Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

rganizati	on			
, 2014, and ending	APR	30	,20 15	9

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning MAY 1

	▶ Don	ot send to the IRS. Keep for y	our records.		ZU 14
Department of the Treasury Internal Revenue Service	360	8879-EO and its instructions		7980.	
Vame of exempt organization				Employer i	dentification number
~L7- '	r 41			04 2	125000
	Liberty, Inc.			94-34	135899
Vame and title of officer	-1-i				
Alexander McC President	ODIU				
	Return and Return Infor	mation Allhola Dollara Onlik			
	rn for which you are using this		olicable amount if any fro	m the retu	m. If you chack the boy
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on the ank (do not enter -0-). But, if you	at line for the return being filed	with this form was blank, t	hen leave li	ne 1b, 2b, 3b, 4b, or 5b,
la Form 990 check here	▶ X b Total revenue	, if any (Form 990, Part VIII, col	ımn (Δ\ line 12\	1h	3.213.733.
2a Form 990-EZ check he		nue, if any (Form 990-EZ, line 9			
Ba Form 1120-POL check		tax (Form 1120-POL, line 22)			
la Form 990-PF check he		on investment income (Form			
5a Form 8868 check here		Form 8868, Part I, line 3c or Pa			
A TOMTGOOD CHOOK HOLD	5 Dalanoowa	10111100003 (21111) 11110 00 01 1 0			
Part II Declarat	ion and Signature Auth	orization of Officer			
eturn, and the financial in: I-888-353-4537 no later the processing of the electron payment. I have selected a	Institution account indicated in stitution to debit the entry to the an 2 business days prior to the ic payment of taxes to receive of a personal identification number electronic funds withdrawal.	s account. To revoke a paymer payment (settlement) date. I als confidential information necessa	at, I must contact the U.S. so authorize the financial in ary to answer inquiries and	Treasury Fi nstitutions i I resolve iss	inancial Agent at involved in the sues related to the
	· · · · · · · · · · · · · · · · · · ·	AT T C			
X I authorize RO	gers & Company I			to enter my	PIN 20005 Enter five numbers, I
		ERO firm name			do not enter all zero
is being filed with enter my PIN on	on the organization's tax year 2 in a state agency(les) regulating the return's disclosure consent he organization, I will enter my	charities as part of the IRS Fed screen.	l/State program, i also aut	horize the a	aforementioned ERO to
indicated within	this return that a copy of the re nter my PIN on the return's disc	turn is being filed with a state a	gency(ies) regulating char	ities as parl	of the IRS Fed/State
Officer's signature 🕨			Date ▶	- 10	
Part III Certifica	tion and Authentication				
	ur six-digit electronic filing iden				
	your five-digit self-selected PIN		54106183919 do not enter all zeros		
	neric entry is my PIN, which is any this return in accordance with seturns.				
ERO's signature ▶	icole Mainer		Date ▶03/	01/16	
	ERO Mus	Retain This Form - See	Instructions		

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Α .	For the	2014 calendar year, or tax year beginning MAY ⊥, ∠U⊥4 and endin	g A	PR 30, 2015	
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	Students For Liberty, Inc.			
	Name change	Doing business as		94-3	435899
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite	E Telephone numbe	r
	Final return/	1101 17th Street, NW 810		202-	320-4447
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,486,136.
	Amende return	Washington, DC 20036		H(a) Is this a group re	eturn
	Applica- tion	F Name and address of principal officer. A Lexalider McCobili		for subordinates	? Yes X No
	pending	same as C above		H(b) Are all subordinates in	ncluded? Yes No
		npt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) or D	527	If "No," attach a	list. (see instructions)
		:▶ www.studentsforliberty.org		H(c) Group exemption	
K	Form of a	rganization: X Corporation Trust Association Other ► L	Year o	of formation: 2008 $ m extbf{n}$	🖊 State of legal domicile: VA
P		Summary			
ø		riefly describe the organization's mission or most significant activities: To educ	<u>ate</u>	, develop,	and empower
& Governance	_	the next generation of leaders of liberty.			
ern:	2 C	theck this box $lacktriangle$ if the organization discontinued its operations or disposed of	more	than 25% of its net as	
ŏ	1	lumber of voting members of the governing body (Part VI, line 1a)			5
∞ ∞		lumber of independent voting members of the governing body (Part VI, line 1b)			4
es		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			23
Ĭ		otal number of volunteers (estimate if necessary)			686
Activities	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	bΝ	et unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8 C	ontributions and grants (Part VIII, line 1h)		2,775,056.	
Revenue	1	rogram service revenue (Part VIII, line 2g)		70,803.	178,384.
Rev		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		45,051.	
_	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,531.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,907,441.	
	1	irants and similar amounts paid (Part IX, column (A), lines 1-3)		8,423.	23,824.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		675,916.	928,887.
Expenses	 16 a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b T	otal fundraising expenses (Part IX, column (D), line 25) 515,073.		2 020 700	2 660 076
_	1/ C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,029,788.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	2,714,127.	3,621,787.
_ 0		evenue less expenses. Subtract line 18 from line 12	+_	193,314.	
ts o			Red	ginning of Current Year	End of Year
SSE	20 ⊤	otal assets (Part X, line 16)	-	1,689,079. 311,100.	1,162,027. 171,630.
Net Assets or Fund Balances	21 ⊺	otal liabilities (Part X, line 26)		1,377,979.	990,397.
		let assets or fund balances. Subtract line 21 from line 20 Signature Block		1,311,313.	330,337.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ente and to the heet of m	v knowledge and helief it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which pro-			y knowledge and belief, it is
	, 0011001,	FILED ELECTRONICALLY - SEE ATTACHED FORM 88	-		
Sig	n	Signature of officer	<u> </u>	Date	
He		Alexander McCobin, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai		Vicole M. Prince, CPA FILED ELECTRONICALI	_Y 0	3/01/16 if self-employ	P01315245
Pre	—	Firm's name Rogers & Company PLLC		Firm's EIN	58-2676261
Use		Firm's address 8300 Boone Boulevard, Suite 600			
		Vienna, VA 22182		Phone no. (7	03) 893-0300
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: To educate, develop, and empower the next generation of leaders of
	liberty.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,265,733. including grants of \$) (Revenue \$ 178,384.)
	Conferences - SFL conferences serve many purposes including strategy
	room, networking event, and pep rally. But the focus of every
	conference schedule is on education. Every conference covers both
	introductory and advanced material for students to learn about
	libertarianism at every level. SFL ran 51 conferences for more than
	9,000 attendees in FY15.
4b	(Code:) (Expenses \$ 777, 255 • including grants of \$ 23,824 •) (Revenue \$)
40	Leadership Programs - SFL's emphasis on leadership development has been
	the key to the organization's success over the years. SFL teaches young
	people entrepreneurship, event-planning, volunteer management,
	effective writing, public speaking, and other skills that they can use
	throughout their lives, and gives them experience applying these skills
	in building the student movement for liberty. SFL trained 686 student
	leaders that engage with 1,773 student groups across the world.
	254 667
4c	(Code:)(Expenses \$\frac{254,667.}{8000000000000000000000000000000000000
	Resources - SFL handed out 350,000 free books in FY 2015.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 617,469 • including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,915,124.

1 Is the organization described in section 501(c)(S) or 4947((A)) (other than a private foundation? 1				Yes	No
2 Is the organization required to complete Schedule of Contributions 2 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 5 Is the organization ascellon 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule B 191 If "Yes," complete Schedule C, Part III 6 X 7 Ibid 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 II 7 Ibid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical amesae, or historic structures? If "yes," complete Schedule D, Part II 8 Did the organization insport an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts in cliented in Part X, proprodule credit counseling, diet management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Use of the organization insport an amount for investments endowments, or quasi-endowments, permanent endowments, or quasi-endowments If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for investments - program related in Part X, line 197 If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - program related in Part X, line 197 If "Yes," complete Schedule D, Part V 11 Ibid the organization report an amount for investments - program related in Part X, line 197 If "Yes," complete Schedule D, Part X X 12 Did the organization report an amount	1				
3 Dit 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 and the public office? If "Yes," complete Schedule C, Part II and the public office? If "Yes," complete Schedule C, Part II as is the organization ascender politically organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III brives and the distribution or investment of amounts in such 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 II but the organization review or hold a conservation asserment, holding assements to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II but 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 crodit conserving, dot the management, credit respir, or debt negotiation services? If "Yes," complete Schedule D, Part IV se," separate and several seasons and several seasons and several seasons and several seasons and seasons an		If "Yes," complete Schedule A			
public office? If "Yes," complete Schedule C, Part I 4 Section 501(%) departations. Dut the organization engage in lobbying activities, or have a section 501(%) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(6)(8). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as adefined in Newneue Procedule 98.191 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical dreass, or historics structure? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 10 Did the organization (incetty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indownents? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 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 X in 10 Did the organization report an amount for other assets the part X, line 18 that is 5% or more of its total assets reported in Part X, line	2		2	Х	
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(ii)(ii), 501(ii)(ii), 501(ii)(iii), 501(iii), 501(i	3				
during the tax year? If "Yes," complete Schedule C, Part II 5 15 the organization a section 501(6)(4), 501(6)), or 501(6)(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			3		X
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 96-19? If "Yes," complete Schedule C, Part III 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 ("Yes," complete Schedule D, Part II Did the organization report an amount for investment of amounts in such funds or accounts ("Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II Did the organization report an amount for lead conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II the organization in a new to any of the following questions is "Yes," then complete Schedule D, Part XI, III, III, X III, III, X III, III,	4				
similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III 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 II 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 III Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - program related 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 XII Did the organization report an amount for other liabilities 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 XII Did the organization site liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization shall be part at X, line 16? If "Yes," complete Schedule D, Part X Did the organization shall be part at X, line 15 that is 5% or more of its total assets reported in			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts if it "vies," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "i'es," complete Schedule D, Part II Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "vies," complete Schedule D, Part III Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "vies," complete Schedule D, Part III 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 dobt negotiation services? If "vies," complete Schedule D, Part IV Did the organization is answer to any of the following questions is "vies," then complete Schedule D, Part V II If the organization is answer to any of the following questions is "vies," then complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "vies," complete Schedule D, Part V II 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 "vies," complete Schedule D, Part VII II II Did II	5				٠,,
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			5		X
The organization receive or hold a conservation easement, including easements to preserve open space, the environment, listoric land areas, or historic structures? If "Yes," complete Schedule D, Part III and III is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III III is 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, III the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, III the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III the organization report an amount for investments - organization in Part X, line 10? If "Yes," complete Schedule D, Part VI III the organization report an amount for investments of the 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 VI III the If I'I'Yes," complete Schedule D, Part VI III the If I'I'Yes," complete Schedule D, Part VI III III III III III III III III III	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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 certic counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part SV, IV, IV, IVII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III. 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 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 X III. 16 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 X III. 17 Did the organization oreport an amount for other isabilities 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 X III. 18 Did the organization oreport an amount for other isabilities in Part X, line 15? that is			6		Λ.
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Schedule D, Part III 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IVI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - order related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII 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 X 11 If X 12 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization slability for uncertain tax positions under EIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 If X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X and XII 12 Did the organization obtain separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X and XII 13 Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule P, Part X and XII 14 Did the organization have aggregate revenue	_		7		
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? 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII III III X III	8				_v
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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities 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 X III Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the turbited States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complet	_		8		Α.
If "Yes," complete Schedule D, Part IV 10 10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X X X X X X X X X	9				
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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 X 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 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19	<u></u>	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 a	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		

Form 990 (2014) Students For Liberty, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
242	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) Students For Liberty, 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				37	
	(gambling) winnings to prize winners?	 I		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		23			
	filed for the calendar year ending with or within the year covered by this return				Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Λ	
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			0-		Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt) ?	4a		- 22
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\	ato (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			- ou		
~	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	 				
40	amounts due or received from them.)	11b		46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	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.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand					
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14a 14b		
D	ii res, rias it lileu a roriii rzu to report triese payments? Ii rvo, provide an expianation in Schedu	ie U		14D		

Part 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 this Part VI			X
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	5		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
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 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		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		Х
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		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 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	Х	
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		
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	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).			
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >AL, AK, AR, CA, CO, CT, KS, FL, G.	A,HI	,IL	,KY
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			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 policy, at	nd finan	cial	
	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:			
	Frederik Roeder - 202-733-1800			
	1101 17th Street NW, Suite 810, Washington, DC 20036			

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization		orga	aniza			npe	nsat			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	l than is bot	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson Iirecto	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	-					<u> </u>	from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	se or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	Institutional trustee		yee	mpel		,		and related
	below	ridual	tution	e	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former			
(1) Alexander McCobin	60.00									
President		Х		Х				114,630.	0.	0.
(2) Sloane Frost	10.00									
Chairwoman		Х		Х				0.	0.	0.
(3) Jeff Giesea	1.50									
Treasurer		Х		Х				0.	0.	0.
(4) Dan Grossman	12.00									
Secretary		Х		Х				0.	0.	0.
(5) Sam Eckman	2.00									
Director		Х						0.	0.	0.
		-								
		-								
		1								
		1								
		1								
-										
		1								
		1								
		1								
		L		L_	L	L	L_			

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensatom the anization of relate anization	e ion ed
-													
								114,630.		0.			0.
1b Sub-total c Total from continuation sheets to Part Vi	II, Section A						>	114,630.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization 							no r	•	,000 of reportabl	-			1
3 Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	ovee	. or	highest compensated e	mplovee on	ı		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual										3		Х
and related organizations greater than \$15Did any person listed on line 1a receive or a											4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	uch ,	pers	son .					5		X
Complete this table for your five highest co the organization. Report compensation for	=							n the organization's tax		ipens			
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C compe	c) nsatior	<u>n</u>
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$ 100,000 of compensation from the organi	Zation F										Form	990 (2	2014)

_ · u	IL VI	Check if Schedule O con		or note to any li	ne in this Part VIII			
		SHOOK II GUNDAAID G GOIT	taine a response	or moto to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		tions) nts, and ove 1f 2,	Business Code 900099	3,010,818.	178,384.		012 014
	g	Total. Add lines 2a-2f		>	178,384.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	ax-exempt bond p	proceeds	12,741.			12,741.
	С	Less: rental expenses Rental income or (loss)		(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 255,123.	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	10,040.		18,046.			18,046.
Other Revenue	8 a	Gross income from fundraisir including \$ 182,2 contributions reported on line Part IV, line 18 Less: direct expenses	ng events (not 132 • of e 1c). See	0.630				
Ö		Net income or (loss) from fun			-6,500.			-6,500.
	b	Part IV, line 19 Less: direct expenses	a	16,500. 20,196.				
	10 a	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	s returns a		-3,696.			-3,696.
		Miscellaneous Revenu		Business Code		2 242		
		Product Sales		900099	3,940.	3,940.		
	b							
		All other revenue						
		Total. Add lines 11a-11d			3,940.	4.0.0		
	12	Total revenue. See instructions.			3,213,733.	182,324.	0.	20,591.

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). X Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) (A)
Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 23,824. 23,824. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 137,472. 95,433. 19,143. 22,896. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 698,394. 484,826. 97,250. 116,318. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,318. 24,417. 17,930. 3,169. Other employee benefits 9 68,604. 47,532. 9,444. 11,628. 10 Payroll taxes Fees for services (non-employees): 11 a Management 5,329. 4,377. 180. 772. Legal 78,378. 64,370. 2,650. 11,358. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 424,735. 348,813. 14,361. 61,561. column (A) amount, list line 11g expenses on Sch O.) 1,213. 5,201. 35,894. 29,480. Advertising and promotion 12 395,571. 182,555. 9,024. 203,992. 13 Office expenses 51,078. 40,931. 3,011. 7,136. Information technology 14 Royalties 15 127,821. 103,985. 16,758. 7,078. 16 Occupancy 812,368. 857,020. 674. 43,978. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 584,200. 569,442. 2,326. 12,432. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 6,587. 6,587. Depreciation, depletion, and amortization 22 12,203. 8,786. 2,450. 967. 23 Other expenses. Itemize expenses not covered 24 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.) '..... 64,322. 60,324. 3,998. Programs Dues/subscriptions 17,007. 13,484. 1,455. 2,068. 4,514. Miscellaneous 6,289. 1,670. 105. Taxes/licenses 2,642. 2,150. 225. 267. e All other expenses 3,621,787. 2,915,124. 191,590. 515,073. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	πX	Balance Sheet							
		Check if Schedule O contains a response or not	te to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			256,466.	1	229,500.		
	2	Savings and temporary cash investments			840,956.	2	206,034.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			4				
	5	Loans and other receivables from current and for							
		trustees, key employees, and highest compens	ated en	nployees. Complete					
		Part II of Schedule L				5			
	6	Loans and other receivables from other disquali							
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary					
ţ		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net		[7			
ğ	8	Inventories for sale or use				8			
	9			[14,507.	9	28,719.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	26,104.					
	b	Less: accumulated depreciation		20,423.	12,268. 518,145.	10c	5,681. 660,356.		
	11	Investments - publicly traded securities	Investments - publicly traded securities						
	12	Investments - other securities. See Part IV, line				12			
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets	[14				
	15	Other assets. See Part IV, line 11	46,737.	15	31,737.				
	16	Total assets. Add lines 1 through 15 (must equ	1,689,079.	16	1,162,027.				
	17	Accounts payable and accrued expenses	261,698.	17	129,773.				
	18	Grants payable		18					
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete				21			
Se	22	Loans and other payables to current and former	r office	rs, directors, trustees,					
Ĭ		key employees, highest compensated employee	es, and	disqualified persons.					
Liabilities		Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrela				23			
	24	Unsecured notes and loans payable to unrelate	d third	parties		24			
	25	Other liabilities (including federal income tax, pa	yables	to related third					
		parties, and other liabilities not included on lines	17-24	. Complete Part X of					
		Schedule D			49,402.	25	41,857.		
	26	Total liabilities. Add lines 17 through 25			311,100.	26	171,630.		
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🐰 and					
es		complete lines 27 through 29, and lines 33 ar	id 34.						
auc	27	Unrestricted net assets			1,110,163.	27	478,718.		
Fund Balances	28	Temporarily restricted net assets	267,816.	28	511,679.				
БП	29				29				
Ē		Organizations that do not follow SFAS 117 (A	B), check here ▶Ш						
P		and complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds			30				
Ass	31	Paid-in or capital surplus, or land, building, or ed				31			
Net Assets or	32	Retained earnings, endowment, accumulated in			4 000 000	32	00000		
~	33	Total net assets or fund balances			1,377,979.	33	990,397.		
	34	Total liabilities and net assets/fund balances			1,689,079.	34	1,162,027.		

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets			`	
	Check if Schedule O contains a response or note to any line in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 3	,21	3,7	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	,62	1,7	87.
3	Revenue less expenses. Subtract line 2 from line 1				54.
4					79 .
5	Net unrealized gains (losses) on investments	5	2	0,4	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior 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	99	0,3	97.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Students For Liberty, Inc.

Employer identification number 94-3435899

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ned in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	37	An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C	•				anni or morni and general	passe accombca iii
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributio	ons, membership fees, a	and aross receipts from
		activities related to its exen	•	•	-			
		income and unrelated busin	•	•				•
		See section 509(a)(2). (Cor		,			, 3	,
10		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·	• •
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	plete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	iving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	r the number of supported o	organizations					
g		ide the following information			V:- A 1 - 41			
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization		above or IRC section	governing		Instructions)	Instructions)
				(see instructions))	Yes	No	,	,
ota	1							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	499,597.	1,098,854.	1,807,506.	2,790,482.	3,010,818.	9,207,257.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	499,597.	1,098,854.	1,807,506.	2,790,482.	3,010,818.	9,207,257.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,642,338.
	Public support. Subtract line 5 from line 4.						6,564,919.
	ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	499,597.	1,098,854.	1,807,506.	2,790,482.	3,010,818.	9,207,257.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		300.	56,566.	0 066	10 741	70 172
_	and income from similar sources		300.	30,300.	8,866.	12,741.	78,473.
9	Net income from unrelated business						
	activities, whether or not the				6,105.		6 105
	business is regularly carried on				6,105.		6,105.
10	Other income. Do not include gain						
	or loss from the sale of capital					3,940.	3 040
	assets (Explain in Part VI.)					3,940.	3,940. 9,295,775.
	Total support. Add lines 7 through 10	ata (ann imptuustis				40	9,295,775.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for organization, check this box and stop	houe			•	1 50 1 (0)(3)	▶□
Sec	etion C. Computation of Publ						<u> </u>
	Public support percentage for 2014 (I			olumn (fl)		14	70.62 %
	Public support percentage from 2013					15	67.18 %
	33 1/3% support test - 2014. If the o						
100	stop here. The organization qualifies	· ·		•		,	
h	33 1/3% support test - 2013. If the co						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
., .	and if the organization meets the "fac	J					,
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization			·		***************************************	s

Schedule A (Form 990 or 990-EZ) 2014

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

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

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
99	90 or 99	0-EZ)	2014

	rt IV Supporting Organizations (continued)	1000	<u> </u>	age 3
· u	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and an appearancy organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	3):		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.			
Soot	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year		
<u> </u>	ion A - Adjusted Net Income		(A) Prior Year	(optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u>с</u>	Evenes from 2012			
	Excess from 2014			
<u>e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 Students For Liberty, Inc.	94-3435899 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

Students For Liberty, Inc. 94-3435899 Organization type (check one):

o. g		·				
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
•	· ·	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special R	ules					
s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
У	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received none; religious, charitable, etc., contributions totaling \$5,000 or more during the year		exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
	caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

C certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

Students For Liberty, Inc. 94-3435899

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Employer identification number

Students For Liberty, Inc. 94-3435899

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$140,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, audiess, and ZIF + 4	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2014)}}{\mbox{Name of organization}}$ Employer identification number

Students For Liberty, Inc.

94-3435899

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
3453 11-05-	.		 990, 990-EZ, or 990-PF) (

Name of organization Employer identification number Students For Liberty, Inc.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Students For Liberty, Inc.

Employer identification number 94-3435899

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		'
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included in 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 tre		
	the following amounts required to be reported under SFAS 1		- ··•
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	reasures, c	or Other	Similar	Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	t are a sig	nificant us	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d	ı 🗆 1	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exem	pt purpose	e in Part	XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgai	nization's c	ollection?			\square	Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered '	"Yes" to Fo	orm 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not ir	cluded		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	/?	L	Yes	└─ No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Pai	t V Endowment Funds. Complete i		i		1					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organizat	ion	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds.						
Pai	t VI Land, Buildings, and Equipm		N D-+1V	/ Bar 44 - 0) F 000	Dest V. Be	- 10			
	Complete if the organization answere	1			1			-	(-N.D. :	1.
	Description of property	(a) Cost or o basis (investr			t or other		umulated eciation		(d) Book	value
	Land	`	neni)	Dasis	(other)	uepr	CIALIOII			
	Land									
	Buildings									
	Leasehold improvements			2	26,104.		20,423	3		,681.
	Equipment				,	•	. U , 4 4 .	- -		, , , , , ,
	Other		Y colun	nn (R) line	100)		<u> </u>	+		,681.
เบเส	· Aud intes la tillough le. (Coluinn (u) must e	guari Omi 330, Pall	A, COIUII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 00./			- 1	J	,

Schedule D (Form 990) 2014

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Deferred rent	41,857.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,857.

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 X

Schedule D (Form 990) 2014

Sche	edule D (Form 990)) 2014 Stu	dents For I	Liberty, Ir	nc.		94-3	3435899 _{Page} 4
Pai	rt XI Recon	ciliation of Reve	enue per Audite	d Financial Stat	ements With	Revenue per R	eturn) .
	Complete	e if the organization a	answered "Yes" to Fo	orm 990, Part IV, line	12a.			
1	Total revenue, g	ains, and other supp	ort per audited finan	cial statements			1	3,269,531.
2	Amounts include	ed on line 1 but not o	on Form 990, Part VIII	I, line 12:				
а	Net unrealized g	jains (losses) on inve	stments		2a	20,472.		
b	Donated service	s and use of facilities	s		2b			
С								
d						35,326.		
	Add lines 2a thre						2e	55,798.
3	Subtract line 2e	from line 1					3	3,213,733.
4	Amounts include	ed on Form 990, Par	t VIII, line 12, but not	on line 1:				
а	Investment expe	enses not included o	n Form 990, Part VIII,	, line 7b	4a			
b	Other (Describe	in Part XIII.)			4b			
С		1.41					4c	0.
5	Total revenue. A		his must equal Form				5	3,213,733.
Pa			enses per Audite				Retu	rn.
			answered "Yes" to Fo					
1			ed financial statemen				1	3,657,113.
2			on Form 990, Part IX,					
			s		2a			
b								
c					The state of the s		-	
_						35,326.	-	
	Add lines 2a thre				<u>-</u>		2e	35,326.
3		•					3	3,621,787
			t IV line OF but not a				-	3,021,101
4		•	t IX, line 25, but not o		الما			
			n Form 990, Part VIII				-	
	Other (Describe							0.
	Add lines 4a and						4c	-
5			(This must equal Form	m 990, Part I, line 18.	. <u>)</u>		5	3,621,787.
		mental Informa						
	· ·	<u>.</u>	I, lines 3, 5, and 9; Pa 4b. Also complete thi				4; Part	X, line 2; Part XI,
Pa	rt X, Lin	e 2:						
Maı	nagement	has evalua	ted SFL's t	tax positio	ons and c	oncluded t	hat	SFL's
fiı	nancial s	tatements	do not incl	lude any ur	ncertain	tax positi	ons	•
Pa	rt XI, Li	ne 2d - Ot	her Adjustm	ments:				
Di	rect bene	fits provi	ded to dono	ors				35,326

Part XII, Line 2d - Other Adjustments:

Direct benefits provided to donors

35,326.

Schedule D (Form 990) 2014	Students For	Liberty,	Inc.	94-3435899 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Infor	mation (continued)			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Students For Liberty, Inc.

94-3435899

Form 990, Part IV		ctivities Ou	tside the United States. Compl	ete if the organization answered "\	/es" on
· · · · · · · · · · · · · · · · · · ·	,	maintain recor	ds to substantiate the amount of its gr	ants and other assistance	
<u> </u>	· ·		the selection criteria used to award the	· —	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.	ind in i die v and	organization o	procedures for mornioring the use of its	es grants and stroi assistance sati	3140 1110
	he following Part	L line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of			(e) If activity listed in (d)	(f) Total
() (offices	èmplovees.	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
Europe (Including				Payments to contractors,	
Iceland & Greenland)				payments to vendors for	
- Albania, Andorra,			Program services,	conferences hosted in	
Austria, Belgium	1	6	fundraising	the regions	467,000.
				Reimbursement for travel	
				expenses to individuals	
Central America and			Program services,	attending conferences,	
the Caribbean	0	0	fundraising	conference costs,	84,000.
				Reimbursement for travel	
				expenses to individuals	
East Asia and the			Program services,	attending conferences,	
Pacific	0	0	fundraising	conference costs,	14,000.
				Payments to contractors,	
				payments to vendors for	
Middle East and			Program services,	conferences hosted in	
North Africa	0	0	fundraising	the regions	4,000.
				Reimbursement for travel	
				expenses to individuals	
			Program services,	attending conferences,	
North America	0	0	fundraising	conference costs,	28,000.
				Reimbursement for travel	
				expenses to individuals	
Russia and			Program services,	attending conferences,	
Neighboring States	0	0	fundraising	conference costs,	9,000.
				Payments to contractors,	
				payments to vendors for	
			Program services,	conferences hosted in	
South America	0	4	fundraising	the regions	93,000.
				Payments to contractors,	
				payments to vendors for	
			Program services,	conferences hosted in	
South Asia	0		fundraising	the regions	43,000.
3 a Sub-total	1	12			742,000.
b Total from continuation					
sheets to Part I	0	2			124,000.
c Totals (add lines 3a					0.5.5.5
and 3b)	<u> </u>				866,000.
L UA For Danorwork Poduct	LOW AGE BLOSICO				Earm 990) 2014

See Part V for Column (e) descriptions

Schedule F (Form 990) 2014

Schedule F (Form 990)	Students	For Lib	erty, Inc.	94-343	5899 Page 1
			1. (Schedule F (Form 990), Part I, line 3		,
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0		Program services,	Payments to contractors, payments to vendors for conferences hosted in the regions	124,000.
Dab Banaran Airrea	<u> </u>			l legions	124,000.
Totals		2			124,000.
10tdl5	l	<u> </u>			127,000.

			Outside the United States. C		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	r any
recipient who rec	ceived more than \$5,	000. Part II can be dupli	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 5 1 1 1 1				<u> </u>				
			recognized as charities by the	toreign country	, recognized as tax-e	exempt by		

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Part I, line 3, Column (e):
Region: Central America and the Caribbean
(e) Specific Types of Services in Region: Reimbursement for travel
expenses to individuals attending conferences, conference costs,
leadership trainings
Region: East Asia and the Pacific
(e) Specific Types of Services in Region: Reimbursement for travel
expenses to individuals attending conferences, conference costs,
leadership trainings
Region: North America
(e) Specific Types of Services in Region: Reimbursement for travel
expenses to individuals attending conferences, conference costs,
leadership trainings
Region: Russia and Neighboring States
(e) Specific Types of Services in Region: Reimbursement for travel
expenses to individuals attending conferences, conference costs,
leadership trainings

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Students For Liberty, Inc.

Employer identification number 94-3435899

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration
				-		-

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events New York 2015 ISFLC None (add col. (a) through Poker TournaSupporters T col. (c)) (event type) (event type) (total number) Revenue 184,762. 6,000. 190,762. 1 Gross receipts 182,132 0. 182,132. 2 Less: Contributions 2,630. 6,000. 8,630. **3** Gross income (line 1 minus line 2) 4 Cash prizes 20. 20. 5 Noncash prizes Direct Expenses 2,610. 4,500. 7,110. 6 Rent/facility costs 8,000. 8,000. 7 Food and beverages 8 Entertainment 9 Other direct expenses 15,130. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,500 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 16,500. 16,500. Gross revenue 6,000. 6,000. 2 Cash prizes Direct Expenses 0. 3 Noncash prizes 4,200. 4,200. 4 Rent/facility costs 9,996. 9,996. 5 Other direct expenses Yes Yes Yes X No 6 Volunteer labor No 20,196. 7 Direct expense summary. Add lines 2 through 5 in column (d) <3,696.> 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: NV a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _______ Yes X No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2014 Students For Liberty, Inc. 94-	3435899	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	1 0 0	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► Alexander McCobin		
	Address ▶ 1101 17th Street, NW, Suite 810 - Washington, DC 20036		
		TT	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X Yes	└── No
	16 F00		
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ 16,500. and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
C	If "Yes," enter name and address of the third party:		
	b Dlanet Hellywood		
	Name ▶ Planet Hollywood		
	Address ▶ 3667 South Las Vegas Boulevard - Las Vegas, NV 89109		
	Address > 3007 Bodell Las Vegas Bodievald Las Vegas, NV 07107		
16	Gaming manager information:		
10	Garming manager information.		
	Name ▶ Planet Hollywood		
	Gaming manager compensation ▶ \$14,196.		
	Description of services provided Gaming manager received a fee for the poke	r	
	tournament dealers, catering and for securing the appropriat		
	licensing for the event.		
	Director/officer Employee X Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	_	

Schedule G	(Form 990 or 990-EZ)	Students For	Liberty,	Inc.	94-3435899 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)	_		
		(

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
criteria used to award the grants or assistance?
- -
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 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 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant or government (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Schedule 1 (1 01111 990) (2014)	<u> </u>				J I D I D I age
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		organization answ	ered "Yes" to Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SFL ran the Professional Advancement Fellowship					
(PAF) in the Summer of 2014 in which SFL placed					
students at various non-profits in DC and					
subsidized the cost of living of these interns	12	23,824.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
Part I, Line 2:					
The organization did not specific	ally moni	tor the us	se of the g	rant funds,	
but did confirm that the recipien	t's schoo	ling exper	nses exceed	ed the total	
scholarship awarded.					
Part III, Column (a):					
(a) Type of Grant or Assistance:	SFL ran t	he Profess	sional Adva	ncement	
Fellowship (PAF) in the Summer of	2014 in	which SFL	placed stu	dents at	
various non-profits in DC and sub	sidized t	he cost of	living of	these	
432102 10-15-14		42			Schedule I (Form 990) (201

SCHEDULE O

Internal Revenue Service

(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.

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Students For Liberty, Inc.

Employer identification number 94-3435899

Form 990, Part III, Line 4d, Other Program Services:

Other Programs: This category includes smaller programs such as Alumni For Liberty, SFL's media project Young Voices, Online Education & Academic Programs, and marketing outreach.

Revenue \$ 0. Expenses \$ 617,469. including grants of \$ 0.

Form 990, Part VI, Section B, line 11:

The President thoroughly reviews the 990 before it is filed. All other members of the board are also sent copies via email attachment prior to filing.

Form 990, Part VI, Section B, Line 12c:

All officers, directors, and key employees are required to reveal any interest in decisions before participating in conversations about the matter at hand, so the appropriate actions can be taken as well. Other officers, directors, and key employees engage in due diligence to predict when others have an interest.

Form 990, Part VI, Section B, Line 15a:

The Board approves a budget and approves the salary of the CEO.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL,AK,AR,CA,CO,CT,KS,FL,GA,HI,IL,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NC,ND,OH,OK OR, PA, NY, SC, TN, UT, VA, WV, WI, RI, MO, WA

Form 990, Part VI, Section C, Line 19:

Name of the organization Students For Liberty, Inc.	Employer identification number 94-3435899
Documents are made available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Consultant:	
Program service expenses	
Management and general expenses	
Fundraising expenses	
Total expenses	66 090
Contractor:	
Program service expenses	105,681.
Management and general expenses	
Fundraising expenses	
Total expenses	129 692
Program and Coordinator Managers:	
Program service expenses	19 588
Management and general expenses	806.
Fundraising expenses	3,456.
Total expenses	23,850.
Editors:	
Program service expenses	11,591.
Management and general expenses	477.
Fundraising expenses	2,045.
Total expenses	14,113.
Temporary staff: 432212 68-27-14	0.ht.l. 0./F 200 200 === 1./2011
⁰⁸⁻²⁷⁻¹⁴ 45	Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization Students For Liberty, Inc.	Employer identification number 94-3435899
Program service expenses	51,264.
Management and general expenses	2,110.
Fundraising expenses	9,044.
Total expenses	62,418.
Warehouse labor:	
Program service expenses	85,636.
Management and general expenses	3,524.
Fundraising expenses	15,109.
Total expenses	104,269.
Other:	
Program service expenses	20,043.
Management and general expenses	829.
Fundraising expenses	3,551.
Total expenses	24,423.
Total Other Fees on Form 990, Part IX, line 11g, Col A	424,735.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form).		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
	onic filing _(e-file) . You can electronically file Form 8868 if y					ration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 88	368 to request an ex	tension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers A	Associated With Cer	tain
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this for	orm,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits	3.				
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	ded).		
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	omplete		
Part I c	only				>	
	er corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
to file ii	ncome tax returns.			Enter file	er's identifying num	ber
Type o	r Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	er (EIN) or
print						_
File by th	Students For Liberty, Inc.				94-343589	9
due date	for Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	curity number (SSN)	1
filing you return. Se		810				
instructio	ons. City, town or post office, state, and ZIP code. For a forward washington, DC 20036	oreign add	lress, see instructions.			
	Mabilingcon, DC 20030					
Enter t	he Return code for the return that this application is for (file	a conara	te application for each return)			0 1
Litter	The Metarri Code for the retain that this application is for the	e a separa	te application for each return)			تتت
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	,	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	Frederik Roede					
• The	books are in the care of ▶ 1101 17th Stree	et NW	, Suite 810 - Wash:	ingto	n, DC 2003	6
Tele	ephone No. ► 202-733-1800		Fax No. ▶		<u> </u>	
	e organization does not have an office or place of business	s in the Ur	· · · · · · · · · · · · · · · · · · ·			
	is is for a Group Return, enter the organization's four digit					heck this
box >						
1 1	request an automatic 3-month (6 months for a corporation					
	December 15, 2015, to file the exemp				The extension	
is	s for the organization's return for:	J	· ·			
)	calendar year or					
	► X tax year beginning MAY 1, 2014	, an	d ending APR 30, 2015			
			_		_	
2 1	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	n	
	Change in accounting period					
3a 1	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
r	nonrefundable credits. See instructions.			3a	\$	0.
b i	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
e	estimated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
t	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	payment

instructions.

Form	8868 (Rev. 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box		
	Only complete Part II if you have already been granted an					
● If y	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Par	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies need	ded).
			Enter filer's	identifyir	ng number, s	see instructions
Туре	or Name of exempt organization or other filer, see instru	ıctions.		Employe	mployer identification number (EIN) o	
print	Ghadanka Ban Idhanka Ing				04 24	25000
File by t	_				94-34	
filing your return. See 1101 17th Street, NW, No. 810						er (SSN)
instructi	Oity, town or post office, state, and ZIP code. For a forward washington, DC 20036	oreign add	dress, see instructions.			
	•		.tlication for a classician			01
Enter	the Return code for the return that this application is for (file	e a separa	tte application for each return)			
Appli	cation	Return	Application			Return
Is For		Code	Is For			Code
Form	990 or Form 990-EZ	01				
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above) ! Do not complete Part II if you were not already granted	06	Form 8870		.=	12
• If the box • If	ephone No. 202-733-1800 he organization does not have an office or place of busines his is for a Group Return, enter the organization's four digit I fit is for part of the group, check this box I request an additional 3-month extension of time until For calendar year, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period State in detail why you need the extension Additional time needed to compare the compare of the compare to compare the	Group Exe and atta Marc MAY 1 check reas	emption Number (GEN) I ach a list with the names and EINs of h 15, 2016, and ending the con: Initial return	f this is fo f all memb g APR Final r	r the whole gers the exter 30, 2	roup, check this nsion is for.
	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.		,,	8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and estimated			
	tax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			
	previously with Form 8868.			8b	\$	0.
С	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
			st be completed for Part II o			
	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this four.		panying schedules and statements, and to		f my knowledg $12/7$	