Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Rovenue Service

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

	5: the 2010 calon	dar year, or tax year beginning					
B Ch	heck if applicable	C Name of organization U.S. TERM LIMITS, INC.		D Employ	er identification number		
Ad	idress change	Doing business as		52-17	52-1701352		
] Na	ame change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number		
	tial return	1250 CONNECTICUT AVE., N.W. 2	00	1	546-0501		
==	ial return/terminated	City or town, state or province, country, and ZIP or foreign postal code		VET2)	249-0301		
=		WASHINGTON, DC 20036					
=					ecerpts \$ 1 , 880 , 426 .		
	plication pending	F Name and address of principal officer Howard S. Rich	1		om for subordinates? Yes No		
		1420 Walnut Street Ste. 1011 Philade	lphia, H(b)	Are all subordi	inales included? Yes No		
	exempt status.	501(c)(3)	527	if "No " attach	a list (see instructions)		
) Web:	site: TERM	LIMITS.ORG	H(c)	Group exempt	ion number		
Form	n of organization:	X Corporation Trust Association Other ▶ L Year	of formation 1990	M S	State of legal domicile DC		
	Summa	<u>y</u>					
	1 Briefly descr	be the organization's mission or most significant activities					
		rm Limits advocates for term limits	at all lev	els o	fgovernment		
5	<u> </u>		<u> </u>	<u> </u>			
Activities & Governance	2 Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more	than 25% of its not a	ecote .			
١ [١			man 25% of its het a	F 1	0		
ة ق		oting members of the governing body (Part IV, line 1a)		3	9		
15 4	4 Number of ir	dependent voting members of the governing body (Part VI, line 1b)	-	4	9		
ğ /	5 Total number	of individuals employed in calendar year 2015 (Part V, line 2a)		5	3		
<u> </u>	6 Total numbe	of volunteers (estimate if necessary)		6	0		
Į ,		ed business revenue from Part VIII, column (C), line 12		7a	0.		
٠ ا ١		business taxable income from Form 990-T, line 34		7b	0.		
+	D 14Ct dill Citates	Badinos dadas disente nem con	Prior Year		Current Year		
-1.	9 Contabution	and grants (Bart VIII. (ino.1h)	1,069,	414	1,846,140.		
,		and grants (Part VIII, line 1h)	1,005,		1,010,110.		
	• ,	rice revenue (Part VIII, line 2g) RECEIVED			100.		
10							
: 1º	1 Other revenu				34,186.		
1;	2 Total revenu	e – add lines 8 through 11 (mustequal Ran CVII) column (45), line 22)	1,069,		1,880,426.		
1:	3 Grants and	imilar amounts paid (Part IX, column (A), lines 1-3)	550,	000.			
1.	4 Benefits paid	to or for members (Part IX, column (A), 1mo-4)					
11		er compensation, employee benefits (Part 12, commo (A) lines 5-10)	40,	629.	48,685.		
S 11		fundraising fees (Part IX, column (A), line 11e)					
ة °		sing expenses (Part IX, column (D), line 25) ▶ 91, 163.					
8 4		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	718,	380.	211,375.		
_ I _ `	•	· ·	1,309,		260,060.		
- 1	-	es Add lines 13-17 (must equal Part IX, column (A), line 25)	-239,		1,620,366.		
	19 Revenue les	s expenses Subtract line 18 from line 12			End of Year		
Fund Balances			Beginning of Curre				
滖 2		(Part X, line 16)		816.	712,506.		
필 2		s (Part X, line 26)	985,				
	22 Net assets o	r fund balances. Subtract line 21 from line 20	-907,	859.	712,506.		
· <u>- </u>					· · · · · · · · · · · · · · · · · · ·		
	Signatu	re Block					
	Signatur penalties of perju	re Block y, I declare that I have examined this return, including accompanying schedules and	statements, and to the	best of my k	knowledge and belief, it is		
Jnder	penalties of perju	re Block y, I declare that I have examined this return, including accompanying schedules and ye. Declaration of preparer (other than officer) is based on all information of which p			cnowledge and belief, it is		
Jnder	penalties of perju	y, I declare that I have examined this return, including accompanying schedules and			nowledge and belief, it is		
Jnder rue, c	penalties of perjuicorrect, and compl	y, I declare that I have examined this return, including accompanying schedules and		edge =//1///	mowledge and belief, it is		
Under Irue, co Sign	penalties of perju	y, I declare that I have examined this return, including accompanying schedules and the Declaration of preparer (other than officer) is based on all information of which polytopic	reparer has any knowle	edge =//1///	mowledge and belief, it is		
Under Irve, co	penalties of perjuicorrect, and complete Signature Howa	y, I declare that I have examined this return, including accompanying schedules and the Declaration of preparer (other than officer) is based on all information of which policy of officer and S. Rich, Chairman	reparer has any knowle	edge =//1///	knowledge and belief, it is		
Under Irue, co Sign Here	spenalties of perjuicorrect, and complete Signature Howa Type or g	y, I declare that I have examined this return, including accompanying schedules and the Declaration of preparer (other than officer) is based on all information of which policy of officer and S. Rich, Chairman into name and title	reparer has any knowle	edge =/'11//(TAT. LOTIN		
Under Irue, co Sign Here	penalties of perjuicorrect, and complete Signature Howa Type or p	y, I declare that I have examined this return, including accompanying schedules and the Declaration of preparer (other than officer) is based on all information of which policy of officer and S. Rich, Chairman	reparer has any knowle Date	edge =//1///	XI BAAAAA		
Under Irue, co Sign Here Paid Prep	penalties of perjuicorrect, and complete Signature Howa Type or grant parer	y, I declare that I have examined this return, including accompanying schedules and property (other than officer) is based on all information of which provided the conficer of the conficer o	Date 8/5//6	Check self-emp	XI BAAAAA		
Under Irue, co Sign Here Paid Prep	penalties of perjuicorrect, and complete Signature Howa Type or grant parer	y, I declare that I have examined this return, including accompanying schedules and property of preparer (other than officer) is based on all information of which provided the control of the property of	Date Fire	Check self-emi's EIN	XI BAAAAA		
Under true, co Sign Here	parer penalties of perjuicorrect, and complete Signaturative Howa Type or Print And Print And Firm	y, I declare that I have examined this return, including accompanying schedules and property (other than officer) is based on all information of which provided the conficer of the conficer o	Date Fire	Check self-emp	MI PTIN 2767. Bloyed PP 2767.		
Under Irue, co Sign Here Paid Prep	parer penalties of perjuicorrect, and complete Signaturative Howa Type or Print And Print And Firm	y, I declare that I have examined this return, including accompanying schedules and property of preparer (other than officer) is based on all information of which provided the control of the property of	Date Fire	Check self-emp	XI BAAAAA		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		 	
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	↓	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	_		
_	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors]	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
7	"Yes," 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 "Yes," complete Schedule D, Part II	7	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	—	+	
•	complete Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>	 	
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2.3	13.50	e) (1)
	VII, VIII, IX, or X as applicable	33	13.5	in the same
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.	ł	x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	 	^
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	 	1	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13_	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
46	for any foreign organization Pryes," complete Schedule F, Parts II and IV	15	1	X
16	Did the 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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· ''	+	1
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	1	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		X
			000	

Part IV Chęcklist of Required Schedules (continued)

	·		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		l
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
b	Is this organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	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		X
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)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV .	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	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		X
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,	1	1	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		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
35 a	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		
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,	1 _		
	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	X	L

rait	Check if Schedule O contains a response or note to any line in this Part V			П
	······································		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			ļ
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		L.,
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)	ļ		├
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		—
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	44-		70
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

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 Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 2 h, r b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a 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 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > (215) 546-0501 20 Howard S. Rich 1420 Walnut Street Ste. 1011 Philadelphia, PA 19102

Form 990 (2	015) T	7 9	TERM	LIMITS.	TNC
FUIIII 33U (2	ט וטוט.	, o.	TERM	TITULIO,	T14C.

52-1701352 Page 7

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 (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definintion 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	nor any rela	ted o	rgar			com	pen	sated any curr	ent officer, direc	tor, or trustee.
				(0	>)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck	more	than o	пе	Reportable	Reportable	Estimated
	hours per	box, ı	unles	s pe	rson	ıs both	an	compensation	compensation from	amount of
	week (list any hours for	office	er and		irecti	or/truste		from the	related organizations	other compensation
	related	유교	Ins	Q₽	Ş.	em H	Former	organization	(W-2/1099-MISC)	from the
	organizations	Tirec Nidt	lituti	Cer	Key employee	ploy	mer	(W-2/1099-MISC)	,	organization
	below dotted	햧릁	ona		팅	e C				and related
	line)	Individual trustee or director	tru	Officer	/ee	npe				organizations
		ď	stee			Highest compensated employee				
						<u> </u>				
(1) HOWARD S RICH	05.00									
Chairman & Director	00.00	x		x						
(2) JOSEPH STILWELL	05.00	^		^	\vdash	ļ	├─			
Director	03.00	x								
(3) PAUL FARAGO	05.00	<u> </u>		-		\vdash	 	-		· - · - · -
Director	03.00	x		ŀ						
(4) PAUL JACOB	05.00	-	\vdash	<u> </u>	 	-	-			
Director	03.00	x								
(5) PHILIP BLUMEL	05.00						<u> </u>			
President	100.00	x		x						
(6) TRAVIS ANDERSON	05.00									
Director	-	- X -		-	ĺ					
(7) STEVE MERICAN	05.00	<u> </u>								
Director		x			1					
(8) NICOLAS TOMBOULIDES	15.00			1						
Executive Director		<u> </u>		X				16,750.		
(9) AUSTIN SEKEL	20.00									
Assistant				X				6,000.		
(10) DUNCAN SCOTT	05.00									
Director		Х								
(11)										
(12)			 		 	<u> </u>	-			
				_	$ldsymbol{f eta}$		_			
(13)										
(14)				\vdash	T		T			

(A) Name and Title	(B) Average	pox, unicas person is bour t						(D) Reportable compensation	(E) Reportable compensations from	
	week (list any hours for related organizations below dotted line)	Individuor direc	a Institutional trustee	a Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	
(15)							<u> </u>			
(16)			ļ	_						
(17)									<u> </u>	
(18)										
(19)										
(20)						<u> </u>				
(21)										
(22)									 	
(23)					_					
(24)										
(25)										-
							Ļ			
total (add lines 1b and 1c) Total number of individuals (including to reportable compensation from the organization).	out not limit	ted to		se l	liste	ed abo	b b ove)	22,750. 22,750. who received	more than \$1	00,000 of
 3 Did the organization list any former office employee on line 1a? If "Yes," complete for any individual listed on line 1a, is the organization and related organizations grandividual 5 Did any person listed on line 1a receive of the former of the for	er, director te Schedule e sum of re reater than or accrue co	or tresportates \$150 compe	r suc ole c ,000 nsa	ch ii com 0? tion	ndiv iper If	ridual nsatio "Yes, m an	n ar <i>" co</i> y un	nd other comp mplete Schedu	ensation from ule J for such	4 X
for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hed	ule J	for s	such person		5 X
1 Complete this table for your five highest compensation from the organization. Retax year.										
(A) Name and business address								(B) Description of	services	(C) Compensation
2 Total number of independent contractors	(including	but n	ot li	mit	ed t	o tho	se li	sted above) w	no R	
received more than \$100,000 of compen	, -						JU 11	2.00 db0v0, W		

		Check if Schedule O contain	ns a response or not	te to any line in this	Part VIII			. 🗖
			· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	12	Federated campaigns	1a				.	
ant		Membership dues	1b		1			
Gifts, Grants ilar Amounts	l	Fundraising events	. 1c		1			
ifts Ir A		Related organizations	1d		1			
nia G		Government grants (contribu			1			ļ
Sir		All other contributions, gifts,			1			
žt.		and similar amounts not inclu	_	1,846,140.				
	g	Noncash contributions include		2,040,140.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a–1f	100 III III 100 TO TO TO	. •	1,846,140.	-		
		Totall / loc lilloo loc li		Business Code		1		<u> </u>
Ĕ	2a							
ě	b							
85	c							
Program Service Revenue	ď							
	e							
	f	All other program service rev	enue					
Ē	g	Total. Add lines 2a-2f		▶		·	·	
	3	Investment income (including	dividends, interest.					
		and other similar amounts)	,	>	100.			100.
	4	Income from investment of ta	x-exempt bond prod	ceeds .				
	5	Royalties	•	. •				
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)			·			
	d	Net rental income or (loss)		•				
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
Other Revenue	8 a	Gross income from fundraisi	ng					
Ze Se		events (not including \$						
9		of contributions reported on I		24 106				
5	١.	See Part IV, line 18	a					
	ı	Less direct-expenses			34,186.	-		<u> </u>
		Net income or (loss) from fur			34,100.			
	9 a	Gross income from gaming a			1			
	١.	See Part IV, line 19	a		1			
		Less direct expenses	b					
		Net income or (loss) from ga						
	lua	Gross sales of inventory, less						
	١.	returns and allowances	a		-			
	1	Less cost of goods sold	b loc inventori	L		l		
	<u> </u>	Net income or (loss) from sa Miscellaneous Revenu		Business Code			······································	
	11a							
	b							
	C				 			
	d	All other revenue						-
	_	Total. Add lines 11a-11d		•	<u> </u>			
	ا ا	Total Add into 11a-110			1 000 426	1	<u></u>	100

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all coli	umns All other organiza	ations must complete c	olumn (A)	
	Check if Schedule O contains a response or note to an	y line in this Part IX			X
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C) Management and	(D) Fundraising
and '	10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations,			***	
	foreign governments, and foreign individuals See Part IV,				
	lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors, trustees,				
•	and key employees	32,321.	32,321.		
6	Compensation not included above, to disqualified persons	JE , JE I .	<i>32,321.</i>		
٠	(as defined under section 4958(f)(1)) and persons				
	•				
7	described in section 4958(c)(3)(B) .				
7 2	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
•	401(k) and 403(b) employer contributions)			-	
9	Other employee benefits .	16 364	16 264		
10	Payroll taxes	16,364.	16,364.		
11	Fees for services (non-employees)				
	Management	2 600	2 600		
	Legal	3,699.	3,699.		
	Accounting	00 000	00.000		
	Lobbying	28,000.	28,000.		
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	124,792.	40,528.	12,562.	71,702.
12	Advertising and promotion	18,857.	1,000.	2,771.	<u> 15,086.</u>
13	Office expenses	4,235.	4,165.	70.	
14	Information technology .	<u>8,565.</u>	<u>8,565.</u>		
15	Royalties .				
16	Occupancy	10,116.	10,116.		
17	Travel	4,980.	4,150.	830.	
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings	231.	154.	77.	
20	Interest .				
21 .	Payments to affiliates			- -	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e If line 24e amount				Ì
	exceeds 10% of line 25, column (A) amount, list line 24e]
	expenses on Schedule O.)				į.
а	BANK SERVICE CHARGES	3,485.	3,485.		
b		4,375.	=,===		4,375.
c		-,			
d		-		_	
	All other expenses	40.	40.		
25	Total functional expenses. Add lines 1 through 24e	260,060.	152,587.	16,310.	91,163.
26	Joint costs. Complete this line only if the organization				
20	•				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here ▶ if following SOP 98-2 (ASC 958-720)				Form 990 (2015)

U.S. TERM LIMITS, 52-1701352 Page 11 INC Part X Balance Sheet . Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 35,043 672,751 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 Complete Part II of Schedule L 39,755. 30,000. Notes and loans receivable, net 7 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or 132,100 other basis. Complete Part VI of Schedule D 10a 132,100 b Less: accumulated depreciation 10c 11 Investments — publicly traded securities 12 Investments — other securities See Part IV, line 11 13 13 Investments — program-related See Part IV, line 11 14 14 Intangible assets 12,773. Other assets See Part IV, line 11 15 15 77,816. 16 712,506. Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, 985,675. 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities 25 not included on lines 17-24). Complete Part X of Schedule D . . . 985,675 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🕱 and complete lines 27 Net Assets or Fund Balances through 29, and lines 33 and 34. -907,859 27 712,506 27 Unrestricted net assets 28 Temporarily restricted-net assets -29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.

30

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds .

712,506.

31 32

33

-907,859

77,816.

Form 99	0 (2015) U.S. TERM LIMITS, INC.		52-170	135	2 Pa	age 12
Part	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	1	,88	0,4	26.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		26	0,0	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 62	0,3	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		-90	7,8	59.
5	Net unrealized gains (losses) on investments .	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_	
	33, column (B))	. 10		71	2,5	<u> </u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			<u> </u>	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheo	ule O				1
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a sepa	arate			
	basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis	iis				
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 sepa	rate basis, co	nsolidated		~	
	basis, or both	,		١, ١		
	Separate basis Consolidated basis Both consolidated and separate basis	sis		l .		
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					1

Form **990** (2015)

the Single Audit Act and OMB Circular A-133?

UYA

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C (Form 990 or 990-EZ)

Internal Revenue Service

Name of organization

Political Campaign and Lobbying Activities

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

Employer identification number

Schedule C (Form 990 or 990-EZ) 2015

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

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

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

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

U	S. TERM LIMITS,	INC.		52-1701	.352
	rt I-A Complete if the	e organization is exempt u	nder section 501(c) or is a section 527	organization.
1	Provide a description of the orga	anization's direct and indirect political	campaign activities in P	art IV	
2	Political expenditures			▶ \$	SO.
3	Volunteer hours			•	0
Pa	rt I-B Complete if the	e organization is exempt u	nder section 501(c)(3).	
1		tax incurred by the organization unde		▶ \$	0.
2		tax incurred by organization manager		> 9	
3	•	ection 4955 tax, did it file Form 4720 fe			Yes No
4a	Was a correction made?		•		Yes No
t	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the	e organization is exempt u	nder section 501(c), except section 50°	
1	Enter the amount directly exper	nded by the filing organization for sect	ion 527 exempt function	activities > 9	0.
2	Enter the amount of the filing or	ganization's funds contributed to othe	er organizations for section	on 527 exempt	
	function activities .			> \$	0.
3	Total exempt function expenditu	ne 17b .	S0.		
4	Did the filing organization file F			•	Yes No
5		id employer identification number (EIN			
	received that were promptly and	on listed, enter the amount paid from to did directly delivered to a separate polition space is needed, provide information	cal organization, such as		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds-If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization -If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Scheu	DIE C (FOITH 990 OF 990-EZ) 2013 U.S. IER					UISSZ Page Z
Part	II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50)1(c)(3) and file	ed Form 5768 (ele	ction under
A C	heck In the filing organization belongs to	an affiliated group	(and list in Part IV ea	ch affiliated group r	member's name, address	, EIN, expenses,
	and share of excess lobbying expe	nditures)				
<u>B</u> C	heck if the filing organization checked be	ox A and "limited co	ontrol" provisions app	ly		
	Limits on Lobb	ying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	opinion (grass root	s lobbying) .			
b	Total lobbying expenditures to influence a legisl	ative body (direct lo	obbying) .			
С	Total lobbying expenditures (add lines 1a and 1	b) .				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d) .	-			
f	Lobbying nontaxable amount Enter the amount	from the following	table in both columns	5		
	Ten to the desired and the desired					The same of the sa
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:	1 2	
	Not over \$500,000	20% of the amo	15% of the excess over	or \$500,000		
	Over \$500,000 but not over \$1,000,000					
	Over \$1,000,000 but not over \$1,500,000		10% of the excess over			
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$1,000,000	5% of the excess over			
	l	1 . , .				
g	Grassroots nontaxable amount (enter 25% of lin	•	•			
h :	Subtract line 1g from line 1a If zero or less, enter Subtract line 1f from line 1c If zero or less, enter Subtract line 1f from line 1c If zero or less, enter Subtract line 1g from line 1c If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1a If zero or less, enter Subtract line 1g from line 1c If zero or less, enter Subtract line 1g from line 1c If zero or less, enter Subtract line 1g from line 1c If zero or less, enter Subtract line 1g from line 1c If zero or less, enter Subtract line 1c If zero or less Subtract line 1c If zero or le		•			
	If there is an amount other than zero on either li		I the organization file	Form 4720		
,	reporting section 4911 tax for this year? .	ne moi ine n, aid	the organization me	FGIII 4720	i	Yes No
		Year Averaging I	Period Under section	n 501(h)	·	163 110
	(Some organizations that made a			• •	he five columns below	_
			uctions for lines 2a			•
				 ,		
	Lobby	ing Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)					
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount					
	(150% of line 2a, column (e))				i G	
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount					
	_ (150%_of line 2d, column (e))					
	f Grassroots lobbying expenditures					
UYA	· · · · · · · · · · · · · · · · · · ·				Schedule C (Form	990 or 990-EZ) 2015

	(;	a)	(b)
	Yes	No	Amount
		,	
(c)(5),	or se	ection
-		or se	Yes No 1 2 3 ection
(c	;)(5),) Par	t III-A, line 3, is
(c O	:)(5),)R (b 	1	
0	:)(5),)R (b	2a	
(c O s	:)(5), PR (b 		

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	Tilea	Forr	n 5/68		
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	Yes	a) No		(b)	nt
aesc.	ription of the lobbying activity.					
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
_	Valuntaara?					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					l
C C	Mailings to members, legislators, or the public?			-		
d e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		,	_		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or se	ection		
	501(c)(6).				r	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	├
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2	<u> </u>	ļ
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	.VE\		3	<u> </u>	l
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses					
2	for which the section 527(f) tax was paid).			l		
а	Current year		2a	ĺ		
b	Carryover from last year		2b			
c	Total .		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the					
	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next ye	ear?	4	ĺ		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	IV Supplemental Information					
	ethe descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, I rt II-B, line 1 Also, complete this part for any additional information	ines 1	and 2	(see inst	ructioi	าร),

TERM LIMITS,

INC

Schedule C (Form 990 or 990-EZ) 2015 U.S.

Schedule C (For	m 990 or 990-EZ) 2015 U.S. TERM LIMITS, INC.	52-1/01352 Page 4
Part IV	Supplemental Information (continued)	
i dit iv	adoptemental internation (continued)	
•		
		
		
		· -
		 :
·		
	<u></u>	
		

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization TERM LIMITS, INC. 52-1701352 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible Yes No private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day 2 Held at the End of the Tax Year of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the 3 organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$

	ule D (Form 990) 2015 U.S. TERM							<u> 170135</u>		Page 2
Par										nued,
3	Using the organization's acquisition, accessi	on, and other reco	ords, check ar	ny of the fol	llowing that a	re a sign	ificant use of its c	ollection iter	ns	
	(check all that apply):									
а	Public exhibition		d	Loan (or exchange _l	programs	3			
þ	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	ain how they f	further the	organization's	s exempt	purpose in Part X	311.		
5	During the year, did the organization solicit of	r receive donation	s of art histor	ncal treasu	res or other:	sımılar as	ssets to be sold to	raise funds		
	rather than to be maintained as part of the or			1041 110404				Ye] No
Part										
	Complete if the organization	answered "Ye	s" on Forn	n 990, P	art IV, line	9, or 1	eported an ar	nount on	For	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other interm	ediary for con	tributions o	or other asset	s not inc	luded			_
	on Form 990, Part X?				•			Ye	s [] No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following tabl	e.						
							Am	ount		
C	Beginning balance .					10	; <u> </u>			
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, II	ine 21, for esc	crow or cus	stodial accour	nt liability	?	Ye	s [] No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	explanation l	nas been p	rovided in Pa	rt XIII			. []
Pari										
	Complete if the organization	answered "Ye	s" on Forn	n 990, P	art IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three years ba	ack (e) Fou	ır yean	s 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 curr	ent year end balar	nce (line 1g, c	olumn (a))	held as					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organ	ization that a	e held and	administered	for the				
	organization by.								Yes	No
_	(i) unrelated organizations					-		3a(i)		П
	(ii) related organizations .				•			3a(ii)		
b	If "Yes" on 3a(ii), are the related organization	ns listed as require	ed on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equip	ment.							-	
	Complete if the organization	answered "Ye	s" on Forn	n 990, P	art IV, line	11a. S	See Form 990	, Part X,	line	10.
	Description of property	(a) Cost or (invest	other basis stment)	1	r other basis ther)		Accumulated epreciation	(d) Boo	k value	,
1a	Land		_	1						
b	Buildings									
c	Leasehold improvements		11,909.			1	11,909.			
d	Equipment		75,781.		· · · · · · ·	1	75,781.			
e	Other		44,410.	1		† 	44,410.			
	Add lines 1a through 1e. (Column (d) must ed			(B), line 10	c.)	•	,,			
UYA		· · ·					Sc	hedule D (Fo	rm 99	0) 201

Schedule D (Form 990) 2015

Part VII			m 000 Port IV lin	o 11h Soo Form	990 Port V line 12
	Complete if the organization a (a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Me	thod of valuation nd-of-year market value
(1) Financial	derivatives				
	neld equity interests .				
(3) Other					
(A)					
(B)					
(C)					
(D)		 			
(E)					
(F)					
(G)					
(H)	nn (b) must equal Form 990, Part X, col	(R) line 12) ▶			
	Investments — Program Rel	-	<u> </u>		- · · · - · · - · · · · · · · · · · · ·
T GIT VIII	Complete if the organization a		m 990. Part IV. Im	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value		thod of valuation
	. , .			Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
<u>(7)</u>					
(8)					
(9)		(5) ((6))			
	mn (b) must equal Form 990, Part X, col	(B) line 13) ▶	<u> </u>		
Part IX	Other Assets. Complete if the organization a	inswered "Yes" on Form	m 990. Part IV. lin	e 11d. See Form	990 Part X line 15
	Complete if the organization a	(a) Description	11 000, 1 01111, 1111	0 114. 000 1 01111	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					. <u>.</u>
<u>(9)</u>				<u>_</u>	
	mn (b) must equal Form 990, Part X, col	(B) line 15)		<u> </u>	
Part X			000 David N/ U-	- 44 445 0	F 000 D-+V
	Complete if the organization a line 25.	inswered "Yes" on Fori	m 990, Part IV, IIr	e Tie or Tit. See	ногт 990, Рап X,
1.	(a) Description of liability	(b) Book value			
	al income taxes				
_(2)					
_(3)					
					
<u>(5)</u>					
(6)					
(8)					
(9)	mn (b) must equal Form 990, Part X, col	(B) line 25) ▶			
	r uncertain tax positions In Part XIII, prov		the organization's finan	cial statements that rer	oorts 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

UYA

Part			nue per Return.	
	. Complete if the organization answered "Yes" to Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		5.2%	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	
	XII Reconciliation of Expenses per Audited Financial		enses per Return.	-
	Complete if the organization answered "Yes" to Form		•	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		A 344	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII) .	. 2d		
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b .		4c	
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1)	18)	4c 5	
5		18)		
₅ Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1		5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information.	Part IV, lines 1b and 2b, Part	5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	-
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	-
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	-
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part	5	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, Part de any additional information	5	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	
Part Provide Part XI	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 1 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provi	Part IV, lines 1b and 2b, Part de any additional information	J, line 4, Part X, line 2,	

Schedule D	(Form 990) 2015 U.S.	. TERM LIMITS,	INC.	5	<u>2-1701352 </u>	Page 5
Part XIII	Supplemental Inf	. TERM LIMITS, formation (continued)				
				-		
			•			
					 -	
		<u> </u>				
<u> </u>		·				
	·					
		<u></u>				
	<u> </u>				<u>. </u>	
					_	
		,				
						
			 			
						
				<u>-</u> -		
		 				
					· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2015

UYA

SCHEDULE O (Form 990 or 99Q-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of	the organiza	ition						Employer identification number
דז כ	TEDM	LIMITS,	TNC			•		52-1701352
	TIME T		1110.					<u></u>
								
						- 		
						<u>.</u>		
			·				** **	
								•
						··		
						<u>.</u>		
·							······································	
			- -			- - -		-
						· · · · · · · · · · · · · · · · · · ·		
						_		
			 -	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		_						
	-							
				······				

Schedule O (Form 990 or 990-EZ) (2015)	Page 2 Employer identification number
Name of the organization	52-1701352
U.S. TERM LIMITS, INC. Part VI Line 8b	32-1701332
No separate committees exist Part VI Line 11b	
The return is sent to the chairman for review and chairman	an signs the return
Part VI Line 12c	an signs the return
All directors must annually file a form with the organization	ation which
Part VI Line 12c	
includes various questions relating to their relationship	p with the group.
Part VI Line 19	<u> </u>
Annual filings are available by making a written request	with the
Part VI Line 19	
organizations.	
Part IX Line 11g	
CONSULTANTS Total expenses - \$14375 00 Program service expenses - \$11500 00 Mgmt and general expenses - \$1437 00	Fundraising expenses - \$1438 00
Part IX Line 11g	
DATA ENTRY/DATABASE Total expenses - \$14463 00 Program service expenses - \$10559 00 Mgmt and general expenses -	33904 00 Fundraising expenses - \$0 00
Part IX Line 11g	
MAILING, POSTAGE, PRINTIN Total expenses - \$72215 00 Program service expenses - \$7222 00 Mgmt and general expense	es - \$7221 00 Fundraising expenses - \$
Part IX Line 11g	
PAYROLL FEE Total expenses - \$1021 00 Program service expenses - \$1021 00 Mgmt and general expenses - \$0 00 Fundamental expenses - \$	raising expenses - \$0 00
Part IX Line 11g	
FUNDRAISER DATABASE Total expenses - \$20452 00 Program service expenses - \$10226 00 Mgmt and general expenses - \$	00 00 Fundraising expenses - \$10226 00
Part IX Line 11g	
LIST EXPENSES Total expenses - \$2266 00 Program service expenses - \$0 00 Mgmt and general expenses - \$0 00 Fundra	alsing expenses - \$2266 00
Part IX Line 24e	
LICENSES AND FEES Total expenses - \$40 00 Program service expenses - \$40 00 Mgmt and general expenses - \$0 00 Fur	ndraising expenses - \$0 00
	T