Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

Α	For the	2016 calen	dar year, or tax y	ear begin	ning		, 2016,	and endin	g		,		
В	Check if a	applicable:	C Name of organiza	ation Sec	ular S	tudent A	lliance			D Employ	er identifica	tion number	
	Add	ress change	Doing business as							41-1	196714	1	
		ne change	Number and stree		if mail is not	delivered to stree	address)	Room/s	suite	E Telepho			
	\vdash	al return	1550 Old H	andana	on Dd			W200	1	161	41 7.41	_0500	
	\vdash		City or town, state			7IP or foreign pos	tal code	JWZOC	<i></i>	(01,	4) 441	-9366	
		return/terminated	'	, p. 01	out it, and a	or rolongin poo		10000				F0F 606	
	├ ─	ended return	Columbus				OH	43220	Life) in this	G Gross re group return		595,632	
	App	lication pending	F Name and addres									, , , , ,	
			AUGUST BRUNSMAN IV					1 43220	If 'No,'	subordinates attach a list. (included? see instructio	ns) Yes	No
L	Tax-ex	xempt status	X 501(c)(3)	501(c) (<u>}</u> ≺	(insert no.)	4947(a)(1) or	527					
J	Web	site: 🕨 ht	tps://secu.	larstuc	dents.c	org/			H(c) Group	exemption nu	mber 🟲	•	
K	Form o	of organization:	X Corporation	Trust	Association	Other ►	L	Year of formation	on: 200	0 M s	State of legal	domicile: OF	I
Pa	art I	Summar	У										
•			e the organization	n's mission	or most s	ignificant act	vities: TI	HE SECU	LAR ST	UDENT	ALLIAN	CE	
a)		EMPOWERS	SECULAR S'	TUDENTS	S TO PI	ROUDLY E	XPRESS TH	EIR IDE	NTIFY,	BUILI)		
Governance	1	WELCOMIN	G COMMUNIT	IES, PI	ROMOTE	SECULAR	VALUES,	AND SET	A COU	JRSE			
Ĕ		FOR LIFE	LONG ACTIV	ISM									
ove	2	Check this bo	x ► if the or	rganization	discontinu	ued its operat	ions or dispose	ed of more t	han 25% (of its net a	ssets.		
Ö	3 1		ting members of t								3		10
တ္	4		dependent voting								4	•	10
Activities &	5		of individuals em								5		10
휹	6]		of volunteers (est								6		40
ď			ed business reven								7a		0.
	bı	Net unrelated	business taxable	income from	om Form 9	190-1, line 34					7b		0.
		5		C/00 P 41					,	rior Year		Current Y	
ē			and grants (Part							936,7			732.
Revenue		-	rice revenue (Part							16,3		20	,923.
ě			come (Part VIII, c								397.		718.
			e (Part VIII, colum				•			11,7			,259.
			- add lines 8 thr							965,7			,632.
	1		milar amounts pa	-					<u> </u>	36,8	394.	26	,302.
	1		to or for members										
ģ	15		er compensation, e							520,	712.	293	<u>,802.</u>
nse	16a l	Professional t	fundraising fees (F	⊃art IX, col	umn (A), li	ine 11e)							
Expenses	b.	Total fundrais	sing expenses (Pa	ırt IX, colur	nn (D), line	e 25) ►	10	02,530.		900			
ш	17 (Other expens	es (Part IX, colum	n (A), line	s 11a-11d	11f-24e)				332,	L21.	340	,473.
	18	Total expense	es. Add lines 13-1	7 (must eq	ual Part IX	ζ, column (A)	, line 25)			889,	727.		577.
	19	Revenue less	expenses. Subtra	act line 18	from line	12				75,9			,945.
7 6										ng of Curre		End of Y	
ets	20	Total assets	(Part X, line 16)		,					346,3			,955.
Ass	21	Total liabilitie	s (Part X, line 26)							31,			3,424.
Net Assets or	22	Net assets or	fund balances. S	ubtract line	21 from l	ine 20				315,			2,531.
	art II	Signatu								0107.	- 22 • 1	202	1001.
2000000		3321 <u> </u>	clare that I have examir	ned this return	including ac	companying sche	dules and statemen	ts and to the h	est of my kno	wledge and h	elief it is true	correct and	
con	plete. Dec	claration of prepa	rer (other than officer) is	s based on all	information o	f which preparer i	nas any knowledge.			moage and b	0.1017 10 10 11 10	, corroot, and	
									(3/30/1	_7		
Si	gn	Signatu	ure of officer						D	ate			
He	ere	AUG	UST BRUNSMA	AN IV					EXEC	UTIVE	DIRECT	OR	
		Туре о	r print name and title				.*			- i. i. i. i. i			
		Print/Type p	oreparer's name		Preparer's	signature		Date	***************************************	Check	if PT	IN	
D-	aid	Stephe	en A. Green	l		AM		3/	50/17	self-employ	red P(0107595	5
	alu 'epare				& VAN	HORN LI	P	'	11.7	<u> </u>	1 3. 0		
	se Onl				ST	1101/11 111	1 de			Firm's EIN	► 21_ <i>1</i>	442423	
_,		, inn a addi	COLUMB		<u> </u>	<u> </u>	OH 432	14-3525	· · · · · · · · · · · · · · · · · · ·	Phone no.		261-14	0.4
NAC	v the I	2S discuss th	is return with the		nown show	e? (see instr					(614)	X Yes	No No
IVIÈ	ay une ir	vo discuss (II	io return with the p	preparer SI	IOWII ADOV	C: (See mail	JOHOHO)	· · · · · ·	<u> </u>			A 168	NO

Form 990 (2016)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Χ 2 Χ 3 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 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, 6 Χ Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III. Χ 8 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 Χ 9 10 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 11 a Χ b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Χ 11 b Χ 11 c 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 X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI and XII Χ 12a 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 Χ 12 b Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b 15 Χ Χ 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 I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Χ 18 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. Χ 19

Part IV Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X 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 Χ 22 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 Χ 23 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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........ Χ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I X 25b Χ 26 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 Χ 27 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): 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I...... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Χ 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X X 35a 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Χ

Form 990 (2016) Secular Student Alliance 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

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
	1 1	obsolue a transfer	Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
	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 2 a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X.
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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 services provided to the payor?	7 a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 828Ž?	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	 7 h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	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			
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	***************************************	Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
BAA	TEEA0105 11/16/16	Forn	990	(2016)

Form 990 (2016) Secular Student Alliance Page 6 41-1967141 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. Section A. Governing Body and Management No Yes 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. 1 a 10 b Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents Χ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X 8 b Χ 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Χ 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ 13 Did the organization have a written whistleblower policy?............... 13 Χ 14 Did the organization have a written document retention and destruction policy?............ Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Χ 15b Χ 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 X 16 a 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 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued) 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. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

COLUMBUS

43220

(614) 441-9588

1550 OLD HENDERSON ROAD

AUGUST BRUNSMAN IV

Form 990	(2016)	Secular	Student	Alliance

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Check the box is noticed the organization for any				(C)						
(A) Name and Title	(B) Average hours per	than is	one b both dire	oox, u an of ector/	inless fficer truste		'	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) EVAN CLARK	5.00									
CHAIR		X		X	<u> </u>			0.	0.	0.
(2) ALEX DIBRANCO, M.A. VICE CHAIR	5.00	Х		Χ				0.	0.	0.
		Х		Х				0.	0.	0.
	2.00	Х		Х				0.	0.	0.
(5) MIRI MOGILEVSKY, M.S.W. BOARD MEMBER	2.00	Х						0.	0.	0.
(6) MATTHEW BULGER BOARD MEMBER	2.00	Х		•				0.	0.	0.
(7) GEORGINA CAPETILLO BOARD MEMBER	2.00	Х						0.	0.	0.
(8) JENNIFER IBRAHIM, M.D. BOARD MEMBER	2.00	Х						0.	0.	0.
(9) JESSICA KIRSNER BOARD MEMBER	2.00	Х						0.	0.	0.
(10) HARRY SHAUGHNESSY BOARD MEMBER	3.00	Х						0.	0.	0.
(11) KATIE GRANT BOARD MEMBER	3.00	Х						0.	0.	0.
(12) AUGUST BRUNSMAN IV EXECUTIVE DIRECTOR	40.00	Х		Х				60,000.	0.	5,996.
(13)										
(14)										
DAA	TEEAO	107	4446	14.0	1	1 1		1	<u> </u>	Form 000 (2016)

(A) Name and title	Average hours per week (list any hours for related organiza - tions below	(do box,	not ch unles	Posit leck n s per d a di	tion nore the son is irector	nan one an en both as employee	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	tee	stee			nsated			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)		 						1	
(23)									
(24)									
(25)									
1 b Sub-total							60,000.	0.	5,996.
d Total (add lines 1b and 1c)							60,000.	0.00 of reportable of	
from the organization		110100			WIIO	100010	od more than \$100	,000 of reportable of	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in									Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	portable c han \$150	ompe ,000?	nsat If 'Y	ion es,	and c	other c	ompensation from Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensa	tion fr	om a	any (unrel	ated o	rganization or indiv	idual	
Section B. Independent Contractors 1. Complete this table for your five highest compensar	ted indepe	ender	t cor	ntrac	ctors	that re	ceived more than	\$100,000 of	
compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	r endir	ng with or within the	e organization's tax y	ear.
Name and business addr	ess ————						Description		Compensation
2 Total number of independent contractors (including	but not li	mited	to th	ose	liste	d abov	I ve) who received m	ore than	
\$100,000 of compensation from the organization		TEEA	0108	11/10	6/16				Form 990 (2016)

		Check if Schedule O c	ontains a respon	se or note to any lin	e 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
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1 b 1 c 1 d ons) 1 e					
	g	All other contributions, gifts, grasimilar amounts not included al Noncash contributions included Total. Add lines 1a-1f	l in lines 1a-1f: \$_	563,732.	563,732.			
Program Service Revenue	2a b c	CONFERENCE REGI	STRATIONS		20,923.	20,923.	0.	0.
Program Se		All other program service Total. Add lines 2a-2f	L.		20,923.			
	3 4 5	Investment income (incluother similar amounts). Income from investment Royalties	of tax-exempt bo	ond proceeds	718.	0.	0.	718.
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 9, 187. 0. 9, 187.					
	d 7 a	Net rental income or (los Gross amount from sales of assets other than inventory			9,187.	0.	0.	9,187.
	С	Less: cost or other basis and sales expenses Gain or (loss)						
Other Revenue	8 a	Gross income from fundr (not including \$	on line 1c).	a				
Other	С	Less: direct expenses . Net income or (loss) from Gross income from gami See Part IV, line 19	n fundraising eve	, , ,				
	С	Less: direct expenses . Net income or (loss) from Gross sales of inventory,	l n gaming activitie less returns	b				
	b	and allowances Less: cost of goods sold Net income or (loss) from Miscellaneous Revenu	sales of invento	b Dry				
	11 a b c	OTHER INCOME		323100	1,072.	1,072.	0.	0.
		All other revenue Total. Add lines 11a-11d Total revenue. See instr	<i>.</i>		1,072. 595,632.	21,995.	0.	9,905.

-,00,0000000000000000000000000000000000	t IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a res				
	Crieck if Schedule O contains a res	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,302.	10,302.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16,000.	16,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	65,996.	13,199.	32,998.	19,799.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	170,742.	143,529.	7,505.	19,708.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			•	
9	Other employee benefits	37,352.	32,281.	0.	5,071.
10	Payroli taxes	19,712.	12,616.	3,745.	3,351.
11	Fees for services (non-employees):			'	
	Management		***************************************		
	Degal	0.001		05 004	
-	Lobbying	37,301.	0.	37,301.	0.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,083.	17,083.	0.	0.
12	Advertising and promotion	27,674.	12,004.	0 165	12 205
14	Information technology	17,890.	13,370.	2,465. 89.	13,205. 4,431.
15	Royalties	17,030.	15,570.	0.5.	4,401.
16	Occupancy	56,429.	37,638.	8,803.	9,988.
17	Travel	18,467.	15,461.	0.	3,006.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,267,	42,638.	7,629.	0.
20	Interest				
21	Payments to affiliates	10 004	7 222	1 715	1 046
22 23	Depreciation, depletion, and amortization Insurance	10,994. 6,538.	7,333. 4,361.	1,715. 1,020.	1,946. 1,157.
24		0,330.	4,301.	1,020.	1,13/.
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Andrew Programme (1985)			
	CAMPUS EXPENSE	22,648.	22,648.	0.	0.
	FUNDRAISING COSTS	20,868.	0.	0.	20,868.
	RESTRICTED MONEY RETURN TO DONOR	1	0.	25,868.	0.
	BECRUITING EXPENSE	28,446.	0.	28,446.	0.
	e All other expenses	660,577.	400,463.	157,584.	102,530.
26			-200/ 2000.	2017004	1027000.
DAA					Earm 000 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	188,611.	1	104,110.
	2	Savings and temporary cash investments	70,320.	2	150,833.
İ	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	17,537.	4	7,647.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	Ministry and the second of the	5	0 -
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Ø	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	5,837.	9	7,062.
	•	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,09		7,7002.
ļ	b	Less: accumulated depreciation 10b 23,982.	21,463.	10 c	9,451.
	11	Investments – publicly traded securities	35,711.	11	0.
	12	Investments – other securities. See Part IV, line 11	0.	12	0.
	13	Investments – program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	6,882.	15	6,852.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	346,361.	16	285,955.
	17	Accounts payable and accrued expenses	22,245.	17	21,381.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	3,400.
	20	Tax-exempt bond liabilities	0.	20	0.
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,924.	25	8,643.
	26	Total liabilities. Add lines 17 through 25	31,169.	26	33,424.
seo		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.	100		
<u>a</u>	27	Unrestricted net assets	262,374.	27	218,540.
g	28	Temporarily restricted net assets	52,818.	28	33,991.
пd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	2.20		
ţ	30	Capital stock or trust principal, or current funds		30	
Ø,	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
e	33	Total net assets or fund balances	315,192.	33	252,531.
	34	Total liabilities and net assets/fund balances	346,361.	34	285,955.
ВΛ					Form 990 (2016)

BAA

Form **990** (2016)

Form	1990 (2016) Secular Student Alliance 41-	196714	11	Page 1	2
Par	TXI 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	5:	95,632.	_
2	Total expenses (must equal Part IX, column (A), line 25)	2	61	60,577	_
3	Revenue less expenses. Subtract line 2 from line 1	3		64,945.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3:	15,192.	
5	Net unrealized gains (losses) on investments	5		2,284.	
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	2.	52 , 531	<u>.</u>
Pai	t 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				Ī
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				Ä
	in Schedule O.				Ø
2 8	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 reviewed on a	ì			Ø
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	b Were the organization's financial statements audited by an independent accountant?		· · 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both: X Separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	dit, • • • • •	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	X	
١	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2016	3)

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

2016

Open to Public Inspection

Name o	f the organization					Employer Identifica	tion number
	ılar Student Alliance					41-1967141	
Bright will have	Reason for Public Cha				<u>'</u> _	art.) See instruction	S.
The or	rganization is not a private founda	•	• .	•	,		
1	A church, convention of churc					۸)(i).	
2	A school described in section		•		, ,		
3	A hospital or a cooperative ho	•			,		
4	A medical research organizati	on operated in conjunc	tion with a hospital descr	ibed in s	ection 1	I 70(b)(1)(A)(iii) . Enter th	ne hospital's
	name, city, and state:						
5	An organization operated for t section 170(b)(1)(A)(iv). (Co	he benefit of a college emplete Part II.)	or university owned or or	erated b	y a gove	ernmental unit described	l in
6	A federal, state, or local gove	rnment or governments	al unit described in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general po	ublic described
8	A community trust described i	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:						
10	An organization that normally from activities related to its exinvestment income and unrelated. June 30, 1975. See section to	cempt functions—subject ated business taxable i	ct to certain exceptions, a ncome (less section 511 i	nd (2) no	o more t	han 33-1/3% of its supp	ort from gross
11	An organization organized an	d operated exclusively	to test for public safety. S	See sect	ion 509((a)(4).	
12 a	An organization organized an or more publicly supported or lines 12a through 12d that de Type I. A supporting organization(s) the power to r	ganizations described i scribes the type of sup ition operated, supervis equiarly appoint or elec	n section 509(a)(1) or se porting organization and e sed, or controlled by its si	ction 50 complete upported	09(a)(2). : lines 12 : organiz	See section 509(a)(3). 2e, 12f, and 12g. ation(s), typically by givi	Check the box in
	complete Part IV, Sections	A and B.	, .			11 5 5	·
b	Type II. A supporting organizemanagement of the supporting must complete Part IV, Section 19 and 19	a organization vested i	trolled in connection with n the same persons that	its supp control c	orted or r manag	ganization(s), by having se the supported organiz	control or ation(s). You
С	Type III functionally integra		nization operated in conn	ection w	ith. and	functionally integrated w	vith, its supported
d	organization(s) (see instruction	ns). You must comple egrated. A supporting	ete Part IV, Sections A, organization operated in	D, and E connecti	i. on with i	its supported organization	on(s) that is not
	functionally integrated. The or instructions). You must com						
e	Check this box if the organiza integrated, or Type III non-fur Enter the number of supported o	nctionally integrated su	pporting organization.		• •		<u></u>
, ,	Provide the following information						
	(i) Name of supported organization		(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u> </u>							
(B)							
(C)							-
(D)							
<u>(E)</u>	,,,,						
Total							

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.)

Sect	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	39,889.	899,726.	989,986.	957,963.	563,732.	3,451,296.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	39,889.	899,726.	989,986.	957,963.	563,732.	3,451,296.
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)						
6	Public support. Subtract line 5 from line 4			7740 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 A	399,750. 3,051,546.
Sec	tion B. Total Support						3,051,546.
Cale	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	39,889.	899,726.	989,986.	957,963.	563,732.	3,451,296.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	534.	1,247.	2,147.	897.	718.	5,543.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,078.	9,844.	5,980.	0.	10,259.	33,161.
11	Total support. Add lines 7 through 10				all a	Jiliselle Liga	3,490,000.
12	Gross receipts from related activit	ies, etc. (see instru	ictions)			12	20,923.
13	First five years. If the Form 990 i organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sec	etion 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14 15	Public support percentage for 201 Public support percentage from 20						87.44 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a publi	not check the box cly supported orga	on line 13, and lin	ne 14 is 33-1/3% o	r more, check this	box ► [X]
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, ar Inization	nd line 15 is 33-1/3	3% or more, check	this box
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and	-circumstances' fe	st check this hov :	and ston here Evi	olain in Part VI how	W
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp plicly supported or	olain in Part VI hov ganization	v the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instructi	ons ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sect	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusùal grants.')						
3	tax-exempt purpose					· · · · · · · · · · · · · · · · · · ·	
4	or business under section 513 . Tax revenues levied for the		· · · · · · · · · · · · · · · · · · ·	*****			
	organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
							
Calen	dar vear (or fiscal vear beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6	s for the organizati	on's first, second.	third, fourth, or fiftl	n tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fiftl	n tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12 13 14 Sec	Amounts from line 6	s for the organization here blic Support F	on's first, second, Percentage i) divided by line 1	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organization here	on's first, second, Percentage (a) divided by line 1 (art III, line 15	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ □
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organization here blic Support F 6 (line 8, column (to 15 Schedule A, Porcestment Incor	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by	third, fourth, or fifth the second of the se	h tax year as a sec	tion 501(c)(3)	▶ □
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	s for the organization here blic Support F 6 (line 8, column (to 15 Schedule A, Porcestment Incor	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by	third, fourth, or fifth the second of the se	h tax year as a sec	tion 501(c)(3)	► □
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	s for the organization here	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by A, Part III, line 17 d not check the bo	third, fourth, or fifth 3, column (f)) e y line 13, column (f) x on line 14, and li	h tax year as a sec	tion 501(c)(3)	► ☐
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	s for the organization here blic Support F 6 (line 8, column (to 15 Schedule A, Potestment Income 2016 (line 10c, come 2015 Schedule the organization dichis box and stop here organization dichis here.	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by A, Part III, line 17 d not check the bothere. The organization of check a box	third, fourth, or fifth third, fourth, or fifth third, solumn (f))	h tax year as a sec	tion 501(c)(3)	► []

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections À and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 12a or 12b 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 Part VI, 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- ga 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b 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
	Yes	
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5a		
5b		
	 	
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۲ē	art IV Supporting Organizations (continued)	· · · · · · · · · · · · · · · · · · ·
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
	b A family member of a person described in (a) above?	11b
	c 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
Se	ction B. Type I Supporting Organizations	
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.	Yes No
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
Se	ction C. Type II Supporting Organizations	
		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
Se	ction D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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
Se	ction E. Type III Functionally Integrated Supporting Organizations	
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,),
	a 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.	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).
2	Activities Test. Answer (a) and (b) below.	Yes No
	a 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. 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.	2a 2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
	a 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? <i>Provide details in Part VI.</i>	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

	Type III Non-Functionally Integrated 509(a)(3) Supporting Org			· //\ O = -
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	must co	mplete Sections A throu	gh E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current 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		
Sec	tion 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):			
ε	a Average monthly value of securities	1 a		
k	o Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	d Total (add lines 1a, 1b, and 1c)	1 d		
•	e 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		
Sec	ction 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	44.0	
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	7.923	
7	Check here if the current year is the organization's first as a non-functionally integral (see instructions).	ated Typ	e III supporting organiza	ation
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rar	Non-Functionally Integrated 509(a)(3) So	upporting Organizat	ions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of support			
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 organization Part VI). See instructions.			
9	9 Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:		Total delication	
а	The second of the second of the second of the second of			
b				
С	From 2013			400
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	All Commences of the Co		
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			100
4	Distributions for 2016 from Section D,		100	
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		agent a leader	
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10 Other Income Part II, Line 10 Description: OTHER INCOME 2012: 7078. 2013: 9844. 2014: 5980. 2015: 0. 2016: 1072. Description: SUBLEASE INCOME 2012: 0. 2013: 0. 2014: 0. 2015: 0. 2016: 9187.

SCHEDULE D (Form 990)

OMB No. 1545-0047 2016

Supplemental Financial Statements

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

Attach to Form 990.

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

0 Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Secular Student Alliance	41-1967141
Part Organizations Maintaining Donor Advised Funds or Other Similar Complete if the organization answered 'Yes' on Form 990, Part IV, line	Funds or Accounts.
(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 don are the organization's property, subject to the organization's exclusive legal control?	nor advised funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	purpose conferring
	103
Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	on of a historically important land area
├	on of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in t last day of the tax year.	he form of a conservation easement on the
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histori structure listed in the National Register	ic 2 d
3 Number of conservation easements modified, transferred, released, extinguished, or terminate tax year ►	ed by the organization during the
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, han and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce ►	sing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c ▶	conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sec and section 170(h)(4)(B)(ii)?	ction 170(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that de conservation easements.	expense statement, and balance sheet, and scribes the organization's accounting for
Part/III Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered 'Yes' on Form 990, Part IV, line	s, or Other Similar Assets.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven art, historical treasures, or other similar assets held for public exhibition, education, or researce in Part XIII, the text of the footnote to its financial statements that describes these items.	ue statement and balance sheet works of ch in furtherance of public service, provide,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	statement and balance sheet works of art, n furtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets fo amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Fart III Organizations Mainta	ming Conecu	ons of Art, H	istoricai Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, ch	neck any of the following that	are a significant use of its	s collection
a Public exhibition		d Lo	oan or exchange programs		
b Scholarly research		e O	ther		
c Preservation for future general					
4 Provide a description of the organize Part XIII.					
5 During the year, did the organization to be sold to raise funds rather that	on sollcit or receiv n to be maintaine	e donations of ar d as part of the o	t, historical treasures, or other rganization's collection?	er similar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangemer mount on Forr	its. Complete n 990, Part X,	if the organization ans line 21.	wered 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian or o	her intermediary	for contributions or other as	sets not included	Yes X No
b If 'Yes,' explain the arrangement in	Part XIII and cor	plete the following	ng table:	ı	
					Amount
c Beginning balance					
d Additions during the year				1 d	,
e Distributions during the year				1 e	
f Ending balance				1	
2 a Did the organization include an am					Yes X No
b If 'Yes,' explain the arrangement in					
1 -		·	·		l
Part V Endowment Funds. C	omplete if the	organization	answered 'Yes' on Forr	m 990, Part IV, line 1	0.
	(a) Current year	(b) Prior	r year (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses		1			
d Grants or scholarships					-
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance		Į .	<u> </u>		
2 Provide the estimated percentage	=	r end balance (lir	ne 1g, column (a)) held as:		
a Board designated or quasi-endowr		용			
b Permanent endowment	용				
c Temporarily restricted endowment		용			
The percentages on lines 2a, 2b, a	ınd 2c should equ	al 100%.			
3 a Are there endowment funds not in	the possession of	the organization	that are held and administe	red for the	
organization by:					Yes No
(i) unrelated organizations					1
(ii) related organizations					
b If 'Yes' on line 3a(ii), are the related					3b
4 Describe in Part XIII the intended t		zation's endowm	ent funds.		
Part VI Land, Buildings, and					
Complete if the organiz	ation answere	d 'Yes' on Fo	rm 990, Part IV, line 11	la. See Form 990, Pa	art X, line 10.
Description of property		Cost or other bas (investment)	sis (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	<u> </u>				
b Buildings					
c Leasehold improvements					
d Equipment			33,433.	23,982.	9,451.
e Other					
Total. Add lines 1a through 1e. (Column	(d) must equal F	orm 990, Part X,	column (B), line 10c.)		9,451.
BAA					ule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related.	(aa) an Farm 000	Dort IV line 44e Coe Ferra 600 I	D==(-X, P; 40
Complete if the organization answered '\ (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(b) Dook value	(c) Method of Valdation. Cost of end-	or-year market value
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
TOTAL, (COLUMN LD) MUST EQUAL POINT 490, PART X, COLUMN LB) IIME 13.) 🕨			
Part IX Other Assets.		10 mm 1 m	
Part IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form 990,	
Part IX Other Assets. Complete if the organization answered '\ (a) De	Yes' on Form 990, scription	Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\ (a) Dec (1) DEPOSITS		Part IV, line 11d. See Form 990,	
Part IX Other Assets. Complete if the organization answered '\(\) (a) Description (1) DEPOSITS (2)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\(\) (a) Description (2) (3)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\(\) (a) Description (a) Description (a) (b) (c) (c) (c) (d) (d)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\(\) (a) Description (2) (3)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\((a) \) DEPOSITS (2) (3) (4) (5)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\((a) \) Der (1) DEPOSITS (2) (3) (4) (5) (6)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\((a) \) DEPOSITS (2) (3) (4) (5) (6) (7)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\((a) \) Der (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered '\((a) \) Der (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9)	scription		(b) Book value 6,852.
Complete if the organization answered (a) Description (b) DEPOSITS (c) (c) (d) DEPOSITS (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ine 15.)		(b) Book value 6,852.
Part IX Other Assets. Complete if the organization answered 'Yes' on Fart X Other Assets. (a) Description (a	ine 15.)		(b) Book value 6,852.
Complete if the organization answered 'Yes' on F Part IX Other Assets. Complete if the organization answered 'Yes' on F (a) Description of liability Complete if the organization answered 'Yes' on F (a) Description of liability	ine 15.)		(b) Book value 6,852.
Complete if the organization answered '\ (a) Determine (a) Description of liability (b) Complete if the organization answered 'Yes' on Figure (a) Description of liability (c) Complete in the organization answered 'Yes' on Figure (a) Description of liability (d) Federal income taxes	ine 15.)	11e or 11f. See Form 990, Part X, line 25	(b) Book value 6,852.
Complete if the organization answered 'Yes' on F (a) Description of liability (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (b) Payroll Withholdings Payable	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered '(a) Decomplete if the organization answered 'Yes' on Foundation (a) Description of liability (1) Federal Income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD	ine 15.)	11e or 11f. See Form 990, Part X, line 25	(b) Book value 6,852.
Complete if the organization answered '\ (a) Dec. (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) li Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4)	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered '\ (a) Dec. (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) literation of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5)	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered '\ (a) Dec. (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) li Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4)	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (6) (7) (6) (6) (7) (6) (7) (7) (8) (7) (8) (7) (8) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9)	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9)	ine 15.)	11e or 11f. See Form 990, Part X, line 28	(b) Book value 6,852.
Complete if the organization answered '(a) Dec (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) limits and provided in the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS PAYABLE (3) SECURITY DEPOSITS HELD (4) (5) (6) (7) (8) (9) (10)	ine 15.)	11e or 11f. See Form 990, Part X, line 28 e	(b) Book value 6,852.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	597,916.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		3317310.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	2,284.
3 Subtract line 2e from line 1		595,632.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		333,032.
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	595,632.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e 3	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2e 3	660,577.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal income taxes has been made in the financial statements.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial

Part XIII Supplemental Information (continued)

statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the fiscal year ended December 31, 2016.

The Organization files its federal information return form 990 in the U.S. federal jurisdiction and the office of the state's attorney general for the State of Ohio. The required fundraising registration information is also filed for all the states in which Secular Student Alliance solicits donations. The Organization is generally no longer subject to examination by the Internal Revenue Service for years before December 31, 2013.

Pt X, Line 2

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on 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

§ □ (h) Purpose of grant or assistance Employer identification number Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 41-1967141 (g) Description of noncash assistance 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. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) Secular Student Alliance
Part General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table. (p) EIN (a) Name and address of organization or government Name of the organization

Schedule I (Form 990) (2016)

TEEA3901 11/03/16

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

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Schedule I (Form 990) (2016)

Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	10	16,000.	0.	0. N/A	N/A
2					
3					
4					
υ					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information r	equired in Part I, lin	e 2; Part III, colum	n (b); and any other add	Jitional information.

HIGH SCHOOL AND COLLEGE STUDENT ACTIVISTS ARE ENCOURAGED TO APPLY FOR SCHOLARSHIP GIFTS OF \$2,500 OR \$1,000 TO BE USED TOWARDS THEIR STUDIES. THE AWARDS ARE BASED ON THE RELATIVE MERITS OF THEIR ACTIVISM AT ADVANCING THE SECULAR STUDENT ALLIANCE'S MISSION. (p) Pt III, col

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

<u>Secular Student A</u>	lliance 41-1967141
Pt VI, Line 6	SECULAR STUDENT ALLIANCE IS A MEMBERSHIP ORGANIZATION. ANY STUDENT OR NON-STUDENT IS WELCOME AND ENCOURAGED TO JOIN. THE BOARD OF DIRECTORS FORMS A NOMINATING COMMITTEE ANNUALLY. ANY ORGANIZATIONAL MEMBER MAY SELF-NOMINATE FOR ADDITION TO THE SLATE OF CANDIDATES PRESENTED TO THE BOARD OF DIRECTORS BY THE NOMINATING
Pt VI, Line 7a	COMMITTEE. ALL CURRENT MEMBERS OF THE BOARD OF DIRECTORS NOT UP FOR RE-ELECTION MAY VOTE ON THE CANDIDATES FROM THIS SLATE FOR ELECTION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS NOW CONSISTS OF TWELVE SEATS WITH STAGGERED FOUR-YEAR TERMS PLUS TWO-YEAR TERM SEATS WHICH ARE RESERVED FOR PEOPLE
Pt VI, Line 7b	WHO ARE CURRENT HIGH SCHOOL OR UNDERGRADUATE STUDENTS OR HAVE EARNED A BACHELORS OR ASSOCIATES DEGREE IN THE LAST TWO YEARS AND SIX MONTHS. THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR. AFTER THE
	EXECUTIVE DIRECTOR'S REVIEW, THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE
Pt VI, Line 11b	SUBMISSION. BOARD MEMBERS SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE AND ARE MANDATED TO DISCLOSE TO THE BOARD ANY CONFLICTS THAT ARISE DURING THE
Pt VI, Line 12c	YEAR. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A FORMAL ANNUAL REVIEW PROCESS CONDUCTED BY THE BOARD. THE REVIEW IS BASED ON COMPARATIVE EXECUTIVE DIRECTOR COMPENSATION FROM SIMILAR ORGANIZATIONS.
Pt VI, Line 15a	THE EXECUTIVE DIRECTOR CONSULTS EXTERNAL SOURCES. THE EXECUTIVE DIRECTOR CONSULTS EXTERNAL SOURCES FOR COMPARATIVE SALARY
Pt VI, Line 15b	DATA ON OTHER POSITIONS PRIOR TO HIRING. THE FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST AT THE
Pt VI, Line 18	ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS. ADDITIONALLY, THE FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.COM. THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND PROCEDURES, AND
Pt VI, Line 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS.

Secular Student Alliance 41-1967141 1

Schedule O (Form 990), Supple	mental Information to Form 990
Form 990 Page 2 Part III Line	1 (continued)

Briefly describe the organization's mission:

WELCOMING COMMUNITIES, PROMOTE SECULAR VALUES, AND SET A COURSE

FOR LIFELONG ACTIVISM

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Alabama
Arkansas
California
Connecticut
Florida
Georgia
Hawaii
Illinois
Kansas
Kentucky
Massachusetts
Maryland
Michigan
Minnesota
Mississippi
North Carolina
New Hampshire
New Jersey
New Mexico
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Wisconsin
West Virginia