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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

		rue Service	▶ Information about Form 990 and its instructions is at www.irs.got	v/form990.		Inspecti	on	
Ā			ndar year, or tax year beginning Jan. 1 , 2013, and ending	Dec.	31	, 20 13		
В	Check r	applicable:	C Name of organization Americans of Faith	D	D Employer identification number			
	Address	change	Doing Business As Americans of Faith			20-0742507		
	Name d	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	Telepho	ne number		
	Initial ref	turn	5235 Mission Caks Blvd. 1000)		805-384-4510	_	
	Termina	ted	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	d return	Camarfilo, CA 93012	G	Gross re	eceipts \$	6,000	
	Applicat	on pending	F Name and address of principal officer:	H(a) Is this a grou	p return for	subordinates? Yes	☑ No	
						s included? 🗌 Yes	_	
1	Tax-exe	mpt status.	✓ 501(c)(3)	If "No,"	attach a	a list (see instruction	s)	
J	Website	a: ► Am	ericansoffaith.com	H(c) Group ex	kemption	number ▶		
K	Form of	organization:	Corporation ☐ Trust ☐ Association ☑ Other ► L. Year of formation:	2004	M State	of legal domicile:	CA	
Р	art I	Summ						
	1	Briefly de	scribe the organization's mission or most significant activities: Voter regis	stration				
8								
ğ	ļ							
Activities & Governance	2	Check th	s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	ore than 2	25,% of	its net assets.		
පී	3		of voting members of the governing body (Part VI, line 1a)		3			
್	4		of independent voting members of the governing body (Part VI, line 1b)		4			
₩	5		nber of individuals employed in calendar year 2013 (Part V, line 2a)		5			
棄	6		nber of volunteers (estimate if necessary)		6			
ĕ	7a		elated business revenue from Part VIII, column (C), line 12		7a			
	b	Net unrel	ated business taxable income from Form 990-T, line 34	• • •	7b			
				Prior Year		Current Yea		
9	8	Contribut	ions and grants (Part VIII, line 1h)	9	01,500		6,000	
Ē	9	•	service revenue (Part VIII, line 2g)		0	<u> </u>		
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0			
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		- 0	
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		01,500		6,000	
	13		d similar amounts paid (Part IX, column (A), lines 1–3)			_		
	14		paid to or for members (Part IX, column (A), line 4)					
8	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)					
Ĕ	16a		nal fundraising fees (Part IX, column (A), line 11e)			 		
Ехрепвез	b	lotal tune	draising expenses (Part IX, column (D), line 25)		99,212		8,267	
_	17	Other exp	penses (Part IX, column (X) times fra 1) (12 17) 4e)		99,212		8,267	
	18	Total exp	enses. Add lines 1877 (must equal Pert IX, colupto) (A), line 25)	· -	2.288		(2,267)	
	19	Revenue	less expenses. Subtract line 18 from line 12	nning of Cum	,	End of Yea		
let Assets or und Balances	20		141	ining or con-	4,709		2,242	
98	20 21	Total lieb	ets (Part X, line 16) OGDEN. UT.		0		0	
<u> </u>	22		s or fund balances. Subtract line 21 from line 20		4,709		2,242	
	art II		ure Block		.,	L		
			y, I declare that I have examined this return, including accompanying schedules and statement	ts and to the	hest of r	Try knowledge, and t	heliaf it is	
			The Beclaration of preparer (other than officer) is based on all information of which preparer has			ny kitomeago wio i	, in is	
		T			A	a , /2, 2	014	
Sig	ın	Sign	ature of officer	Date	_~~.	7 - 12/ -		
He			DAVID SPARD		•	,		
		Type	or print name and title TRONDURER					
_	.:	17	pe preparer's name Preparer's signature Date		Ob	PTIN		
Pa		1			Check self-emp			
	epare		ame ▶	Firm's	EIN ▶		··-	
US	e On		idress >	Phone				
Ma	y the li		s this return with the preparer shown above? (see instructions)			TYes	No	
			ction Act Notice, see the separate instructions. Cat. No. 1	1282Y			90 (2013)	

Form 99	2013) Page
Part	,
	Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission: oter Registration
2	id the organization undertake any significant program services during the year which were not listed on the nor Form 990 or 990-EZ?
	rior Form 990 or 990-EZ?
3	id the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	"Yes," describe these changes on Schedule O.
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by
	spenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
4b	Code: (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4d	ther program services (Describe in Schedule O.)
	expenses \$\text{including grants of \$}\tag{Revenue \$}
	otal program service expenses >

art	V 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	•	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	1	•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		*
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		•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		•
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		•
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e 11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	4
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		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		•
17	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		•
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
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		•
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		*
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		4
		For	n 99 0	(2013)

Part	Checklist of Required Schedules (continued)		г	 -
	Did the constitution and the dr 000 of contract the contract to an incident the contract to th		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		•
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		*
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		•
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		4
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		4
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
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		1
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		•
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	-	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		4
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,			
	Part VI	37		~
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	•	

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Part				
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		/
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	١_	1	۱ ۵
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		•
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		•
b	If "Yes," enter the name of the foreign country:	<u> </u>		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		•
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
-	gifts were not tax deductible?	6b		~
7 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?	7a		~
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
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 against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	!!!	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
C	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	n 990	(0010)
		rom	11 ブブリ	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins							
Secti	on A. Governing Body and Management			,					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
ь 2									
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
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		V					
6	Did the organization have members or stockholders?	6		4					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,					
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		•					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,					
а	The governing body?	8a	1	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	✓	L					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		•					
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C							
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a	· · · ·	/					
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		<u> </u>					
11a	• • • • • • • • • • • • • • • • • • • •	11a	•	 					
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990, Did the organization have a written conflict of interest policy? If "No," go to line 13	12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1					
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							
13	Did the organization have a written whistleblower policy?	13		1					
14 15	Did the organization have a written document retention and destruction policy?	14		~					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		مدا					
a b	The organization's CEO, Executive Director, or top management official	15a 15b		~					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		-					
16a		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?	162							
Soci	on C. Disclosure	16b		L					
17	List the states with which a copy of this Form 990 is required to be filed Virginia								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Payid Spaty 5235 Meston Cate Blvd. Suffe 1000 Campatito. CA 93012	of the	•						

Form	990	/201	3

1 CHI 11 330 (201	, ago s
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 definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensated employees; and former such persons.											
☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		(C)									
(A)	(B)	١			ition			(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
The little is a second of the little is a se	hours per					or/trust			compensation from	amount of	
	week (list any							from	related	other	
	hours for related	글臺	<u>\see</u>	Officer	Key employee	를등	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	
	organizations	8 5	[돌	욕	1 3	8 8	₫	(W-2/1099-MISC)		organization	
	below dotted	2 €	ᇍ		ğ	🕈 ဋ		(and related	
	line)	Individual trustee or director	a l		8	₽ 2				organizations	
		#	Institutional trustee	ŀ		Highest compensated employee					
			Ľ	_		8.					
P.dd Abeliance	_			l			ŀ				
(1) Edward Atsinger	0							0	اه	o	
to lay Condon	0	~		 	_		┡	-		<u></u>	
(2) Jay Seculow	ļ	,					1	0	o	o	
(3) Colby May	0	-	$\vdash\vdash$	├		 	╫	ļ			
(3) 0013) 113	 	•						0	0	0	
(4)											
			Ш	<u>L</u> .	L						
(5)	 								:		
(6)			Н								
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yee:	s, aı	nd F	lighe	st C	ompensated E	mployees (con	tinued)			
•	, (C) Position													
	(A)			(do not check m					(D)	(E)	1		F)	
	Name and title	Average					is both		Reportable compensation	Reportable compensation fro	_		nated unt of	
		week (list any								related	"]		her	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations			ensatio	n
		reiateo organizations	30	롲	Ě	1 3	8 8	 4	organization (W-2/1099-MISC)	(W-2/1099-MISC	" [n the iization	
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(25)								l						
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-	Sub-total			•				•			—			
C	Total from continuation sheets to Part	VII, Sectio	n A	•	•		•							
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0	<u> </u>	0			0
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received m	ore than \$100,	000 of			
	reportable compensation from the organi	zation >												
_			_							_			Yes	No
3	Did the organization list any former of	-	-				-	•		•	ited	_	1	_
	employee on line 1a? If "Yes," complete										. -	3	i	<u> </u>
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater the	an \$1	150,	000)? I	f "Ye	s,"	complete Sch	edule J for s	uch			
	individual			•			•				: . .	4	\dashv	<u> </u>
5	Did any person listed on line 1a receive of									ation or individ	laut	ļ	ļ	
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	iedi	ile J 1	or s	such person	<u></u>	·	5		<u> </u>
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the	organi	zatio	n's ta	IX.
	year.							,						
	(A)							l	(B)		C	(C)	-4	
	Name and business add	ress						<u> </u>	Description of s	ervices		npensa	mon	
								<u></u>						
								<u></u>						
								1						
								$ldsymbol{ldsymbol{ldsymbol{eta}}}$			<u>-</u>			
2	Total number of independent contractor) th	_	ove) who				
	received more than \$100,000 of compen-	sation from	the o	rgaı	niza	tion	<u> </u>		0					

Part	: VIII	Statement of Revenue						
	,	Check if Schedule O contains	a res	ponse or note 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
nts nts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	0				
	С	Fundraising events	1c	0			•	
	ď	Related organizations	1d	0	Ì			ł
	е	Government grants (contributions)	1e	0				
P S	f	All other contributions, gifts, grants,			-			
\$ \$		and similar amounts not included above	1f	6,000				
투음	g	Noncash contributions included in lines 1a	-1f: \$					
ပို့ ခ်	h	Total. Add lines 1a-1f	<u>.</u> .	•	6,000			<u> </u>
				Business Code				T
ě	2a							
æ	ь							
<u>Ş</u> .	С							
Ser	d							
톭	е							
Program Service Revenue	f	All other program service revenue						
<u>ة</u>	g	Total. Add lines 2a-2f			0			.,
	3	Investment income (including						
		and other similar amounts) .			0			
	4	Income from investment of tax-exe	mpt b	ond proceeds ▶	0			
	5	Royalties	<u></u>	<u> ▶</u>	0			
	6a	Gross rents .	0		ĺ		ł	
	Ь	Less: rental expenses	0					
	C	Rental income or (loss)	0	L	ام			1
	_d	\	<u> </u>		0			
	7a	Gross amount from sales of (i) Securi		(ii) Other				
	١.	assets other than inventory	0	0				
	Ь	Less: cost or other basis and sales expenses .	0	0	j			
	_		0					
	ے ا	Gain or (loss)		L	o			ĺ
0	d	Net gain or (loss)	• •			·		
Revenue	8a	Gross income from fundraising events (not including \$						
_		of contributions reported on line 1 See Part IV, line 18						
Othe		Less: direct expenses			إ		ļ	
		Net income or (loss) from fundra		events . >	0			ļ
	9a	Gross income from gaming activ						
	[_	See Part IV, line 19	_					
		Less: direct expenses		'L	اه]	
		Net income or (loss) from gamir		ivities				
	Iva	Gross sales of inventory, returns and allowances		ا ا				
	١.		_					
	ם	Less: cost of goods sold		'L	o		ĺ	Í
	ြင	Net income or (loss) from sales Miscellaneous Revenue	or inv	entory Business Code			 	
	44-	MISCENIA TEOUS REVENUE		DUSTRESS COOR	Ì			
	11a							
	Ь							
	d	All other revenue		1			 	
	e	Total. Add lines 11a-11d						
		Total revenue. See instructions			6,000		 	 -

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u></u> .	<u> C</u>
	of include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the				7
	United States. See Part IV, lines 15 and 16	O	0		
4	Benefits paid to or for members	0	Ó		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				··
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	0	o	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				• • • • • • • • • • • • • • • • • • • •
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If fine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	o	0	o	o
12	Advertising and promotion	0	0	0	0
13	Office expenses	8,267	0	8,267	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	O
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses	_	_	_	_
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	- 0	0		
21	Payments to affiliates	0	0		
22 23	Depreciation, depletion, and amortization .	0	0	0	0
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	· i	0	0	0	o
b		0	0	0	0
С		0	0	0	0
d		0	0	0	0
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	8,267	0	8,267	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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 2442 4,709 1 n o 2 2 Savings and temporary cash investments n Pledges and grants receivable, net 0 3 3 0 0 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 organizations (see instructions). Complete Part II of Schedule L. 0 6 ō 0 7 0 0 Inventories for sale or use 8 8 0 0 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D n n Less: accumulated depreciation 10b b 10c 'n Ω 11 Investments-publicly traded securities 11 ō n 12 Investments-other securities. See Part IV, line 11 . 12 0 O 13 13 Investments—program-related. See Part IV, line 11 . . . Intangible assets 0 0 14 14 o 0 15 15 Other assets. See Part IV, line 11 4,709 2,442 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 0 0 17 Accounts payable and accrued expenses 17 0 0 18 18 0 0 19 19 0 20 0 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 0 22 o ō 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 Ö 24 24 Unsecured notes and loans payable to unrelated third parties . . Other liabilities (including federal income tax, payables to related third 0 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 n 26 Total liabilities. Add lines 17 through 25 o 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 0 0 27 27 0 0 28 28 0 0 29 29 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 0 0 30 30 31 0 31 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 2,442 4,709 33 33 4,709 34 2.442 Total liabilities and net assets/fund balances

orm 99	0 (2013)		Pa	ige 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)			5,000
2	Total expenses (must equal Part IX, column (A), line 25)			3,267
3	Revenue less expenses. Subtract line 2 from line 1		•	,267)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1,709
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		2	2,442
Part	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 🔲 Accrual 🔲 Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	}		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	l l		
Þ	Were the organization's financial statements audited by an independent accountant?	2b		_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	Ιł		
	separate basis, consolidated basis, or both:	1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	·	2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?	ا ـ ا		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
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		FUNI	1330	(2013)

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No. 1545-0047

201**3**

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 20-0742507 Americans of Faith Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III—Functionally integrated d Type III-Non-functionally integrated **b** ∏ Type li e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) is the the organization in organization in col (i) listed in your organization in col. (described on lines 1-9) support (i) organized in the U.S.? governing document? col. (i) of your above or IRC section (see instructions)) support? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Schedu	lle A (Form 990 or 990-EZ) 2013						Page 2
Part	Support Schedule for Organiza	rtions Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	. (Complete only if you checked the complete only if you checke						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		·····		,		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
•	include any "unusual grants.")		 				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						· · · · · · · · · · · · · · · · · · ·
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,				·		
	payments received on securities loans,		1				
	rents, royalties and income from similar		1				
	sources	<u> </u>					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or		<u> </u>	· · · · · · · · · · · · · · · · · · ·			·
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	<u>·· </u>
	on C. Computation of Public Suppor	<u>_</u>		a.			
14	Public support percentage for 2013 (line (• •	•			14	<u>%</u>
15 16a	Public support percentage from 2012 Sch 331/s/% support test—2013. If the organia	zation did not	check the box				. —
_	box and stop here. The organization qua	•		•			. ▶ 📙
Ь	331/s% support test—2012. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	janization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, che	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metals in Part IV how the organization metals in Part IV	tion meets the	facts-and-ci	rcumstances"	test, check the	nis box and st	op here.

18

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	in the organization rails to quality	under the tes	sis listed beig	w, please co	inpiete Fart i	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,100	10,000	1,000	901,500	6,000	946,600
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	o	o	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	0	0	0
6	Total. Add lines 1 through 5	28,100	10,000	1,000	901,500	6,000	946,600
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	o	0	o	0	0	0
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	0	o	o	o	o	0
_	·	0	- 0	0	0	0	0
	Add lines 7a and 7b		<u> </u>	-			
8	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	28,100	10,000	1,000	901,500	6,000	946,600
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	28,100	10,000	1,000	901,500	6,000	946,600
14	First five years. If the Form 990 is for the organization, check this box and stop he						1 501(c)(3) ▶ □
Section C. Computation of Public Support Percentage							
15	Public support percentage for 2013 (line 8			3 column (fl)		15	1000 %
	Public support percentage for 2013 (line of 2013)		-			16	%
16 Sacti	on D. Computation of Investment In			· · · · · ·	 	1 10 1	
				ulino 12 colum	on (fl)	17	0 %
17 10	Investment income percentage for 2013 (18	- 76
18	Investment income percentage from 2012 331n% support tests—2013. If the organi						
19a	17 is not more than 331/3%, check this box						
b	331/s% support tests—2012. If the organiz line 18 is not more than 331/s%, check this l	ation did not cl	heck a box on l	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
~~	Private foundation If the americation di	•	•	•		•	_

Schedule A (Form 990 or 990-EZ) 2013 Page					
Part IV	Supplemental Part III, line 12.	al Information. Provide the explanations required by Part II, line 10; Part II, line 17 2. Also complete this part for any additional information. (See instructions).	a or 17b; and		

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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.

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Americans of Faith	20-0742507
Part IV	
Line 38 - Yes	
Part V	
Line 3a - No, the organization did not have unrelated business gross income of \$1,000 or more during	the year
Line 13 - The organization is not a non-profit health insurance provider	

Line 14b - The organization did not receive payments for Indoor tanning during the year	
~*************************************	
Part VI	
rat vi	
Line 11b - Submitted 990 to governing body for review	
Line 19 - Docments filed with Virginia Secretary of State and are available on website	

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