

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

	nal Revenu	ine Treasury se Service	► Go to ww	w.irs.gov/Fort	m990 for instruc	ctions an	id the l	latest in	formation.		Inspection
<u></u>	For the	2017 cale	ndar year, or tax year beg	ınning	Jan. 1	, 201	7, and	ending	Dec	c. 31	, 20 <sub>17</sub>
В	Check if a	applicable	C Name of organization Ame	ricans of Fait	h					D Employe	er identification number
	Address	change	Doing business as	_							20-0742507
	Name ch	ange	Number and street (or P O t	oox if mail is not	delivered to street	address)	R	oom/suite	,	E Telephor	ne number
	Initial retu	ırn	5235 Mission Oaks Blvd.					10	00		805-384-4510
	Final returi	n/terminated	City or town, state or province	ce, country, and	ZIP or foreign pos	tal code					
	Amended	d return	Camarillo, CA 93012							<b>G</b> Gross re	ceipts \$
	Application	on pending	F Name and address of princip	al officer				_	H(a) Is this a gr	roup return for :	subordinates? Ves No
								MY			s included? Test V No
<u> </u>	Tax-exen	npt status	✓ 501(c)(3)	501(c) ( )	(insert no )	4947(a)(1)	or 🔲	527	<b>∠</b> If "N	o," attach a	list (see instructions)
<u>J</u>	Website:	► wwv	v.americansoffaith com			1			H(c) Group	exemption	number >
_		rganization [	✓ Corporation ☐ Trust ☐	Association	Other ▶	<u> </u>	_ Year o	f formatio	n	M State	of legal domicile
P	art I	Summ				<u>'</u>					
	1	Briefly de	scribe the organization's	s mission or	most significar	nt activit	ies. <u>'</u>	Voter Ed	lucation		
Governance						····					
Ē						:					
Š	1		s box ▶ ☐ if the organiz							1 1	its net assets.
Ğ	1		of voting members of the	-	- '					3	
S	1		of independent voting m		•					5	
Ż			nber of individuals emplo nber of volunteers (estim							6	
Activities			elated business revenue							7a	
Q.			ated business revende ated business taxable in							7b	
	<u>b</u> _	Merminer	ateu business taxable ii	- ICOME ITOM	01111 990-1, 1111	<del> </del>	<u> </u>	- i	Prior Ye		Current Year
ine	8	Contribut	ions and grants (Part VII	II line 1h)						743,950	101,87
	1		service revenue (Part VI	. ,						0	101,07
Revenue	1	•	nt income (Part VIII, colu							0	
æ	1		enue (Part VIII, column (							0	
			enue—add lines 8 throug							743,950	101,87
			nd similar amounts paid							. 0	
	1		oald to or for members (							0	(
ý	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)								0	
Expenses	16a	Professio	nal fundraising fees (Pai	rt IX, column	(A), line 11e)			. [		0	
ĝ	ь	Total fund	draising expenses (Part	IX, column (E	0), line 25) 🕨						
Û	''		oenses (Part IX, column				<del></del>	┱╵		783,482	111,512
			enses. Add lines 13-17			∩!('A'), <u>I</u> im	e <b>)</b> 25)	- }-  -		783,482	111,51
_		Revenue	less expenses. Subtract				;			-39,532	-9,63
Net Assets or					SI NOV 6	A 2019	2   C	g B	eginning of Cu		End of Year
Sset	20		ets (Part X, line 16) .		NOV 2	U ZUU		2\  -		32,122	22,48
A	21		ılıtıes (Part X, line 26)	l l	·			▝▘▍├		0	
			ts or fund balances. Sub	tract line 21	Trom line 201		13 ·			32,122	22,48
	art II		ure Block	and Alexanders are		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dulas a	ad atatam	onto and to t	ha hast of a	muknowledge, and belief it i
Ur tru	ider penal ie. correct	ties of permits, and compl	ny, I declare that I have examin ete Declaration of preparer (ot	ed this return, ir her <b>t</b> han officer)	iciuding accompar is based on all info	mation of	oules ai f which	nd staterr preparer	nents, and to the has any knowl	ne best of r ledge	ny knowledge and beller, it i
_	-,	<u> </u>	<del>  - )\                                  </del>	<del>-}</del>	<del></del>					MOV	73 17
Sig	n	Sign	alore of officer	<del>-</del> ,-					Da	ite	· / - / /
	ere		UVID SOAD	VIDA	FICER						
	<del>-</del>	Type	or print name and title	<del>r / v /</del>	1,0010		<u> </u>				
_		<u> </u>	pe preparer's name	Prepare	er's signature			Dat	e	Chook	T If PTIN
	aid			ĺ						Check     self-em	
	epare		ame ▶						Firm	n's EIN ▶	
US	se Onl	y ———	ddress ▶	_	_					one no_	
Ma	v the IF		s this return with the pre	parer shown	above? (see ir	nstructio	ns) .				Yes No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y



Form **990** (2017)

	90 (2017)	<del></del>			Page 2
Part		itement of Program Service A	.ccomplishments sponse or note to any line in this Pa	art III	[7]
1		escribe the organization's mission		artiii	🔻
·	•				
				•••	
2	prior For	m 990 or 990-EZ?	cant program services during the year		Yes ☑ No
3			Schedule O or make significant changes in h		Yes ☑ No
4	Describe expenses	s. Section 501(c)(3) and 501(c)(4)	dule O. rice accomplishments for each of its i organizations are required to report ir each program service reported.		
4a	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
			·		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		•••••			
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	***************************************				
				••	
					·

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ Total program service expenses ▶

) (Revenue \$

arı	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
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	<b>✓</b>	
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	<b>√</b>	
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		<b>\</b>
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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>√</b>
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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		✓
С	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		✓_
	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		<b>√</b>
e 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		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
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		✓
14 a		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		1
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		<b>✓</b>
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		<b>✓</b>
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		1
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		1
		E	000	(2017)

Part I	Checklist of Required Schedules (continued)			
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u>√</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>▼</u>
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		<u> </u>
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		<b>√</b>
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		✓
	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		<b>√</b>
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), 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	24d 25a		<b>√</b>
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 "Yes," complete Schedule L, Part II	26		<b>√</b>
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		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
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		1
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	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
32	Part I	31		<b>√</b>
33	complete Schedule N, Part II  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	32		✓ ✓
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	33_		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 36		<b>✓</b>
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,	30		_
	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	1	

B 11/1	Ot town and Domending Other IDC	Filings and Tay Compliance
Part V	Statements Regarding Other IRS	s rillings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4	400	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ᆀ	5 6	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	- <u>1</u> 21
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			F M
	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		✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	读说	, ,	(#X7.)
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
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		<b>√</b>
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	\$ 20 KE	2.67	3724
	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>√</b>
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			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		198	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>√</b>
С	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	2.7		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\overline{\checkmark}$
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>√</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-32.5	<u> </u>	~. <u></u>
	sponsoring organization have excess business holdings at any time during the year?	8		<b>√</b>
9	Sponsoring organizations maintaining donor advised funds.	* (* ) f 4\$		STATE OF
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>
b	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	Start.		
а	Initiation fees and capital contributions included on Part VIII, line 12			TEUCH Leaker
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter		G	
а	Gross income from members or shareholders	1882 °		
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		0.17	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Or of	134
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>√</b>
	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		Sur re	位列
	the organization is licensed to issue qualified health plans			14 W
c	Enter the amount of reserves on hand		\$ D.A	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b>✓</b>
		Form	990	(2017)

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			. 🔽
Secti	on A. Governing Body and Management			
	C. H. C. H. C. L. C. L. C.	<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			Topy of
	committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent .    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>J</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	1	<b>→</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
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>	<b>✓</b>
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?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		, , ,
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
46		-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
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.	DOM		gis (~)
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>√</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		1
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14	14 P.	<b>/</b>
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	£ 1	a. :
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		4
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		
Secti	on C. Disclosure	1.00	<u> </u>	<u> </u>
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.	າ 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 financial statements available to the public during the tax year.	erest	policy	∕, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	· <b>▶</b>	

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

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

- 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 noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	', or trustee.	
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				(0	C)						
(A)	(B)	Position						(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
Name and Title	hours per					is both		compensation	compensation from		
	week (list any	officer and a director/trustee)						from	related	other	
	hours for	ğ <u>ğ</u>	I St	Officer	(e)		Former	the	organizations	compensation	
	related organizations	re à	Ē	ğ	<u>s</u>	o est	ॡ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	학교	3		Key employee	<u>ଭ</u> ପି		(**-27 1033-141130)		and related	
	line)	Individual trustee or director	5		yee .	g g				organizations	
		e e	Institutional trustee			sang					
		· ·	ñ			Highest compensated employee					
											_
(1) Edward Atsinger											
	†	✓						0	О		C
(2) Jay Seculow											
	<b>†</b>	✓						0	0		C
(3) Colby May											
		✓_						0	. 0		C
(4) David Spady											
				✓	l			0	0		C
(5)											
(6)											
(7)			l								
		<u> </u>									
(8)											
(9)											
		İ									
(10)											
		1									
(11)											
(12)											
	T						ŀ				
(13)											
		]									
(14)	1										
	+	4	ı	ı	ı	ı	ı	1	I	1	

Form 99													Page 8	
Part	VII Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours per	(do n box, i	ot ch	Pos leck is pe	c) ition more rson	than one the than of the the than of the the the than of the the than of the the the than of the the the than of the the than of the the t	one a an tee)	(D) Reportable compensation from	(E) Reportable compensation fre		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompens from the ganiza and rela ganizat	ation ne tion ted	
(15)														
(16)						-								
(17)														
(18)								-						
(19)														
(20)								-						
(21)														
(22)								-						
(23)														
(24)			-											
(25)														
1b	Sub-total		<u> </u>	L.	<u></u>	<u> </u>		<u> </u>						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>▶</b>						
2	Total number of individuals (including bur reportable compensation from the organ	t not limited				ted	above	e) w	nho received m	ore than \$100	,000 of			
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	nest compens		3 Y	es No	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$	ble 150,	000 000	npe:	nsation f "Ye	on a s,"	ind other comp complete Sch	pensation fron medule J for	such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual	5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repear.											ation'	s tax	
	(A) Name and business add	Iress							(B) Description of s	services	Com	(C) pensation	on	
								<u> </u>						
						_								
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) wno				

Parl	VIII										
		Check if Schedule O	contains a	a resi	oonse or note to				<u></u> <u> </u>		
, 1 (1)			neg is a second de secondo de de secondo de br>de secondo de secondo			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512-514		
nts nts	1a	Federated campaigns		1a							
ìrai our	b	Membership dues .		1b							
S,C	С	Fundralsing events .		1c			allelitinistration and allelitinistration of the				
ar E	d	Related organizations		1d							
ıs, imi	е	Government grants (cont		1e		argunda y lazaran					
rijo er S	f	All other contributions, gif					1 (A)	9,0,0			
章		and similar amounts not incl			101,875	12 Page 1					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ				**************************************					
	h_	Total. Add lines 1a-1f			Business Code	101,875	1000 1000 1000 1000 1000 1000 1000 100				
Program Service Revenue					Business Code						
eve	2a		•								
ě	Ь .								_		
Ž	C										
Š	d										
gran	e f	All other program serv									
õ	g	Total. Add lines 2a-2f			▶						
	3	Investment income ( and other similar amo	including unts) .	dıvıdı 	ends, interest,		2008: 1000: 200 EP 2 20 Hart S	The mark I'm reason 1.12. Not vite a disso	above the second state of		
	4 -	•									
	5	Royalties	(i) Real		(ii) Personal	jung renganden betraut er distablik (2002)	Bar 17 Constitution	ninggalar rango somingmy	ANG MALANTACK COLUMNIA PARAM		
	6-	Gross rents	() 11021		(1) 1 6/36/16/						
	6a	Loss rental expenses			*						
	b	Rental income or (loss)									
	l q	Net rental income or (	loss)		L	11.11.15.21.13.23.33482	Add sure of lease of	Sidavità interità .	28 S 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
	7a	Gross amount from sales of	(i) Securiti	es :	(ii) Other	567-1-31 <b>58</b> 07	7 F	196 m (5,† 200m)			
	'-	assets other than inventory									
	ь	Less, cost or other basis	····					Salas de la constante de la co			
		and sales expenses .									
	c	Gain or (loss)	•								
	d	Net gain or (loss) .			▶	Autoria de um do ar responso	acara a la companya a la caraca.	angual further in 1 to 14,44,680 object to	Light to a first the control of the control of		
venue	8a	Gross income from fu	ndraising								
Öther Rev		of contributions reporte See Part IV, line 18 .		· a							
ō	l .	Less. direct expenses									
	9a	Net income or (loss) fr Gross income from ga See Part IV, line 19		_	events . ►		The sure seed on the	Sugaration of the second of th	The state of the s		
	ь	Less direct expenses		. b		To the					
	С	Net income or (loss) fr			vities ▶						
	10a	Gross sales of in	ventory, I	ess		i adagaaris			mana ya wana amana mana mana mana mana mana ma		
		returns and allowance	s	· a		100					
	b	Less cost of goods se		. b			Approximation of the second				
	С	Net income or (loss) fr	om sales o	of inve	entory 🕨						
		Miscellaneous Re	evenue		Business Code		HPARTAGARA				
	11a										
	b	***************************************							-		
	С										
	d	All other revenue .		•	L	-	   数数を記されば Art   日との数形式 25 Ab	CONTROL STATE OF STAT	PUBLICATE DE GRANDIGHANISMO A		
	- e	Total Add lines 11a-			🟲			AMERICAN CERCITA			

FGIIII 990 (20	· · · · · · · · · · · · · · · · · · ·					_ raye i
	Statement of Functional Expenses					
Section 50	1(c)(3) and 501(c)(4) organizations must comp	olete all columns. A	III other organization	ns must complete co	olumn (A)	
	Check if Schedule O contains a response	e or note to any lii	ne in this Part IX .	<u>.</u>		<u> </u>
A	leads amounts was arted on lines Ch. 7h	/A)	(B)	(C)	7	'D\

	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .	<u> </u>	<u> L</u>
	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				Marie Localy, Charles
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 8	Other salaries and wages				-
9 10 11	Other employee benefits				
a b	Management	3,000	·	3,000	_
c d	Accounting	1,500		1,500	
e f	Professional fundraising services See Part IV, line 17 Investment management fees		<b>美國的公司的國際</b>	學不過學學學	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	407.040	00.700	7 242	
13 14	Office expenses	107,012	99,700	7,312	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	<u> </u>	_		· · · · · · · · · · · · · · · · · · ·
21 22	Payments to affiliates				
23	Insurance				
24	Other expenses. Itemize expenses not covered				Transport
	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					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	111,512	99,700	11,812	
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 following SOP 98-2 (ASC 958-720)				

F	art X	Balance Sneet	anta ta anulina in this D			
		Check if Schedule O contains a response or	note to any line in this Pa		<del></del>	· · · · · <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		32,122	1	22,48
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
s	5	Loans and other receivables from current and for trustees, key employees, and highest cor Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), porcons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) voluntal organizations (see instructions). Complete Part II of Scheduling	d contributing employers and ary employees' beneficiary	Takyndightory on in manufacture or water from	6	The state of the s
Assets	7	Notes and loans receivable, net			7	, -
As	8	Inventories for sale or use			8	
	9				9	
	10a	Land, buildings, and equipment. cost or	10a		77.4	
	Ь		10b		10c	
	11			·· <del></del>	11	
	12	Investments—other securities. See Part IV, line 1		· <del></del>	12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		14	· · <del>_</del> -	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		32,122		22,485
_	17	Accounts payable and accrued expenses		02,122	17	22,100
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P			21	
s	22	Loans and other payables to current and for		(a.14.14.14.14.14.14.14.14.14.14.14.14.14.	( <b>3</b>	
Liabilities		trustees, key employees, highest compens disqualified persons. Complete Part II of Schedul	ated employees, and		22	
Ë	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on lines	ayables to related third			
		of Schedule D			25	
	26		<del> <u></u> .</del> .		26	
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and				
a	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
פ	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95) complete lines 30 through 34.	8), check here ► ☐ _and			
ts (	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equ			31	
Ą	32	Retained earnings, endowment, accumulated inc			32	
Net Assets	33	Total net assets or fund balances		32,122	33	22,48
_	34	Total liabilities and net assets/fund balances .	. <u> </u>	32,122	34	22,48

Form 9	90 (2017)				Pa	ige <b>12</b>
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-			1.875
2	Total expenses (must equal Part IX, column (A), line 25)	2			11	1,512
3	Revenue less expenses. Subtract line 2 from line 1	3				9,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				22,485
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				
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," ex	plaın	ın			
	Schedule O.		- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pıled	or			ļ
	reviewed on a separate basis, consolidated basis, or both			ľ		İ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		- 1	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а			
	separate basis, consolidated basis, or both					
	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 o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		<b>✓</b>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	l		

**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** (2017)

#### 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 12, 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 (Form 990 or 990-EZ).) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . g Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (in) FIN listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

//	•
Dana	•
r/auc	_

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked the						alıfy/under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<u>/</u>
	on A. Public Support	4 3 5040		1 2 2 2 4 5	( ) 0040	1 12 0017	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017/	(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	<b>Total.</b> Add lines 1 through 3	AN TARPAL SOMMERS		La Arti. Nicola de la Cartina de	A STATE OF THE STA	neroperations and present the fi	
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	AUT I	<u>                                     </u>		pira.		
	on B. Total Support	(-) 0040	112 0014	(-) 0015	(4) 0010	(-) 0017	/A Tetal
	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7 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		ELTHER S	all a subject to	<b>企业</b> 第3		PERMIT	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						on 501(c)(3)
<u> </u>	organization, check this box and stop he					· · ·	🟲 📙
	on C. Computation of Public Suppor			I1 column (A)		14	%
14 15 16a	5 Public support percentage from 2016 Schedule A, Part II, line 14						
b							
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b '							
18	Private foundation. If the organization d						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

<del>:</del>	if the organization fails to qualify	under the te	sis listed beit	ow, piease co	mpiete Part i	1.)	
	on A. Public Support	1					<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	6,000	301,750	15,680	743,950	101,875	1,169,255
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						<del>-</del> -
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			_			
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	6 000	204 750	45.000	742.050	404.075	4 4 6 0 0 5 5
6 7a	Amounts included on lines 1, 2, and 3	6,000	301,750	15,680	743,950	101,875	1,169,255
r a	received from disqualified persons .						
_	·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	Historia describilità del compressione d	bo was state	n Harry with the new to be the	where combined way is a side of a side of	forth over 1 12 to 9 10	
8	Public support. (Subtract line 7c from			解歷史计,图	變性的學		
	line 6.)				क्षीओं है है दिल्ली		<u>1,169,255</u>
Secti	on B. Total Support	Υ	,				
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	6,000	301,750	15,680	743,950	101,875	1,169,255
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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,			<del></del>			
	and 12.)		204 352	45.55	742.05	404 07-	4 600 0
14	First five years. If the Form 990 is for the	6,000	301,750	15,680 d third fourth	743,950	101,875	1,169,255
17	organization, check this box and stop he	•	· ·		•		
Sooti	on C. Computation of Public Suppor			• • • • •	<u> </u>		▶ 📋
15	Public support percentage for 2017 (line	<u>_</u>		2 column (fl)	<u>.</u>	15	100 %
	Public support percentage for 2017 (inter-		-			16	
16 Secti	on D. Computation of Investment In			<u> </u>	• • •	101	100 %
17	Investment income percentage for 2017 (			v line 13 colur	nn (fl)	17	0 %
18	Investment income percentage for 2017 (			-		18	0 %
	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organ						
19a	17 is not more than 331/3%, check this box						
1	33 <sup>1</sup> /3% support tests—2016. If the organization						
b	line 18 is not more than 331/3%, check this						
00			-	•			=
20	Private foundation. If the organization di	id not check a	pox on line 14,	, 19a, or 19b, c	neck this box	ano see instruc	ctions 🕨 🗌

#### 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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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9a		
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9c		<u> Acj</u>
10a		
	<u> </u>	<b>公</b> 表为

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)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	12. 1
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	基整件 2° 1.736
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
•		1 2 2 2 2 2 3 4
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
0000	on or type it cupper any organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>予せましては再業</b> 協
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	<u> </u>
		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	nyentan wantan wantan
	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	7 5 5 7 5 7
	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)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	
Casti		] 3
Secu	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
а	The organization satisfied the Activities Test. Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity in	(see instructions)
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 <b>Part VI identify</b>	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	man diameter
	that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	MER SHE SHE
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Section	ns A through E.
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		1
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		Expansivy production of the control	i i i i i i i i i i i i i i i i i i i
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	minustratium de de la companie de la	
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	KATE PROPERTY	
5 Income tax imposed in prior year	5	现在是1000000000000000000000000000000000000	
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	ly in	tegrated Type III supporting	organization (see
instructions)	•		,

Part	Type III Non-Functionally integrated 509(a)(3	s) Supporting Organ	zations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e	exempt purposes	<u>.</u>				
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 whic	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.			,			
9	Distributable amount for 2017 from Section C, line 6		•				
10	Line 8 amount divided by line 9 amount						
, Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable			
			Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6		aria e e e e e				
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See		-				
-	instructions			### - 9 Sept #### 5 1			
3	Excess distributions carryover, if any, to 2017	Maria Carantes es estados esta					
а	<b>司法可以为政策的</b>	WEST 的对对的SEE		の表現を表現を表現の表			
b	From 2013	がおいる意識を発					
С	From 2014	szerdszegyszergyszegykérékető (Tijjjánáltálásákák					
· d	From 2015	apaga maraman ayaa aa					
ė	From 2016	digitation of the second secon					
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)	在研究的产生的数据		<b>计设施器</b> (2014)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		がなられば異難が必				
4	Distributions for 2017 from	Territory.		<b>计2861 热键的4.1</b>			
	Section D, line 7 \$			miminos, estate, ilean standada anapa, esta			
а	Applied to underdistributions of prior years	Market Valley of		EACTONIES THE			
b	Applied to 2017 distributable amount	PARACTER GREET PAR					
С	Remainder. Subtract lines 4a and 4b from 4.			是这种"是是是一种"的			
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	6 Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7.		CARA CARACA				
a	Excess from 2013	in maintain on inches					
<u>a</u>	Excess from 2014			HERITA STREET			
C	Excess from 2015			100 Landing 100 Mary			
d	Excess from 2016	The second secon					
e	Excess from 2017 .						

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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.)
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Americans of Faith	20-0742507
Part 111	
1. The organization's mission is voter education and registration	
Part 1V	·
38. The organization did file a Schedule O	
Part VI	
1a. There are 3 members in voting body - all are independent	
11b. Documents submitted to governing body	
42 Decuments are quallable online @emoriconcoffarth com or upon request	
	•••••

Sanedule O (Form 990 or 990-EZ) (2017)	Page ∠
Name of the organization	Employer identification number
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