	Political campaign activity expenditures (s	see instructions)		· · · · · · · <b>&gt;</b> \$	222,400
3	Volunteer hours for political campaign act	ivities (see instructions)		<i></i>	
Pa	art I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sect	on 4955 · · ·	▶ \$	
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			· Yes No
4a	Was a correction made?				. Yes No
b					
Pá	art I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3	3).
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function		
	activities			▶ \$	
2	Enter the amount of the filing organization	i's funds contributed to other organization	ns for section		
	527 exempt function activities • • • • •			▶ \$	
3	Total exempt function expenditures Add li				
	line 17b				<u></u>
4	Did the filing organization file Form 1120-	POL for this year?			· 🗌 Yes 📗 No
5	Enter the names, addresses and employe	er identification number (EIN) of all section	n 527 political orga	inizations to which the filing	I
	organization made payments. For each or	rganization listed, enter the amount paid	from the filing orga	nızatıon's funds. Also enter	
	the amount of political contributions received				
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, pr	ovide information in Part IV	<u>/</u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
		2180 TOWN CENTER PLAZA 6			
(1)	ARTICLE 1 ADVOCATE SUPPERA		81-0716755	50,000	
٠^^		7800 BONHOMME AVENUE			
(2)	PHYLLIS SCHAFLY'S EAGLE PAC		81-3752953	172,400	
(3)					
(4)					
- (5) 					
(6)					

	dule C (Form 990 or 990-EZ) 2016 AMERICANS FOR			44 (46)	36-3975	
Pa	rt II-A Complete if the organization i	s exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).				<del></del>	
Α	Check Lifthe filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's					
_	name, address, EIN, expenses, and s		· ·	•		
<u>B</u>	Check If the filing organization checked box A			y		
	Limits on Lobbyir				(a) Filing organization's totals	(b) Affiliated
_	(The term "expenditures" mea				Organization's totals	group totals
1a	Total lobbying expenditures to influence public opinio		:		<del></del>	_ <del></del>
b	Total lobbying expenditures to influence a legislative		<u> </u>			
C	Total lobbying expenditures (add lines 1a and 1b)					
d	Carrotte Control Contr				<b></b>	·
e f	Total exempt purpose expenditures (add lines 1c and	•				
•	Lobbying nontaxable amount Enter the amount from	the following ta	ible in both			
	columns	The Johnsins		4 !		
	If the amount on line 1e, column (a) or (b) is:		nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e s 15% of the excess of	Was \$500,000	1	
	Over \$500,000 but not over \$1,000,000	<del></del>				
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000				i
	Grassroots nontaxable amount (enter 25% of line 1f)	<del></del>			<del> </del>	
9 h	Subtract line 1g from line 1a if zero or less, enter -0-					_ <del></del>
	Subtract line 1f from line 1c If zero or less, enter -0-				<del></del>	<del></del>
i	If there is an amount other than zero on either line 1				L	
,		•				☐ Yes ☐ No
			ing Period Under			
	(Some organizations that made a sect	_	_	• •	of the five column	ns below.
	•		nstructions for lin	•		
		•	-		•	
	Lobbying	Expenditures	During 4-Year Avera	aging Period		
		_		Ī		–
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
- <u>-</u> 2a	Lobbying nontaxable amount					
					-	
b	Lobbying ceiling amount (150% of line 2a, column (e))					
	(130 % of life 2a, coldina (e))	<del></del>	<del> </del>	<del></del>	+ +	<del> </del>
	Total lobbying expenditures					····
d	Grassroots nontaxable amount					
Θ	Grassroots ceiling amount (150% of line 2d, column (e))					<del></del>
f	Grassroots lobbying expenditures					
EEA				<u> </u>	Schedule C (Fo	rm 990 or 990-EZ) 2016

	90 OF 990-EZ) 2016	AMERICANS							.39/3360	
Part II-B	Complete if	the organiza	tion is	s exemp	t under sect	tion 501(c)(3)	and has	NOT filed F	orm 5768	
	(alaction un	dor coction (	504/h\	A						

	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)
4000	cription of the lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
0	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
į	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<del></del>
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5),	or se	ction
				Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3				3
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  Dues, assessments and similar amounts from members			
1	Dues, assessments and similar amounts from members		4 1	
	Castras (CO/s) mandadustible labbuma and nalitical companiity you (do not built do not built as a contrat of	• •	1	
-	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	1	
	political expenses for which the section 527(f) tax was paid).			
a	political expenses for which the section 527(f) tax was paid).  Current year		2a	
a b	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b	
a b c	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c	
a b	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b	
a b c	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c	
a b c	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 3 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 3 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 33 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
5 Pai	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 3 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 3 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	
a b c 3 4	political expenses for which the section 527(f) tax was paid).  Current year		2a 2b 2c 3	

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Open to

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number					
AMI	ERICANS FOR LIMITED GOVERNMENT INC.	36-3975580					
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
-		· · · · · · · · · · ·					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
-	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·					
Pa	rt II Conservation Easements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply)						
	Preservation of land for public use (e.g., recreation or education)	ally important land area					
	Protection of natural habitat  Preservation of a certified						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution	onservation					
-	easement on the last day of the tax year	Held at the End of the Tax Year					
а	Total number of conservation easements	2a					
b	Total acreage restricted by conservation easements						
c	Number of conservation easements on a certified historic structure included in (a)	<del></del>					
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a						
_	historic structure listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	<u> </u>					
•	tax year	The state of the s					
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations						
	<b>&gt;</b>	and you					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year					
	<b>▶</b> \$	3 - 7 - 2 - 2					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	)(B)(ı)					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the					
	organization's accounting for conservation easements						
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	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 its	ems					
ь	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) Revenue included on Form 990, Part VIII, line 1	▶ \$					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair						
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · ▶ \$					
b	Assets included in Form 990, Part X						

	ule D (Form 990) 2016 AMERICANS FOR					36-397		Page 2
Pa	rt III Organizations Maintaining (						sets (cor	tinued)_
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follow	ving that are a	a significa	int use of its		
	collection items (check all that apply)	_						
а	Public exhibition		or exchange progra	ams				
b	Scholarly research	<b>e</b> ∐ Othe	er					
C	Preservation for future generations							
4	Provide a description of the organization's collect	ctions and explain how	they further the org	ganization's ex	xempt pu	rpose in Part		
	XIII.							
5	During the year, did the organization solicit or re		•					
	assets to be sold to raise funds rather than to be		f the organization's	collection?		· · · · · · · · · · · · · · · · · · ·	Ye	s UNo
Pa	rt IV Escrow and Custodial Arran		. Farm 000 Bar	+ I\/ luna 0	0	artad an ama	unt on Fo	
	Complete if the organization at 990, Part X, line 21.	nswered "tes" or	ı Form 990, Par	rt IV, line 9	, or rep	orted an amo	unt on Fo	m
						<del></del>		
1a	Is the organization an agent, trustee, custodian	-						
							Ye	s U No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table			<del></del>		
					4-	<del></del>	nount	
C	Beginning balance					<del></del>		
a	•							
9	Distributions during the year					<del> </del>		
2-	Did the organization include an amount on Form						Te	s No
2a	If "Yes," explain the arrangement in Part XIII Ch				•	• • • • • • • • • • • • • • • • • • • •	_	=
b Da	rt V Endowment Funds.	leck nere ii ine explan	allon has been prov	ded on Fait	<u> </u>		· · · · · ·	<u>···</u>
J. 41	Complete if the organization a	nswered "Yes" or	Form 990 Par	t IV line 1	n			
	Complete if the organization at	T		Т		(d) Three years head	(2) 52.00	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	s Dack	(d) Three years back	(e) Four	ears back
b	Contributions			<del> </del>			<del> </del>	
	Net investment earnings, gains, and		<del></del>				<del></del>	
·	losses							
а	Grants or scholarships	<del>                                     </del>		<del> </del> -			<del>                                     </del>	
u -	Other expenditures for facilities and						<del></del> -	
·	programs							
f	Administrative expenses						<del>-</del>	
g	End of year balance			<del> </del>				
2	Provide the estimated percentage of the current	vear end balance (lin	e 1g. column (a)) he	eld as:	<u>_</u>	<u> </u>		
a	Board designated or quasi-endowment		o ,g, co (=//					
b	Permanent endowment ▶ %							
c	Temporanly restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	=	that are held and ad	Iministered fo	r the			
	organization by	·					ſ	Yes No
	(i) unrelated organizations						. 3a(i)	
	(ii) related organizations						. 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	sted as required on So	chedule R?				. 3b	
4	Describe in Part XIII the intended uses of the or	ganızatıon's endowme	ent funds					
Pa	rt VI Land, Buildings, and Equipm	ient.	·					
	Complete if the organization a	nswered "Yes" or	n F <u>orm 990, Par</u>	t IV, line 1	<u>1a. See</u>	Form 990, P	art X, line	10.
	Description of property	(a) Cost or othe	r basis (b) Cost o	or other basis	(c) A	Accumulated	(d) Book	value
		(investme	nt) (	(other)	de	preciation	<u> </u>	
1a	Land							
b	Buildings							
C	Leasehold improvements					<u> </u>		
d	Equipment			25,382		25,382		
_ө_	Other · · · · · · · · · · · · · STMD1	E··				<u> </u>		
Tota	I. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X, o	column (B), line 10c	)	<u></u>	▶		

				=
Schedule D (Form	990) 2016 AMERICANS FOR 1	LIMITED GOVERNMENT I	NC. 36-397	75580 Page
Part VII	Complete if the organization answere	ed "Yes" on Form 990. Pa	rt IV. line 11b See Form 990.	Part X. line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	ori
(1) Financial o	lenvatives			
• •	ld equity interests			
(3) Other	i i			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			<del>.</del>	
(H)				
	must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)			<del></del>	
(5)				
(6)				
(7)				
(8)				
(9)			<del></del>	
Part IX	must equal Form 990, Part X, col (B) line 13)  Other Assets.	<u> </u>		
Partix	Complete if the organization answere	od "Ves" on Form 000. Da	rt IV line 11d See Form 990	Part Y line 15
			itty, iiile 11d. Gee i Giiii 390,	
(1)	(a) D	escription		(b) Book value
(2)				
(3)				
(4)	<del></del>	···		
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
	(b) must equal Form 990, Part X, col (B) line 15	)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal II			]	
(2)			]	
(3)			7	

1.	(a) Description of liability		(b) Book value	
(1) Feder	ral income taxes			_
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_]
Total (Column	(h) must equal Form 990. Part X. col. (R) line 25.)	▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2016 AMERICANS FOR LIMITED GOVERNMENT INC.	36-3975580	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on 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 (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
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 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 )		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	<del></del> -
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	p = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Total expenses and losses per audited financial statements	1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- a	Donated services and use of facilities		
	Prior year adjustments		
b		-	
C			
ď	Other (Describe in Part XIII )		
9	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2ө	
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 )		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIII Supplemental Information.		
	de 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, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
		<del></del>	

Schedule D (Form 990) 2016

EEA

° □ (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection 2016 X Yes **Employer Identification number** 36-3975580 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance 50,000 424,000 15,000 10,000 172,400 100,000 (d) Amount of cash ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) 4 4 4 U U ပ ပ General Information on Grants and Assistance 501 501 501 501 527 527 the selection criteria used to award the grants or assistance? 52-1256643 46-2650593 20-4511516 81-0716755 81-3752953 52-1805562 (p) EIN AMERICANS FOR LIMITED GOVERNMENT INC. (1) ARTICLE 1 ADVOCATE SUPPERPA (5) PHYLLIS SCHAFLY'S EAGLE PAC 619 1400 CRYSTAL DRIVE SUITE 240 8001 FORBES PLACE SUITE 102 CO 80908 (a) Name and address of organization Arlington, VA 22202-3289 21800 TOWN CENTER PLAZA (3) GUN OWNER OF AMERICA Springfield, VA 22151 7800 BONHOMME AVENUE Washington, DC 20001 (7) NUMBER USA ACTION or government Sterling, VA 20164 Colorado Springs, 5470 VESSEY ROAD CLATON, MO 63105 Tupelo, MS 38801 801 G STREET NW (4) IACE ACTION Department of the Treasury (6) AFA ACTION (2) FRC ACTION 107 PARK GATE Internal Revenue Service Name of the organization SCHEDULE ! (Form 990) Part Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2016)

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501 C 4

46-2223209

321

10332 MAIN STREET

Fairfax, VA 22030

(10FREE MARKET AMERICA

60,000

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501

47-0865426

(8) CONSERVATIVES HQ. COM, INC

9625 SURVEYOR CT. STE 400

(9) TURNING POINT USA NFP

Manassas, VA 20110

217 1/2 ILLINOIS ST.

Lemont, IL 60439

20,000

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501

54-1952384

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501

80-0835023

Schedule I (Form 990) (2016) Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 36-3975580 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant AMERICANS FOR LIMITED GOVERNMENT INC. Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016)

Part III Grants Part IV

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

Department of the Treasury

## 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.

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

Name of the organization Empl

2016

Employer identification number

OMB No 1545-0047

Open to Publica Inspection

36-3975580 AMERICANS FOR LIMITED GOVERNMENT INC. 01. Governing body decisions (Part VI, line 7b) Once a grant has been awarded to an organization, we do not normally require 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 board meetings. 03. Form 990 governing body review (Part VI, line 11) ALG SENDS THE DRAFT FORM 990 TO THE DIRECTORS AND LEGAL COUNSEL FOR REVIEW AND COMMENT BEFORE IT IS FILED. 04. Conflict of interest policy compliance (Part VI, line 12c) ALL DIRECTORS ARE REQUIRED ANNUALLY SUBMIT A FORM TO THE ORGANIZATION ANSWERING 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 ORGANIZATION.