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Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2016 Open to Public

Department of the Treasury Internal Revenue Service

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.

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

A	For the	2016 cale	endar year, or tax year		January 1	, 201	16, an	d ending	Decer	nber 31	,20 16		
В	Check if	applicable:	C Name of organization	Americans of Fa	iith					D Employe	er identification n	umber	
	Address	change	Doing business as								20-0742507		
	Name d	hange	Number and street (or	P.O. box of mail is	not delivered to stre	et address)		Room/suite	ite E Telephone number				
	Initial ref	tum	5235 Mission Oaks Bl	vd				100	00		805-384-4510		
	Final retu	ım/terminated	Crty or town, state or p	rovince, country, a	and ZIP or foreign po	ostal code							
	Amende	ed return	Camarillo, CA 93012							G Gross re	i Gross receipts \$		
$\bar{\Box}$			F Name and address of p	nncipal officer:					H(a) is this a o		subordinates? Yes	₩ No	
			1	•					1		s included? Ves		
	Tay-eye	mpt status	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or [527	4 * *		list. (see instruction		
<u>.</u>	Website		23 00 1(0)(0)	23 00 107) - (alboretion) L	<u> </u>	<u> </u>	102.	H(c) Group	exemption	nımber ▶		
_			Corporation Trust	Association	Other ▶	T ₁	Year	of formation			of legal domicile		
_	art I	Summ											
	1		escribe the organizat	tion's mission	or most significa	ant activit	ies:	Voter Edi	ucation				
ø	'	,			J								
a	}		***										
Ē	2	Check th	is box ▶☐ if the or	anization disc	ontinued its ope	erations o	r disr	osed of	more than	25% of	its net assets.		
Š	3		of voting members of		-		, a.op			3	101101 400000.	3	
<u>ت</u> مح	4		of independent votir	-	-	-	 • VI ii					3	
8	5		nber of individuals e							5		0	
롲	6		nber of individuals e		_	о (г ш с •,	11110 2	-ay .		6		0	
Activitles & Governance	7a		elated business reve			line 12	•			7a		0	
•	'а		lated business taxab							7b		0	
		Net une	iated business taxar	ne income non	KECE!		<u>1</u>	' 	Prior Ye		Current Ye		
	8	Contribu	tions and grants (Pa	+ VIII lind 1h	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		၂႘၂	<u> </u>		15,680		743,950	
3	l _			1 1			181	:		0		0	
Revenue	9		service revenue (Pa		NOV-1-6	2017 -	131	ì ·		0		0	
æ	10		ent income (Part VIII,				اکال	i •				0	
	11		venue (Part VIII, colu					i -		15,680	···	743,950	
	12		enue-add lines 8 thi				y, iirie	1 12)		0		740,000	
	13		nd similar amounts p	· ·		0		- 0					
	14		paid to or for memb		- 8		0						
98	15		other compensation,				0						
Expenses	16a		onal fundraising fees	•				· ·					
훘	_b									13,548		783,482	
_	''									13,548			
	18	-		•		• •		·		2,132		783,482	
	19	Revenue	less expenses. Sub	tract line 18 fro	om line 12	· · ·					5.1.4%		
200								Rei	ginning of Cu		End of Ye		
Safa	20		ets (Part X, line 16)				•	· ·		71,654		32,122	
Net Assets or Fund Balances	21		pilities (Part X, line 26	-				· ·					
			ts or fund balances.	Subtract line 2	21 from line 20	<u> </u>		· - <u>- </u>		71,654		32,122	
۲	art II	Signa	ture Block										
			iry, I declare that I have ex lete. Declaration of prepar								ny knowledge and	belief, it is	
	e, correc	T . COMP	iete. Deciaration of prepar	er (other trial) offic	er) is based on all in	ilonnation of	WIIICII	preparer no	as any known		_ 		
۵.					·								
Siç	-	J. Sign	ature of Officer			· CC .	•	_	Da		<i>-</i> -		
He	re	 	125	J.		460	1	- -		<u> 11 - 1 !</u>	> <i>-1</i> 7		
		14	or one chame and title	T1		10							
Pa	id	Print/T	pe preparer's name	P¶	oarer's signature			Date		Check [
	epare	er \coprod –		<u></u>				l		self-emp	loyed		
	e On		name ►						Fim	n's EIN ▶			
		Firm's a	ıddress ▶						Pho	ne no			
Ma	y the IF	RS discus	s this return with the	preparer show	vn above? (see	instructio	ns) .		<u> </u>		Yes 🗌 Yes	. □ No	

Cat. No. 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Form 99	0 (2016)			Page 2
Part				
1	Briefly describe the organization's mi- Voter Education	a response or note to any line in this Passion:	art III	· · · <u>·</u>
	voier Equication			
2	prior Form 990 or 990-EZ?	ignificant program services during the year]Yes ☑ No
3	If "Yes," describe these new services Did the organization cease conduction services?	on Schedule O. ting, or make significant changes in ho]Yes ☑No
4	expenses. Section 501(c)(3) and 501	Schedule O. service accomplishments for each of its (c)(4) organizations are required to report y, for each program service reported.	three largest program services, as	s measured by
4a	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$	including grants of \$	) (Hevenue \$	)
		***************************************		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<del></del>
		**************************************		
			**************************************	
				**************************************
4d	Other program services (Describe in S			
40	(Expenses \$ including	g grants of \$ ) (Revenue \$	)	

Form 99				Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	•
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		4
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		4
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			E q
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	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		·
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 .	11f		<b>4</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
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		<b>/</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		·
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		<u> </u>
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		<u> </u>
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		<u> </u>
		Form	990	(2016)

Form 99	<u>``</u>			Page 4
Part	V Checklist of Required Schedules (continued)			
	Didd when the state of the stat		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	<u> </u>	~
	domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>J</b>
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		1
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		•
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<del>                                     </del>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
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):			,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	•
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
C	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		•
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
	or IV, and Part V, line 1	34		<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	
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Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> ,	· ·	
4			Yes	No
1a				
b	Litter the humber of Forms W-2d included in line 1a. Litter -0- if not applicable	1 1		ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
20		1c		1
2a		1 1		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1 1	_	۱.
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
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	1 1		ł
	account)?			1
_	If "Yes," enter the name of the foreign country:	4a		<u> </u>
Þ				l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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	<del> </del>		
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	30		<del>-</del>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	"		<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		]	1
	and services provided to the payor?	7a		· -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\neg \neg$	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
	required to file Form 8282?	7c	Ì	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			7
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		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		$\neg \uparrow$	3
	sponsoring organization have excess business holdings at any time during the year?	8		•
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	l	~
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>*</b>
10	Section 501(c)(7) organizations. Enter:		I	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ı	. !
11	Section 501(c)(12) organizations. Enter:			. !
a	Gross income from members or shareholders	. 1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources		- [	i
	against amounts due or received from them.)	l-	- {	
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		- 1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
ь	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which	. 1	-	1
J	the organization is licensed to issue qualified health plans		- {	1
c	Enter the amount of reserves on hand		l	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<del>-</del>
<u>=</u> _			990	(2016)
				~~·~/

Part	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. S	See in:	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			<u>. V</u>
Section	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 1a 3	1	1	
	If there are material differences in voting rights among members of the governing body, or	1		]
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	}	1	1
		.1	-	
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 3  Did any officer director to rete our key employee have a family relationship as a hydrogen relationship with	-	İ	1
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	<b>1</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		•
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	<u> </u>	1
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		•
ь	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		Ī	
	the year by the following:	<u> </u>		
а	The governing body?	8a	1	ļ
ь	Each committee with authority to act on behalf of the governing body?	8b	1	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	~
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	OGE.	No
10-	Did the executivation have level aboutom, branches, or officiates?	40-	res	—
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del>	1
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
. <u>.</u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
•	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		4
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	<b>&gt;</b>	

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Form	990	(2016)	

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۰,	•	•	•

# 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

- 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.

Check this box if neither the organization nor				((						
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an		(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Edward Atsinger		•						o	0	
(2) Jay Seculow		1						0	0	
(3) Colby May		,					ļ. <u>-</u> -	0	0	(
(4) David Spady				1				0	0	
(5)				Ť			<del>                                     </del>			
(6)							-			
(7)										
(8)										
(9)										
(10)										
(11)						-				· · · · · · · · · · · · · · · · · · ·
(12)								!		
(13)										••••
(14)							$\vdash$			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos eck s pe	rson	Highest compensated	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizati (W-2/1099-i	on from i ions	am comp fro orga and	(F) imated ount of other eensatio m the nization related nization	i on n d
(15)				e	_		ē	<u> </u>		<del></del> -		<del></del> .	<u>.</u>	
(16)								$\vdash$						
(17)			}—					L	<del> </del>					
(18)					_			_					<u> </u>	<del></del>
			ļ						]			<del></del>		
(19)			<b> </b>							<del></del>				·
(20)														
(21)														
(22)														
(23)										·				
(24)	······································		$\vdash$											
(25)			ļ									<del></del>		
1b c d	Sub-total	· · · · ·	n A 	· <u>·</u>	•	 <u></u>		> > \	ho received mo	ore than \$1	00.000	) of		
	reportable compensation from the organi				. 1121		above			ne ulali pi		<i>-</i>		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s										ensate	d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater than	portal an \$1	ble ( 150,	com 000	per ? <i>II</i>	nsatio f "Ye:	na s,"	nd other comp complete Sch	ensation fredule J fo	om the	9 7		-
5	Did any person listed on line 1a receive of for services rendered to the organization?								. •	ation or inc				•
	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													¥X
	(A) Name and business add	lress							(B) Description of se	ervices		(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listed abo	ve) who				1

rar	VIII	Statement of Revenue Check if Schedule O contains a respo	nse or note to	any line in this	Part VIII		Γ
		Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
E 2	Ь	Membership dues 1b		i			
ts, Grants Amounts	C	Fundraising events 1c					
	d	Related organizations 1d				ľ	
ě, E	е	Government grants (contributions) 1e		l			
tion S	f	All other contributions, gifts, grants,					}
호	1	and similar amounts not included above 1f	743,950	İ		1	1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$				i	
<u>Ş</u>	h	Total. Add lines 1a-1f	<u>•</u>	743,950	<del> </del>		
죝		<u> </u>	Business Code				
9.6	2a						
<b>E</b>	b						· · · · · · · · · · · · · · · · · · ·
Ξ̈́	C					ļ	<del> </del>
Š	d						
jra	e f	All other program service revenue .			·	· <del>-</del>	
Program Service Revenue	g	Total. Add lines 2a–2f	<b>.</b>			L	<del></del>
	3	Investment income (including dividen				I	<u> </u>
		and other similar amounts)		Į.		Į.	ļ
	4	Income from investment of tax-exempt bond	d proceeds ▶				
	5	Royalties					
į		(i) Real	(ii) Personal				
	6a	Gross rents				Ì	
	Ь	Less: rental expenses				ļ	
	C	Rental income or (loss)					ļ
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	_						
	d	Gain or (loss)	•	-			-
٠			· · · · ·				
Revenue	8a	Gross income from fundraising events (not including \$					
<b>3</b>		of contributions reported on line 1c). See Part IV, line 18 a					
Othe	b	Less: direct expenses b					_
•		Net income or (loss) from fundraising ev	ents . 🕨				
	9a	Gross income from gaming activities.	i	1			
		See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activit	ies ▶				
	lua	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					]
	b	Net income or (loss) from sales of invent	tory ▶				
			Business Code				<u> </u>
	11a			ţ			
	Ь						<del></del>
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	1 40	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	_ [	743 050		ı — — — — — — — — — — — — — — — — — — —	

	IX Statement of Functional Expenses										
Sectio	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon			· · · · · ·							
3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors,										
	trustees, and key employees										
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										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes				·						
11	Fees for services (non-employees):	9250		9250							
a	Management	3230		3230							
b b	Legal	1500		1500							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,456	26,456								
12	Advertising and promotion	740070	707004	0.470							
13	Office expenses	746276	737804	8472							
14	Information technology		· · · · · · · · · · · · · · · · · · ·	<u> </u>							
15 16	Royalties										
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .										
23	Insurance										
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				}						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	,				· · · · · · · · · · · · · · · · · · ·						
b											
c											
d			-		<del></del>						
е	All other expenses	783482	764260	19222	·						
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	/ 63462	/04260	19222	<del></del>						
26	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)										

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	71,654	1	32,122
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	·	3	<del></del>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	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		6	
ĕ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	···-
	, ioa	other basis. Complete Part VI of Schedule D			!
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	···
	15	Other assets. See Part IV. line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	71,654		32,122
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<del></del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	<del></del>	21	
co.	22	Loans and other payables to current and former officers, directors,	<del></del>		<del></del>
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>.</u>	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
_	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third		27	<del></del>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	ļ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
88	1	complete lines 27 through 29, and lines 33 and 34.			ż
ĕ	27	Unrestricted net assets		27	J
ala	28	Temporarily restricted net assets	<del></del>	28	_ <del></del>
	29	Permanently restricted net assets		29	
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		23	
Net Assets or Fund Balances	1	complete lines 30 through 34.			Ì
Õ	30	Capital stock or trust principal, or current funds		30	
X T	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Ass	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del></del>
ĕ	33	Total net assets or fund balances	71,654		32,122
Z	34	Total liabilities and net assets/fund balances	71,654		32,122
	<u> </u>	Total nazimies and het assets fund palatives			,

Form 9	00 (2016)			P	age 12
Par	XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. г
1	Total revenue (must equal Part VIII, column (A), line 12)	11		74	3,950
2	Total expenses (must equal Part IX, column (A), line 25)	2		78	3,482
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	9,532
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	1,654
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3	2,122
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				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1 1		
	Schedule O.		1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		1 1	İ	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1 1		1
ь	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:		1 1		•
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight		_	
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	ŀ	•
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in			
	Schedule O.			- 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		•

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

Form **990** (2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

Open to Public Inspection

Amer	Americans of Faith 20-0742507							
Par	t I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	organiz	cation is not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		church, convention of church	•					
2		school described in section		•				
3		hospital or a cooperative hos						en en e
4	_	medical research organizationspital's name, city, and state	-	onjunction with a nost	onai desc	nbea in s	section 1/U(D)(1)(A)	(III). Enter the
5		organization operated for		college or university	owned o	r operate	ed by a government	tal unit described in
J		ction 170(b)(1)(A)(iv). (Com		concide of differently	OWNICE O	· operate	so by a government	tar unit described in
6	_	federal, state, or local govern	•	mental unit described	in <b>secti</b> o	on 170(b)	(1)(A)(v).	
7		organization that normally	-					n the general public
	de	scribed in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		_		
8	$\square A$	community trust described in	n <b>section 170(b</b> )	)(1)(A)(vi). (Complete I	Part II.)			
9	✓ Ar	agricultural research organi	ization described	d in <b>section 170(b)(1)</b>	( <b>A</b> )(ix) op	erated in	conjunction with a l	land-grant college
	un	university or a non-land-gra iversity:						. <b></b> .
10	∐ Ar	organization that normally in ceipts from activities related	receives: (1) mor	e than 331/3% of its su	upport fro	om contri	butions, membershi	p fees, and gross
	SU	pport from gross investment	t income and un	related business taxal	ble incom	ie (less s	ection 511 tax) from	
		quired by the organization a						
11		organization organized and	-		-			
12	_	n organization organized and one or more publicly suppo	•	•			-	• • • •
		neck the box in lines 12a thro						
а		Type I. A supporting organ	-	**	-	-	· ·	•
_	_	the supported organization						
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	,		
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of organization(s). You must		•		persons	that control or man	age the supported
C		Type III functionally integ its supported organization(					•	ally integrated with,
d		Type III non-functionally i	integrated. A su	pporting organization	operated	in conn	ection with its suppo	orted organization(s)
		that is not functionally integ						
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	ind D, ar	nd Part V.	
е		Check this box if the organ						e II, Type III
		functionally integrated, or 1		tionally integrated sur	oporting o	organizat	ion.	
f	_	er the number of supported or vide the following information						· · L
g			(a) EIN	· · · · · · · · · · · · · · · · · · ·		rganization	At Amount of manatan	6-3 Amount of
	(d ismi	ne of supported organization	(14) = 114	(iii) Type of organization (described on lines 1–10	tisted in you	g governing	(v) Amount of monetary support (see	(vii) Amount of other support (see
				above (see instructions))	docu	nent?	instructions)	instructions)
			ļ		Yes	No	İ	
(A)								
<del></del>					L			
(B)								
(C)								
(D)								
(E)								
			<del> </del>	<del> </del>	<del></del>	·	<del> </del>	

							· age -
Part	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						
<del></del>	Part III. If the organization fails to	quality unde	er the tests li	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support			1	T :	1	T
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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			<u> </u>			
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						
	on B. Total Support					<del></del>	
_	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	- <del></del>	 		<b></b>	<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			-		
C	on C. Computation of Public Suppor			<u> </u>	<del></del>	<del></del>	
	Public support percentage for 2016 (line 6			(4	<del></del>	1 44 1	
14	Public support percentage for 2016 (line of Public support percentage from 2015 Sch	o, Column (I) O	vided by line . Unline 14	i i, column (i))		14	%
15 16a		zation did not	check the box	x on line 13, ar	nd line 14 is 3		
ь	331/2% support test-2015. If the organization	zation did not	check a box o	on line 13 or 16	ia, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and <b>stop here.</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and- ts-and-circum	circumstances' stances" test.	" test, check The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

### Part III Support Schedule for Organizations Described in Section 503(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.)

Sooti	in the organization fails to quality	under the te	sis listed beid	ow, piease co	mpiete Part i	1.)	<del></del>
	on A. Public Support	(-) 2012	<b>(b)</b> 2012	(=) 2014	( <del>-0</del> 0015	(0) 2016	40 T-1-1
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	received. (Do not include any "unusual grants.")	901,500	6,000	301,750	15,680	743,950	1,968,880
2	Gross receipts from admissions, merchandise		0,000	301,730		740,930	1,500,000
_	sold or services performed, or facilities	İ					
	furnished in any activity that is related to the	Į		}		l	
_	organization's tax-exempt purpose			ļ			
3	Gross receipts from activities that are not an				1	i i	
_	unrelated trade or business under section 513						
4	Tax revenues levied for the					ł	
	organization's benefit and either paid			1		Ì	
	to or expended on its behalf						
5	The value of services or facilities					Į.	
	furnished by a governmental unit to the	İ			]		
	organization without charge	004 500		904 750		740 050	4 000 000
6	Total. Add lines 1 through 5	901,500	6,000	301,750	15,680	743,950	1,968,880
7a	Amounts included on lines 1, 2, and 3				Ì	ļ	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			]			
	received from other than disqualified		ļ		i	1	
	persons that exceed the greater of \$5,000					Į	
	or 1% of the amount on line 13 for the year		<del></del>				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			}	1	ή.	1,968,880
04	line 6.)			LL			1,900,000
	on B. Total Support	(-) 0040	(L) 0040	4-3-0044	(-D 0045	4-) 0040	40.T-1-1
	dar year (or fiscal year beginning in)	(a) 2012 901,500	<b>(b)</b> 2013 6,000	(c) 2014 301,750	(d) 2015 15,680	(e) 2016 743,950	(f) Total 1,968,880
9	Amounts from line 6	301,300	0,000	001,730		7-10,930	1,300,000
10a	Gross income from interest, dividends, payments received on securities loans, rents,	ļ		1		1	
	royalties and income from similar sources .	Į		ļ	į	į	
	•			<u> </u>			
ь	Unrelated business taxable income (less section 511 taxes) from businesses	]	i	1	ì		
	acquired after June 30, 1975	\$		1	1	}	
_	Add lines 10a and 10b					<del>+</del>	
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				j	i	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	Į.	Į.		ŧ	į	
	(Explain in Part VI.)	İ			1	ľ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	901,500	6,000	301,750	15,680	743,950	1,968,880
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	ne					▶ 🛚
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2016 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2015 Sch	edule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	100 %
Secti	on D. Computation of Investment Inc	come Percei	ntage				
17	Investment income percentage for 2016 (	ine 10c, colum	nn (f) divided by	y line 13, colum	nn (f))	17	0 %
18	Investment income percentage from 2015		•			18	0 %
19a	331/2% support tests - 2016. If the organi						
	17 is not more than 331/3%, check this box	=	•	-		-	لت
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b	=	•	-		• •	
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

## 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 A 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a	-	
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 <b>Part VI</b> when and how the organization made the determination.	3b	-	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		1
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.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		-
С	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 <b>Part VI</b> 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.	4c		-
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		j
с 6	<b>Substitutions only.</b> 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	5c		
	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 <b>Part VI</b> .	6	-	
7	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).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		]
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	-	
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.	9b		
С	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 <b>Part VI.</b>	9c		
0a	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.	10a		
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.)	105	-	

Schedule A	(Fam	990 ~	oon.	につ	2016
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Page 5

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1_	1	
	below, the governing body of a supported organization?	11a		L_
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	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		L
Section	on B. Type I Supporting Organizations			
	Did the Product to the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constra		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1	Ì	1
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		Ì	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	i i		)
	supervised, or controlled the supporting organization.	2		·
Section	on C. Type II Supporting Organizations			L
			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	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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 <b>Part VI</b> the role the organization's	] ]		
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	1 9 1		
				.1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	กรเกษ	JUOTE	i).
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	· !	.4	·
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			}
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		- 1	į
	those supported organizations and explain how these activities directly furthered their exempt purposes,			í
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	į
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		]	ł
	reasons for the organization's position that its supported organization(s) would have engaged in these		]	
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	]	j	}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			- ~
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del> ,
Þ	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 <b>Part VI</b> the role played by the organization in this regard.	25		]
	OF ILS SUPPORTED OF GRIEGISCHS: IF ITES, DESCRIBE IN FORE FOR DIAVEO DV THE OFGANIZATION IN THIS FEGARO.	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Sect	on D - Distributions	<del> </del>		Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity			] .			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
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	th the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2016 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·				
10	Line 8 amount divided by Line 9 amount	<del></del>					
S-	ection 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		! 				
_	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required - explain in Part VI). See						
	instructions.		<del></del>	<del> </del>			
3	Excess distributions carryover, if any, to 2016:		· · · · · · · · · · · · · · · · · · ·				
<u>a</u> b			<u> </u>				
	From 2013		<del></del>	<del> </del>			
<u>c</u>	F 0044		<del></del>				
<u>u</u>	5 0045		<del></del>	<del></del>			
<del>U</del>	Total of lines 3a through e			<del></del>			
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount			<del></del>			
<u>i</u>	Carryover from 2011 not applied (see instructions)			<del></del>			
<u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<del></del>			
4	Distributions for 2016 from						
	Section D, line 7: \$		i	,			
a	Applied to underdistributions of prior years						
ь	Applied to 2016 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if			1			
	any. Subtract lines 3g and 4a from line 2. For result	ĺ					
	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.						
8	Breakdown of line 7:						
а							
b	Excess from 2013			,			
С	Excess from 2014						
d	Excess from 2015						
ее	Excess from 2016		·				

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.)				
	,				

#### SCHEDULE 0 (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.

90-E2 or to provide any additional information

▶ Attach to Form 990 or 990-E2.

2016

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.

Open to Public Inspection

Name of the organization	Employer identification number
Americans of Faith	20-0742507
Part 111	
4. The arranisation is successful advantage and sometimes.	
1 The organization's mission is voter education and registration	
Part 1V	
38 The organization did file a Schedule O	
^*************************************	
January 1000 1000 1000 1000 1000 1000 1000 10	
D. AM	
Part VI	
1a There are 3 members in voting body - all are independent	
The fact of monacing from goody will are independent	***************************************
11b Documents submitted to governing body	
13 Documents are available online @americansoffaith com or upon request	
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1	
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1	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
<del></del>	<del></del>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<u>, , , , , , , , , , , , , , , , , , , </u>	* **** * *** ** ** ** ** ** ** ** ** **
