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

Department of the Treasury

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

_		Information about Form 990 and its instructions is at	www.irs	s.gov/form990.	Inspection
<u>A</u>	For	the 2013 calendar year, or tax year beginning and end			
В	Check			D Employer identifica	tion rumber
_		1	1	o Employer Identifica	MON NUMBER
		AMERICAN ATHEISTS, INC.	ĺ		
		Doing Business As		74.04	CC=0=
Γ	Tini'	lial Number of the Control of the Co		74-24	66507
Ē		min. 225 CRISTIANI STREET	om/sulte	E Telephone number	
F	Аπ		1	908-2	<u>76-7300</u>
F		urn City or town, state or province, country, and ZIP or foreign postal code	i	G Gross receipts \$	1,736,566.
L	) jići 1981	CRANFORD, NJ 07016	. [	H(a) Is this a group retu	
	•	F Name and address of principal officer:DAVID SILVERMAN		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates inclu	
	Tax	exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		
J	Web	site: WWW.ATHEISTS.ORG			t. (see instructions)
K	Form		1. 1/	H(c) Group exemption r	number >
P	art	Summary	L Year o	f formation: 1987 M S	itate of legal domicile: NJ
8	1'	ATTEMENT OF THE STATE OF THE ST	AN A	THEISTS IS D	EDICATED
Ę	_	TO WORK FOR CIVIL RIGHTS ATHEISTS. PROMOTING	NG SI	TPARATTON OF	CHAME AND
Activities & Governance	2	officer this box is the organization discontinued its operations or disposed to	of more	than 25% of its net asse	ts.
ğ	3	Number of voting members of the governing body (Part VI, line 1a)		اوا	13
<u>ن</u>	4	Number of independent voting members of the governing body (Part V), line 1b)			12
8	5	Total number of individuals employed in calendar year 2013 (Part V. line 2a)		ارسا	
\$	6	Total number of volunteers (estimate if necessary)			
₽,	7	a Total unrelated business revenue from Part VIII, column (C), line 12	••••••	6	35
⋖	1	b. Net unrelated business tayable become from 5 one T. F 04	••••••	7a	0.
	1	b Net unrelated business taxable income from Form 990-T, fine 34		7b	0.
	8	Contributions and assets (Dec. 1886)		Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		557,888.	713,224.
ğ	9	Program service revenue (Part VIII, line 2g)	[	232,558.	175,905.
Ŗ	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,143.	57,546.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	56,486.	80,144.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	"	907,075.	1,026,819.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<del>·  </del>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·· ├──	0.	0.
U)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundralation food (Part IX, column (A), Ilnes 5-10)	.	417,651.	487,511.
ĕ	'	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
8	4-	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		973,279.	833,029.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	- [	1,390,930.	1,320,540.
- 10	19	Revenue less expenses. Subtract line 18 from line 12		-483,855.	-293,721.
Sor				ining of Current Year	End of Year
Balanc	20	Total assets (Part X, line 16)		2,317,295.	
劉	21	T-4-1 H-1-1141 - (m 54 H			2,109,164.
ء	22	Not assets or fund balances. Subtract line 21 from line 20		81,925.	155,750.
Pa	rt II	Signature Block		2,235,370.	1,953,414.
			····		
71100	oorra	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	s, and to the best of my kno	wledge and belief, it is
u ue,	COILE	st, and complete. Decigration of preparer (other man officer) is based on all information of which pre	eparer has	s any knowledge.	
		David Silverman		11-12-1	Ų.
3ign		Signature of officer		Date	<del></del>
lere	,	DAVID SILVERMAN, PRESIDENT			
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·	
		Print/Type preparer's name Preparer's signature/	Date	Check	PTIN
ald		ANDREW SILVERSTEIN, CPA ( an ha)		, ,, ,   ji''''  ]	
repa					200359249
Jse O		10010/1110		Firm's EIN 2	<u>2-1655803</u>
,og U		Firm's address 250 PEHLE AVE., SUITE 702	<i>با لا</i>	700	
		SADDLE BROOK, NJ 07663	7) ] [	Provide no. 201 – 4	103-9750
lay 1	he IF	RS discuss this return with the preparer shown above? (see instructions)	ノバ		X Yes No
32001					Farm 000 (0013)

	68 (Rev. 1-2014) are filing for an Additional (Not Automatic) 3-Month I nly complete Part II if you have already been granted ar	Extension	Complete and B			Page		
• If you	nly complete Part II if you have already been granted ar are filing for an Automatic 3-Month Extension, comp	automati	C3-month extension on a service of	nis box	***************************************	▶ X		
Part II	The state of the s		The state of the s	IIIAA F	orm BBC0			
	Additional (Not Automatic) 3-Month	Extension	on of Time. Only file the original	nal (n	0.00-1-			
Type or	Name of a		Enter (II	iiai (i	o copies nee	eded).		
print	Name of exempt organization or other filer, see instr	ructions.	Enter filer	s iden	tifying number,	see instruction		
T CITIPIOYER IDENTIFICATION								
due date for	AMERICAN ATHEISTS, INC.			1				
filing your return. See	IO O F							
instructions.	E STATE TANK STREET			Socia	al security numb	er (SSN)		
	City, town or post office, state, and ZIP code. For a to CRANFORD, NJ 07016	foreign add	dress, see instructions					
	1510 HT 07016							
Enter the	Return code for the water or							
	Return code for the return that this application is for (fil	e a separa	ite application for each return)			<del></del>		
Application				••••••	***************************************	0 1		
Is For	711	Return	Application					
	or Form 990-EZ	Code	Is For			Return		
Form 990-		01				Code		
	(individual)	02	Form 1041-A					
Form 990-I		03	Form 4720 (other than individual)			08		
	(sec. 401(a) or 408(a) trust)	04	Form 5227			09		
orm 990-1	(trust other than above)	05	Form 6069			10		
STOP! Do	not complete Down II is	06	Form 8870					
	not complete Part II if you were not already granted DAVID SILVERMAN	an autom	atic 3-month extension on a previ	ously f	iled Form 8869	12		
The boo	ks are in the care of > 225 CDT CDT ANT	<u> </u>		<u> </u>	1001 0111 0008			
Telepho	ks are in the care of $\triangleright$ 225 CRISTIANI Sine No. $\triangleright$ 908-276-7300	<u> - C</u>	RANFORD, NJ 07016					
If the org	panization does not have as office and		Fax No. ▶					
If this is	for a Group Return, enter the organization of four it to	in the Unit	ted States, check this box					
<u> </u>	I it is for part of the group, check this have		,	this is t	Or the whole are	in check this		
	oot an additional 3-month extension of time	^	h a list with the names and EINs of a	ill mem	bers the extensi	op is for		
		OVEME	ER 15, 2014		I I I O UNIONS	UIT IS TUI.		
Force	ilendar year 2013 or other tay year beginning	o Pol Calendar year 2013, or other tay year harden.						
Force	ilendar year 2013 or other tay year beginning		, and ending					
For ca	ax year entered in line 5 is for less than 12 months.			Final	return	·		
For ca	instituar year 2013, or other tax year beginning	eck reason	n: Initial return		return	•		
For ca	instituar year 2013, or other tax year beginning	eck reason	n: Initial return					
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For call of the tall of tall of the tall of ta	cax year entered in line 5 is for less than 12 months, che Change in accounting period in detail why you need the extension ITIONAL INFORMATION IS NEEDINATE RETURN.	eck reason	n:, and ending			•		
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Form 8868 (Rev. 1-2014)

Form 8868 (Rev. January 2014)

## Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charitles & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Name of exempt organization or other filer, see instructions. Type or Enter filer's identifying number print Employer identification number (EIN) or AMERICAN ATHEISTS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. 74-2466507 due date for filing your 225 CRISTIANI STREET Social security number (SSN) return Sne Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CRANFORD, NJ 07016 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Is For Return Code ls For Form 990 or Form 990-EZ Code Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (Individual) 80 03 Form 4720 (other than individual) Form 990-PF 09 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 10 05 Form 6069 Form 990-T (trust other than above) 11 06 Form 8870 DAVID SILVERMAN 12 • The books are in the care of  $\triangleright$  225 CRISTIANI ST - CRANFORD, NJ 07016 Telephone No. ► 908-276-7300 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. \_\_\_. If this is for the whole group, check this I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014  $_{f L}$  , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or tax year beginning if the tax year entered in line 1 is for less than 12 months, check reason: initlai return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions, If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ٥. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 3ь by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)

	orm 990 (2013) AMERICAN ATHEISTS, INC.	74-2466507	Page 2
Щ	Part III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		$\square$
1	Briefly describe the organization's mission:		
	PROMOTION AND EDUCATION WITH RESPECT TO ISSUES REGARDIN	G ATHEISM AN	D C
	SEPARATION OF CHURCH AND STATE.		
2	and a services duffly the year which were not listed on		
	the prior Form 990 or 990-EZ?		X No
•	ii 163, describe triese new services on Schedule O.		
3	services?	Yes.	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	<b>,</b>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ars, the total expenses, a	and
	revenue, if any, for each program service reported.		
48	( Table 1 and 1 an	ue \$	)
	THE PROMOTION AND EDUCATION WITH RESPECT TO ISSUES REGAL	RDING ATHEIS	M
	AND THE SEPARATION OF CHURCH AND STATE THROUGH CONVENTION	ONS,	
	NEWSLETTERS, TELEVISION, WEBSITES AND OTHER MEDIA FORUM	S. THE	
	ORGANIZATION HAS OVER 3,500 MEMBERS IN ALL 50 STATES.		
41-			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	10 \$	)
		9	
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue	\$	)
d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>e_</u>	Total program service expenses ▶ 1,005,907.		*****
2002		Form <b>990</b>	(2013)

# Form 990 (2013) AMERICAN ATHEISTS, INC. Part IV | Checklist of Required Schedules

	Is the organization described in section 501(c)(2) or 4047(c)(1) (other than a milest of the control of the con		Yes	No.
	The state of the s			
:	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization pages in disease in the schedule B.	. 1		
;	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	. 2	X	
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization organizations of behalf of or in opposition to candidates for			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection to the design of the control of the con	·   <u>3</u>		X
	during the tax year? If "Yes," complete Schedule C, Part II	:t		
ŧ	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	. 4		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
ε	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	. 5	+	X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	.   _	İ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	+	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	1_	İ	1 45
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-   -7	+	X
	Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8	X	+
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		+-	<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	x
11	The organization's answer to any or the following questions is "Yes," then complete Schedule D. Parts VI. VII. VIII. IX or X	10	╁	A
	as applicable.			ĺ
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	rait vi	11a	x	
l	s of the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total	1	T	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
(	bit the diganization 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	L	X
(	Did the diganization 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		X
•	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
Ţ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ь.	Schedule D, Parts XI and XII	12a	X	
N	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
5	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 as \$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 5. Party Lond IV.		- 1	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV		- 1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	,,	}	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		_
	complete Schedule G, Part III	19		X
zva	bid the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
		-om 0	00 0	240)

Form 990 (2013) AMERICAN ATHEISTS, INC.
Part IV Checklist of Required Schedules (continued)

2	1 Did the organization report more than \$5,000 of annual to		Ye	s No
~	Government on Part IV solumn (A) fine 40 (FMs).			ŀ
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 2	1	X
	The states on Det IV		1	1
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	2	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	1		
24	Schedule J  Ba Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	. 23	X	_
	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		1	
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24		<u> </u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	241	<b>b</b>	
	any tax-exempt bonds?			-
	any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24		ļ
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	. 240	<u>i                                    </u>	_
	disqualified person during the year? If "Ves " complete Schodule I. Pert I			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	. 25	<u> </u>	X
	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			
26		. 25t	<u> </u>	X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			İ
	complete Schedule I. Part II.	- 1		1
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	. 26		X
	Contributor or employee thereof, a grant selection compilers members and a contributor or employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	<u> </u>	X
	instructions for applicable filling thresholds, conditions, and exceptions):			1
í				
t	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del></del>	<del> </del>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	<del> </del>	X
	director, trustee, or direct or indirect owner? If "Ves." complete Schedule L. Darbill.			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	₩	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes." complete Schedule M		1	
31	contributions? If "Yes," complete Schedule M	30		X
	If "Yes," complete Schedule N, Part I	1	ł	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II			٠,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	├	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		1	7.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	ļ	<u> </u>
	Part V, line 1		₹.,	
35a		34	X	77
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u>X</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	05:		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2			v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	- 1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			200	2010

AMERICAN ATHEISTS, 74-2466507 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return \_\_\_\_\_\_2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 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? X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)? ..... X 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.... X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? e 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? ..... **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...... 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 filling 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.

Form 990 (2013)

**b** Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ...

14a Did the organization receive any payments for indoor tanning services during the tax year?

	m 990 (2013) AMERICAN ATHEISTS, INC. 74-24  art VI Governance, Management and Disclosure Facest Management	6650	7 г	age 6
<u> </u>	art vi dovernance, Management, and Disclosure For each "Ves" response to lines 2 through 7h holes, and 6	ra "No	respo	nse
	os, or too below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
80	Check if Schedule O contains a response or note to any line in this Part VI			X
36	ction A. Governing Body and Management			
4.			Yes	No
16	a Enter the number of voting members of the governing body at the end of the tax year	L 3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			-
	Enter the number of voting members included in line 1a, above, who are independent1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.			
	officer, director, trustee, or key employee?	2	ĺ	X
3	The state of the direct supervision and the direct supervision		1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1	†	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	-	X
6	Did the organization have members or stockholders?	6	1	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- B	X	<del> </del>
	more members of the governing body?	_	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	. <u>7a</u>	┼	X
8		. 7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	Ì
h	The governing body?	. <u>8a</u>	X	
9	East committee with authority to act on behalf of the governing body?	. <u>8</u> b		X
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		X
CL	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
Ua	Did the organization have local chapters, branches, or affiliates?	10a	X	
þ	in res, did the organization have written policies and procedures governing the activities of such chapters, affiliates	- 1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
1a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
D	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	_A	
	in Schedule O how this was done	ا ما		
3	Did the organization have a written whistleblower policy?	12c	X	
4	Did the organization have a written document retention and doctruction and	13	X	
;	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by independent		ŀ	
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 1	- 1	
	The organization's CEO, Executive Director, or top management official	15a	X	
IJ	Other officers of key employees of the organization	15b	X	
	The feet to the fold of fab, describe the process in Schedule O (see Instructions),			
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1 1	- 1	
	taxable entity during the year?	16a		X
b	in fee, and 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	1 1		
	exempt status with respect to such arrangements?	16b	- 1	
ct	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶NJ, MD, DC			
;	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
1	for public inspection. Indicate how you made these available. Check all that apply.	avallable	;	
ŗ	Other lexibility of the control of t			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d financ	ial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨		
- 1	DAVID SILVERMAN - 908-276-7300			
- 2	225 CRISTIANI ST, CRANFORD, NJ 07016			

Employees, and Independent Contractors  Employees, Highest Compensated	Form 990 (2013)	AMERICAN ATHEISTS, INC.	74-2466507	Page 7						
Employees, and independent Contractors	Fmployer	Fart VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Check if Schedule O contains a response or note to any line in this Part VII	·	•								

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

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

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

Check this box if neither the organize (A)	(B)	Γ		0	C)			(D)	(E)	(F)	
Name and Title	Average	//	not a	Pos	itior	) 		Reportable	Reportable	Estimated	
	hours per week	off	k, unic	98 pe	k more than one person is both an director/trustee)			compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ED BUCKNER	2.00					1					
FORMER PRESIDENT		X	↓			_		0.	0.	0.	
(2) DAVID SILVERMAN	40.00	ł				į	-				
PRESIDENT	0.00	X	<u> </u>	X		<u> </u>	<u> </u>	125,592.	0.	28,547.	
(3) KATHLEEN JOHNSON	2.00							_	_		
VICE PRESIDENT		X		X				0.	0.	0.	
(4) WAYNE AIKEN	2.00	-							_	_	
DIRECTOR (5) CHRIS ALLEN	2.00	X	-					0.	0.	0.	
(5) CHRIS ALLEN DIRECTOR	2.00	x								_	
(6) NEAL CARY	2.00	^	-					0.	0.	0.	
CHAIRPERSON	2.00	x		X	ļ		ļ	0.	0	0	
(7) FRANK ZINDLER	2.00	Δ		≏∣	$\dashv$	$\dashv$			0.	0.	
DIRECTOR	2.00	x	ļ			1		0.	0.	0.	
(8) AYANNA WATSON	2.00		寸	_	_	$\neg$		V.	<del></del>	<u></u>	
DIRECTOR		$\mathbf{x}$	-	İ	- [			0.	0.	0.	
(9) KEN LOUKINEN	2.00				$\neg$					<u> </u>	
DIRECTOR		x	- 1	- [	- 1			0.	0.	0.	
(10) ELLEN WINGROVE	2.00									<del>-</del>	
TREASURER		X		$\mathbf{x}$	-		- 1	0.	0.	0.	
(11) EDWIN KAGIN	2.00	П								<u></u>	
DIRECTOR		x			Ш.			0.	0.	0.	
(12) JAMILA BEY	2.00	1									
DIRECTOR		x		$\perp$				0.	0.	0.	
(13) INDRA ZUNO	2.00	f				İ					
DIRECTOR		X	_	_	$\perp$	_	$\perp$	0.	0.	0.	
			-								
		-		-	-	_	-				
		+		+							
		+	+	+	+	+	+			<del> </del>	
								1	1		
			Щ.							000	

Form 990 (2013) AMERICAN Part VII Section A Officers Directors True	ATHEIS	TŞ		IN	Ç.				74-2	246	650	07	Page
Toconon A. Onicers, Directors, Tru	stees, Key Em	ploy	/005	, an	ıd H	ighe	st C	Compensated Employe	es (continued)		<u> </u>		1 490
(A) Name and title	(B) Average hours per week (list any	(do box offi	not e	(	C) sition more preon	ገ s lhan	one	(D) Reportable compensation from	(E) Reportab compensat from relate	ion		(F Estim amou oth	ated nt of
	hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Богтег	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		,	from from organiz and re organiz	the ation lated
											+	<del></del>	
						L					-		
			-								-		
		$\dashv$									-		
			_						·				
		l										***************************************	
1b Sub-total							>	125,592.		0.		28,5	547.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	••••						<b>•</b>	125,592.		0.	-	28,5	0.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to the	ose II	stec	d abo	ove)	who	o rec	elved more than \$100,	000 of reportab	е			4
	J							······································	· · · · · · · · · · · · · · · · · · ·			Yes	No
line 1a? If "Yes," complete Schedule J for su	ch individual										3		x
4 For any individual listed on line 1a, is the sun and related organizations greater than \$150,	ii or reportable	con	7Der	ารสบ	വ ദ	ana (	Othe	r compensation from th	o organization	- 1		v	
5 Did any person listed on line 1a receive or ac rendered to the organization? If "Yes," comp	crue compens	ation	n fro	m a	nv u	ınrel	ated	organization or Individ	ual for services		4	X	
Section B. Independent Contractors							******			<u> l</u>	5	L	X
<ol> <li>Complete this table for your five highest com the organization. Report compensation for th</li> </ol>	pensated inde e calendar yea	pend r end	dent ding	con	ntrac h or	tors with	tha	t received more than \$	100,000 of comp	oensa	tion	from	
(A) Name and business a		101						(B) Description of ser		Cc	(Compe	C) Insatio	 n
												-	
? Total number of independent contractors (incl	uding but not l	imite	ed to	tho	se li	isted	d abo	ove) who received more	than				
\$100,000 of compensation from the organizati	on 🕨				0						O	90 20	012)
008										FU	//III <b>(</b>	20 21	U 13)

Form 990 (2013) AMERICAN ATHEISTS, INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any li	ne in this Part VIII	**************************		
<u></u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu from tax und sections 512 - 514
and Other Similar Amounts		Federated campaigns 1a					1 012 011
	b	Membership dues 1b	222,405.	]			ľ
₹	C	Fundraising events		}	1		1
<u> </u>	C	d Related organizations		]			
<u>[</u>	е	Government grants (contributions) 1e		]			1
2	f	All other contributions, gifts, grants, and		1			İ
[		similar amounts not included above 1f	490,819.				İ
2	9	Noncash contributions included in lines 1a-1f; \$		]			İ
ē .	h	Total. Add lines 1a-1f		713,224.			
			Business Code				-
2	2 a	CONVENTION	900099	175,905.	175,905.		
2	b						1
	C						<del>                                     </del>
	d						<del> </del>
1	е						
Į	f	All other program service revenue					
	g	Total. Add lines 2a-2f		175,905.			
3		investment income (including dividends, inter				<del></del>	-
		other similar amounts)		48,688.			48,68
4		Income from investment of tax-exempt bond	proceeds 🕨				
5	;	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal				
6	а	Gross rents					1
1	þ	Less: rental expenses					
1	C	Rental income or (loss)					l
	d	Net rental income or (loss)		}			
7	а	Gross amount from sales of (i) Securities					
		assets other than inventory 669,003.			1		
	b	Less: cost or other basis			İ		
		and sales expenses 660,145.	]				
İ	C	Gain or (loss) 8,858.					
		Net gain or (loss)		8,858.	İ		8,85
		Gross income from fundraising events (not					0,00
		including \$ of					
		contributions reported on line 1c). See	[				
		Part IV, line 18 a					
	b	Less: direct expenses b					
		Not income or floor) from first-to-		ļ	j		
9 :	а	Gross income from gaming activities. See				<del></del>	
		Part IV, line 19a				1	
ı	b	Less: direct expensesb			İ	1	
C	C				1	İ	
		Gross sales of inventory, less returns					
		and allowancesa	94,094.		_		
t	<b>o</b> 1	Less: cost of goods sold b	49,602.			1	
	2	Not Income or floor) from only of toward.		44,492.	44,492.	i i	
			Business Code			<del></del>	· · · · · · · · · · · · · · · · · · ·
11 a	1	MISC	900099	35,652.	35,652.	70	
b	, _						
	, _						
C	-	All other revenue		· · · · · · · · · · · · · · · · · · ·			
c d	1 /	Til Ottlei reveriue				i	
d	! / ! 1	All other revenue		35,652.			

Form 990 (2013) AMERICAN ATHEISTS, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must correlate at a section 501(c) and 501(c)(4) organizations must correlate at a section 501(c) and 501(c)(4) organizations must correlate at a section 501(c) and 501(c)(4) organizations must correlate at a section 501(c) and 501(

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	se or note to any line ir	this Part IX	The continue (A).	
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and			general expenses	охранова
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		}		
_	trustees, and key employees	154,139.	107,897.	23,121.	23,12:
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	263,986.	184,790.	39,598.	39,598
В	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	35,660.	24,962.	5,349.	5,349
11	Payroll taxes	33,726.	23,608.	5,059.	5,059
	Fees for services (non-employees):				
a b	Management	102 207			
C	Legal	103,387.	72,371.	15,508.	15,508
ď	Accounting	60,411.	42,287.	9,062.	9,062
e	Lobbying				
f	Investment management feet				
	Investment management fees				
9	column (A) amount list line 11g expenses on Set O.	0.460			
2	column (A) amount, list line 11g expenses on Sch O.)	9,462.	6,624.	1,419.	1,419
3	Advertising and promotion	97,537.	97,537.		
4	Office expenses	16,746.	11,722.	2,512.	2,512
5	Information technology	57,659.	43,244.	8,649.	5,766
6	Royalties				
7	Occupancy	60 100			
8	TravelPayments of travel or entertainment expenses	68,189.	34,094.		34,095
9 (	for any federal, state, or local public officials Conferences, conventions, and meetings				ė
	Imb= u==4				
	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·		<del></del>	
2 (	Depreciation, depletion, and amortization	30 007	01 051		
3 i		30,087.	21,061.	4,513.	4,513
	nsurance	5,752.		5,752.	
2	bove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
a (	CONVENTION COSTS	130,209.	120 000	-	
	PRINTING	127,633.	130,209.		
_	BUILDING EXPENSE	43,496.	127,633.	C 504	
	PEES	23,627.	30,448.	6,524.	6,524
_	Il other expenses	58,834.	16,539.	3,544.	3,544
		1,320,540.	30,881.	26,558.	1,395
	Dint costs. Complete this line only if the organization	1,34U,34U.	1,005,907.	157,168.	<u>157,465</u> .
	ported in column (B) joint costs from a combined	į			
	ducational campaign and fundraising solicitation.				
60	1UCAGONA) CANDAION ANO INDOPRICION CONCUERTANA				

_F	A TIE				
		Check if Schedule O contains a response or note to any line in this Part X		<del>,</del>	
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	264,353.	1	259,460
	2	Savings and temporary cash investments	201/3331	2	233,400
	3	Pledges and grants receivable, net		3	41,407
	4	Accounts receivable, net	25,090.		60,277
	5	Loans and other receivables from current and former officers, directors,	23,030.	4	00,211
	1	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		3	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
B		employees' beneficiary organizations (see instr). Complete Part II of Sch L		e	
Assets	7	Notes and loans receivable, net	W. C	7	
Ä	8	Inventories for sale or use	119,603.	8	105,386.
	9	Prepaid expenses and deferred charges	112,003.	9	103,300.
	10a	Land, buildings, and equipment: cost or other	<del></del>		
	i.	basis. Complete Part VI of Schedule D			
	l t	Less: accumulated depreciation 10b 502,468.	706,935.	100	682,789.
	11	Investments - publicly traded securities	70075551	11	002,703.
	12	Investments - other securities. See Part IV, line 11	1,201,314.	12	959,845.
	13	Investments - program-related. See Part IV, line 11		13	232,043.
	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)	2,317,295.	16	2,109,164.
	17	Accounts payable and accrued expenses	81,925.	17	155,750.
	18	Grants payable		18	2007100.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			······································
		key employees, highest compensated employees, and disqualified persons.		1	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third			1
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
-	26	Total liabilities. Add lines 17 through 25	81,925.	26	155,750.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Sel		complete lines 27 through 29, and lines 33 and 34.	İ		
	27	Unrestricted net assets		27	1,886,709.
0	28	Temporarily restricted net assets	118,877.	28	66,705.
		Permanently restricted net assets		29	
rect Assets of Fund balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.			
1	30	Capital stock or trust principal, or current funds		30	
2	31 20	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
- 1	33	Total net assets or fund balances		33	1,953,414.
	34	Total liabilities and net assets/fund balances	2,317,295.	34	2,109,164.

Form **990** (2013)

	n 990 (2013) AMERICAN ATHEISTS, INC.	74-246	56507	Pag	е 12
Pa	ert 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	1,026	5.81	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,320		
3	Revenue less expenses. Subtract line 2 from line 1	3	-29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,23		
5	Net unrealized gains (losses) on investments	5		.,76	
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				<del></del>
	column (B))	10	1,953	3 . 41	14.
Pa	rt XII Financial Statements and Reporting		2/300	, ,	
	Check if Schedule O contains a response or note to any line in this Part XII			[	x
					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		1	
2a		0.	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:	On a	1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	$\mathbf{x}$	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis	-	-	
	consolidated basis, or both:	, paolo,			
	X 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 oversight of the	audit			
	review, or compilation of its financial statements and selection of an independent accountant?	, audit,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		·	-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			
	Act and OMB Circular A-133?	Jie Muult	20		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ad audit	3a		<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	סט מטטונ	3b		
			Form 9	90 (2)	013
			LOHII) 9	JU 121	U 10)

10-29-13

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number AMERICAN ATHEISTS. INC. 74-2466507 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 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: 5 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 X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a \_\_\_\_ Type I b Type II d Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) h Provide the following information about the supported organization(s). (vi) Is the organization in col. (iii) Type of organization (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 AMERICAN ATHEISTS, INC. 74-2466507 Page 2
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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not			1			
	include any "unusual grants.")		1	1			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
_	by each person (other than a	1		\$			
	governmental unit or publicly			İ			
	supported organization) included	]					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		1		1	1	1
6	Public support. Subtract line 5 from line 4.						<del> </del>
	ction B. Total Support	<u> </u>		L		<u></u>	<u> </u>
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1-7		10,	197=3.1	197=3.5	107
8	Gross income from interest,					1	
_	dividends, payments received on		1			İ	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					<del>                                     </del>	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					<del> </del>	
	or loss from the sale of capital	i					
	assets (Explain in Part IV.)					]	
11	Total support. Add lines 7 through 10						<del> </del>
	Gross receipts from related activities,	etc (see instruction	nnel		I	12	<u> </u>
	First five years. If the Form 990 is for					<del></del>	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11. c	olumn (fi)		14	%
	Public support percentage from 2012			( <i>m</i>		15	%
	33 1/3% support test - 2013. If the o			line 13. and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	-		•			,
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances"		•	•	•	_	, ——
b	10% -facts-and-circumstances test	_	•		•		
	more, and if the organization meets th	_				•	
	organization meets the "facts-and-circ				•		
	Private foundation. If the organization						
						dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2013 AMERICAN ATHEISTS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II \

Se	ction A. Public Support	below, please com	piete Part II.)				
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	538,995.	424,377.	1,431,531	557,888	713,224	3,666,015
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					,	3,000,013
	organization's tax-exempt purpose	<u>156,697.</u>	116,685.	220,353.	326,351.	285,558	1,105,644
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	695,692.	541,062.	1,651,884.	884,239.	998,782.	
	Amounts included on lines 1, 2, and		011/0021	1,031,004,	004,233.	330,102.	4,771,659
	3 received from disqualified persons			254.000	111,000.	5,000.	370,000.
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				222/0001	3,000.	370,000.
_	amount on line 13 for the year	<del></del> -					0.
	Add lines 7a and 7b			254,000.	111,000.	5,000.	370,000.
Sec	Public support (Subtract line 7c from line 6.)  tion B. Total Support						4,401,659
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	695,692.	541,062.	1,651,884,	884,239.	998,782.	4,771,659
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		52,572.	71,915.	80,000.	48,688.	253,175.
	Unrelated business taxable income			, , , , , , , ,	00,000.	=0,000.	233,113.
	(less section 511 taxes) from businesses	Í					
	acquired after June 30, 1975			1			
C	Add lines 10a and 10b		52,572.	71,915.	80,000.	48,688.	253,175.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			,	30,0000	2070001	233,113.
12	Other income. Do not include gain or loss from the sale of capital						
á	assets (Explain in Part IV.)		2,157.	13,690.	18,095.	20,093.	54,035.
			595,791.	1,737,489,	982,334.	1,067,563,	5 078 869.
14 F	First five years. If the Form 990 is for ti	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here					***************************************	<b>&gt;</b>
	ion C. Computation of Public						
15 F	Public support percentage for 2013 (line	∍ 8, column (f) divi	ded by line 13, col	umn (f))		15	86.67 %
16 F	Public support percentage from 2012 Sion D. Computation of Investi	chedule A, Part III	, line 15			16	<u>79.96 %</u>
17 ir 18 ir	nvestment income percentage for 2013	(line 10c, column	(f) divided by line	13, column (f))		17	4.98 %
10 7	nvestment income percentage from 20	12 Scriedule A, Pa	art III, Iine 17			18	3.99 %
n n	3 1/3% support tests - 2013. If the on nore than 33 1/3%, check this box and	stop here. The o	CHECK THE DOX ON	me 14, and me ]	o is more than 33	1/3%, and line 17	is not ▶ च्छि
b 3	3 1/3% support tests - 2012. If the org	ganization did not	check a box on lin	e 14 or line 19a, a	and line 16 is more	than 33 1/3%, an	đ
lir	ne 18 is not more than 33 1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	▶□
20 P	rivate foundation. If the organization o	lid not check a bo	x on line 14, 19a, o	or 19b, check this	box and see instr	uctions	

Supplemental Information. Provide the explanations required by Part II, line 10; Part	74-2466507
Also complete this part for any additional information. (See instructions).	ii, line 17a or 17b; and Part III, line
The somplete the part for any additional militarian. (See instructions).	-

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number AMERICAN ATHEISTS, INC. 74-2466507 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Vec Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register \_\_\_\_\_\_ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		N ATHEISTS					2466507	
Pa	rt III   Organizations Maintaining (							
3	Using the organization's acquisition, access	sion, and other record	is, check any of t	he following th	at are a sigi	nificant use o	f its collection	items
	(check all that apply):							
а		d		xchange progi				
b	====	е	Other					
C	The second secon							
4	Provide a description of the organization's of						Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical tr	easures, or otl	ner similar a	issets		
	to be sold to raise funds rather than to be m	naintained as part of t	the organization's	collection?			Yes	X No
Ра	rt IV Escrow and Custodial Arrar		ete if the organiza	tion answered	"Yes" to Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							<del></del>
1a	is the organization an agent, trustee, custoo							
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	l and complete the fo	llowing table:			<del></del>		
							Amount	
C	Beginning balance					1c		
d	Additions during the year	•••••				1d		
е	Distributions during the year					1e		
f	Ending balance		•••••			1f	<del></del>	
	Did the organization include an amount on F							₩ No
	If "Yes," explain the arrangement in Part XIII							<u> </u>
Га	rt V Endowment Funds. Complete						. 1	<del></del>
_		(a) Current year	(b) Prior year	(c) Two yea	rs back (d	) Three years b	ack (e) Four y	ears back
1a								
b	***************************************							
C	Net investment earnings, gains, and losses							
d								
е	Other expenditures for facilities			ļ				
_	and programs		<del></del>					
	Administrative expenses							
g	End of year balance		·	<u> </u>				<del></del>
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
C	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2c should be a sh	•						
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held	and administe	ered for the	organization	T	<del> </del>
	by:							es No
	(i) unrelated organizations		••••••				3a(i)	
	(ii) related organizations						3a(ii)	
	If "Yes" to 3a(ii), are the related organizations					***************************************	3b	
Box	Describe in Part XIII the intended uses of the		wment funds.				<del> </del>	
Par			D-4 04 8 44-	0 5 000	D-+	40		
	Complete if the organization answered							
	Description of property	(a) Cost or ot	1 , ,	st or other		imulated	(d) Book v	alue
		basis (investm		s (other)	depre	ciation		0.71
	Land			39,871.	4.5	F 634		<u>.871.</u>
	Buildings		9	29,548.	49	5,634.	433	914.
	Leasehold improvements			1	··	C 024		004
	Equipment	1		15,838.		6,834.	9_	004.
	Other							<b>700</b>
otal.	Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, column (B), line	1U(c).)			682	<u>789.</u>

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b>

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990. Part X. col. (B) line 25.)	ľ

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 AMERICAN ATHEISTS, INC.		74-246650	7 Page
Part XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements		1 1.08	8,186
2 7 mounts included on line 1 but not on Form 990. Part VIII, line 12.	************************************	1 1,00	0,100
a Net unrealized gains on investments	2a 11,765.		
b Consted services and use of facilities	2b	4	
C Necoveries of prior year grants	2c	1 1	
d Other (Describe in Fart Airt.)	24	1 1	
C Add lines 22 through 20		2e 1	1 76
The state of the s	***************************************		1,76! 6,42:
The first war and a strict of the same and t			U, <del>4</del> 2.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b -49,602.	1 1	
C Add lines 4a and 4b		3 1	9,602
		4 00	
	ts With Expenses per	Return.	<u> </u>
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.		r	
<ul> <li>Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>		1 1,370	0,142
a Donated services and use of facilities	_		
D FUOI VARI AGUSTMANTS	2a		
	2b		
d Other (Describe in Part XIII.)	2c		
e Add lines 2a through 2d	2d		
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e	(
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts Included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>		3 1,370	0,142
a Investment expenses not included on Form one Day VIII III III	. 1	j	
h ()ther (I)escribe in Part VIII \	4a 40 600		
c Add lines 4a and 4b	-49,602.		
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c -49	,602
Part XIII Supplemental Information.		5 1,320	,540
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b, and Bort XII, lines 2d and 4b, and Bort XII, lines 2d and 4b, and Bort XII, lines 2d and 4b, and Bort XII, lines 2d and 4b, and 4b, and Bort XIII, lines 2d and 4b, and 4b, and Bort XIII, lines 2d and 4b, and	noo 1h and Oh. Davi V. E 4		
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	nes in and 20; Fart V, line 4;	; Part X, line 2; Part	XI,
PART III, LINE 1A:			
ART III, DINE IA:			
EXPLANATION: THE ORGANIZATION MAINTAINS A LIBRA	DV MYLL CDECT	<b></b>	
ONO MAINTAINS A LIBRA	RY THAT SPECIA	LIZES IN	THE
RESERVATION OF ATHEIST, FREE THOUGHT, RATIONAL	TOM CHOTTANTO	<b>—</b>	_
THE TAXABLE TRANSPORTER AND THE TAXABLE TRANSPORTER TRANSPORTER AND THE TAXABLE TRANSPORTER AND THE TAXABLE TRANSP	IST, SECULARIS	T, SKEPTIC	Ξ,
UMANIST, AGNOSTIC AND DEIST MATERIALS. THE LI	BRARY AND ARCH	TVDC	
URRENTLY HOUSE NEARLY 25,000 BOOKS AND OVER 50	0,000 PAMPHLET	S. BOOKTE	rg
			,
ERIODICALS, LETTERS, PHOTOGRAPHS, AND OTHER MA	TERIAL RELEVAN	T TO THE	
RGANIZATION'S MISSION. THE VALUE OF THE LIBRAY	RY AND ARCHIVES	S IS BASEL	ON
N APPRAISED VALUE AND, THEREFORE, IS NOT PRESEN	NTED IN THE STA	ATEMENT OF	
INANCIAL POSITION. THE LIBRARY IS OPEN TO THE			
INANCIAL POSITION. THE LIBRARY IS OPEN TO THE	PUBLIC FOR RES	SEARCH.	
ART III, LINE 4:			
PIANAMION. MUE I IPPARY TO MATERIAL TO THE PROPERTY OF THE PRO			<del></del>
PLANATION: THE LIBRARY IS MAINTAINED TO AID IN 54 5-13	THE PROMOTION	AND	
)- J3	Sch	nedule D (Form 99	0) 2013

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete If the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2013

Open to Public inspection

Name of the organization Employer identification number AMERICAN ATHEISTS. 74-2466507 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items, First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? Х 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X 5h b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  $\mathbf{X}_{-}$ initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

74-2466507

Page 2

AMERICAN ATHEISTS, INC.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	$\vdash$							
		(B) Breakdown of W-2 and/or 1099-MISC compensation	V-Z and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) lotal of columns	(r) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) DAVID SILVERMAN	8	125,592.	0	0	28,547.	0	154,13	0
PRESIDENT	▣	0	0	0.	0	0	0.	0.
	ε							
	Ξ							
	▣							
	Ξ							
	(ii)							
	Θ							
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	(E)							

Schedule J (Form 990) 2013

### **SCHEDULE L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			ch to Form 99 Schedule L (Foi						instructions. at www.irs.gov/	form9	90.	l C	pen T spec	o Pub tion	lic
Name of the organization		AN	ATHEISTS		ראכ.						er identification number 466507				
Part I Excess	Benefit Trans	actio	ons (section 5	01(c)(	3) and	section	501(c)(4) org	jani	zations only).				, , ,		
Complete	if the organization	n answ	vered "Yes" on	Form	990, F	Part IV, li	ne 25a or 25	b, c	r Form 990-EZ, F	Part V,	line 4	0b.			
1 (a) Name of disqua	alified person	(b) R	elationship bet			alified	l.	c) D	escription of trar	nsacti	on		(d)	Corre	cted?
			person and o	rganiz	ation		······································						<u>Y</u>	es	No
		·											-		
											,		$\neg$		
2 Enter the amount								_	•						
section 4958  3 Enter the amount															
o Emor the amount	or tax, it arry, or in	110 2, 2	ibove, reimburs	oou Dy	/ 111 <del>0</del> OI	gariizat	ion	••••		• • • • • • • • • • • • • • • • • • • •	Ψ Φ				
Part II Loans to	o and/or Fron	n Inte	erested Per	sons	<b>S.</b>										
	if the organization					Z, Part V	, line 38a or l	For	π 990, Part IV, lir	e 26;	or if th	ne orga	anizati	on	
	n amount on Forr									· · · ·		10- \ An	220100		
(a) Name of interested persor	(b) Relation with organi		(c) Purpose of loan	fro	oan to or m the ization?	1 10	Original pal amount	(1	f) Balance due		) In ault?	by bo	proved ard or nittee?	1 10/ "	ritten ment?
				То	From			<u> </u>	<del></del>	Yes	No	Yes	No	Yes	No
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Total					•	<u>,,,,,,,,,,</u>	> \$	_							
<del></del>	or Assistance		-												
	f the organization	1													
(a) Name of intere	sted person		Relationship I interested pers the organiza	on an			Amount of ssistance		(d) Type assistand				) Purpo assista	ose of Ince	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

	Complete if the assessments	RICAN ATHEISTS, INC.		74-2466		
WIN KAGIN  DIRECTOR  0. LEGAL FEES   Int V Supplemental Information	(a) Name of interested person	(b) Relationship between interested	(c) Amount die	(d) scription of transaction	(e) Sha organiz reven	ring ation
INT V Supplemental Information	DWIN KACIN					No
	DWIN KAGIN	DIRECTOR	0.	LEGAL FEES		X
					<del>  </del>	
	rt V   Summle					

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  AMERICAN ATHEISTS, INC.	Employer identification number 74-2466507
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CHURCH, AND PROVIDING INFORMATION ABOUT ATHEISM.	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO PAY FOR THE	SERVICES THE
ORGANIZATION PROVIDES, BUT THEY DO NOT HAVE THE POWER TO	VOTE ON THE BOARD,
PRESIDENT OR ANY DECISIONS THAT WOULD AFFECT THE ORGANIZA	TION.
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: THE BOARD OF DIRECTORS IS THE ONLY GOVERNING	BODY. THE
MINUTES ARE DOCUMENTED BY A DIRECTOR DURING EACH MEETING	AND ARE APPROVED
AT THE SUBSEQUENT MEETING.	
FORM 990, PART VI, SECTION B, LINE 10B:	
EXPLANATION: ORGANIZATION HAS ABOUT 30 LOCAL INDEPENDENT	AFFILIATES.
ORGANIZATION DOES NOT GOVERN THE ACTIVITIES OF AFFILIATES	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FORM 990 IS REVIEWED BY THE TREASURER AND A	COPY OF THE 990 IS
GIVEN TO THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE ORGANIZATION AND ITS BOARD OF DIRECTORS N	MONITOR ANY
POTENTIAL CONFLICTS OF INTEREST ON AN ONGOING BASIS.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization  AMERICAN ATHEISTS, INC.	Employer identification number 74-2466507
EXPLANATION: THE COMPENSATION OF THE PRESIDENT IS DETERMI	NED BY THE BOARD
OF DIRECTORS BASED ON THE PRESIDENT'S PERFORMANCE FROM TH	E PRIOR YEAR. IT
IS AGREED UPON THROUGH A VOTE AND THE PRESIDENT SIGNS A W	RITTEN CONTRACT
EACH YEAR. THE COMPENSATION OF THE EMPLOYEES IS DETERMIN	ED BY THE
PRESIDENT WITH APPROVAL FROM THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONF	LICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUES	т.
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE BOARD REVIEWS THE 990 AND FINANCIAL STAT	EMENTS PRIOR
TO FILING.	

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

➤ See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships AMERICAN ATHEISTS, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

2013

Open to Public Inspection

Employer identification number

74-2466507

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year. End-of-year assets e Total income ਉ Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, fine 33. Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (frapplicable) of disregarded entity Part

(a)							
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled ent b/7	10
ON - 27-5234482	ARLLINI OH			501(c)(3))		Yes	}
	EMBOLDEN SECULAR PEOPLE NATIONWIDE					-	1
		NEW JERSEY	501(c)(3)	LINE 9	N/A	×	
							ı
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							ı
ror Paperwork Reduction Act Notice, see the Instructions for Form	s for Form 990						

332181 09-12-13 LHA

Schedule R (Form 990) 2013

74-2466507

Page 2

Schedule R (Form 990) 2013 AMERICAN ATHEISTS, INC.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	ව	(d)	(e)	(£)	(6)	ε	(3)	6	3
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreion	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate ziloczbons?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
				A)						
			-							
									_	
	-									
							_		-	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a comparison or trust climates the tax was a comparison of trust climates the tax was a comparison or trust climates the tax was a comparison or trust climates the tax was a comparison or trust climates the tax was a comparison or trust climates the tax was a comparison of the tax was a comparison or trust climates the tax was a comparison or trust climates the tax was a comparison of the tax was a comparison or trust climates the tax was a comparison or trust climates the tax was a comparison of the tax was a comparison of the tax was a comparison of the tax was a comparison of the tax was a comparison of the tax was a compar Part IV

(a)	(g)	(0)	(p)	(e)	3	1	3	8
Name, address, and EIN of related organization	Primary activity	Legal domicita (state or foreign	Direct	Type of entity (C corp., S corp.	Share of total income	Share of end-of-year	age hip	Section 512(b)(13) controlled entity?
		country)		fiens o				Yes
								_
								-
								-
332162 08-12-13		35				Sche	Schedule R (Form 990) 2013	990) 2

74-2466507 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	5	or or 350, rat IV, line 34, 355, or 36,	ob, or 36.	}	_ L
	ons with one or more	related organizations list	ed in Parts II-IV?	>	Yes No
b Giff, grant, or capital contribution to related organization(s)	***************************************			1a	×
Cuit, grain, or capital contribution from related organization(s)				4	×
Coarls or loan guarantees to or for related organization(s)				<b>2</b>	×
				4	×
f Dividends from related	•			<b>1</b> e	×
g Sale of assets to related organization(s)					
				<b>=</b>	×
i Exchange of assets with related organization(s)				5	×
i Lease of facilities on in a constant on (s)		•		=	×
section (solution), or other assets to related organization(s)				<del>;=</del>	×
k Lease of facilities, equipment, or other assets from related constitutions.				;=	×
l Performance of services or membership or fundration collisies.					
Performance of services or membership or fundraising solicitation	anization(s)			¥ =	×
n Sharing of facilities, equipment, mailing lists or other control of the control	anization(s)		• • • • • • • • • • • • • • • • • • • •		4:
o Sharing of paid employees with mintal assets with related organization(s)	tion(s)	•		Ę	×
region (s)				두	×
p Reimbursement paid to related organization for a				9	×
q Reimbursement paid by related organization(s) for expenses				•	<b>.</b>
פארוביים באלים ואר באלים וארץ				۵ ,	4 3
				P .	4
s Other transfer of cash or property from related organization(s)				+	×
1	who must complete the	in the test of		1s X	
(a)	וו מווחום במווחום וו	is line, including covered	relationships and transaction thresholds.		
Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	jevici Period	
(1) REASON RALI.W COALTHAN	्रिका वर्ष				
NOTITION TERMS	တ	0.	CASH		
(9)					
(4)					
(6)					
(6)					
332163 08-12-13	36				
	<b>)</b>		Schedule R (Form 990) 2013	(Form 990)	2013

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	2	3			1	3	6	67	2
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income petuers sec. (related, unrelated, 501(p) 3 points)	stc. Share of total	(9) Share of end-of-year	D'spropor- Bonate	UB1 box 20	Ol General or managing partner?	General or Percentage managing ownership
		country)	under section 512-514) Yes No	іпсоте	assets	Yes No	(Form 1065)	Yes No	
								-	
		-							
								-	
				-					
									22
		J							

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Schedule R (Form 990) 2013

Schedule F	(Form 990) 2013	AMERICAN	ATHEISTS,	INC.	<u>74-2466507</u>	Page 5
Part VII	(Form 990) 2013  Supplemental Inf	ormation				
	Provide additional info	rmation for responses	to questions on Sc	chedule R (see instruction	ns)	
			<del>,</del>			
		· · · · · · · · · · · · · · · · · · ·				
	<del></del>					
				·		