EXTENDED TO AUGUST 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. and ending SEP 30, 2017 A For the 2016 calendar year, or tax year beginning OCT 1, 2016 B Check if applicable C Name of organization D Employer identification number AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE 53-0184647 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1310 L STREET NW 200 202-466-3234 14,414,750. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-F Name and address of principal officer: RACHEL LASER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: WWW.AU.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Trust Association L Year of formation: 1948 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: TO DEFEND, MAINTAIN, AND PROMOTE Governance RELIGIOUS LIBERTY AND THE CONSTITUTIONAL PRINCIPLE OF SEPARATION OF if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 38 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 15 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 6,020,099. 6,091,725. 8 Revenue 81,000. 58,013. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 110,126. 373,637. 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -12,633. 203,270. 6,198,592. 6,726,645. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 58,653. 29,444. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,675,527. 3,857,495. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 160,900. 201,250. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,534,082. 3,122,689. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,429,162. 7,210,878. -230,570.-484,233. Revenue less expenses. Subtract line 18 from line 12 S OF End of Year **Beginning of Current Year** 11,141,577. 17,396,865. 20 Total assets (Part X, line 16) 2,733,743. 8,672,248. 21 Total liabilities (Part X, line 26) et 8,407,834. 8,724,617. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Kachel Signature of officer Sign RACHEL LASER, Here Type or print name and title Preparer's signature Print/Type preparer's name C|08/06/18 ERIC P. SIEGFRIED, CPA P01278242 Paid ERIC P. SIEGFRIED, self-employed Firm's name MULLEN, SONDBERG, WIMBISH & STONE, Firm's EIN ▶ 52-1197902 Preparer Firm's address 2553 HOUSLEY ROAD, SUITE 200 Use Only Phone no. 410-224-4920 ANNAPOLIS, MD 21401 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form	1 990 (2016) CHURCH AND STATE	53-0184647	Page 2
_	rt III Statement of Program Service Accomplishments		<u></u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	DEFEND, MAINTAIN AND PROMOTE RELIGIOUS LIBERTY AND THE CO)NSTITUTION?	AL
	PRINCIPLE OF SEPARATION OF CHURCH AND STATE.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		₹
	prior Form 990 or 990-EZ?	Yes	s X No
_	If "Yes," describe these new services on Schedule O.		₹
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s 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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported.	. 3	,054.)
4a	(Code:) (Expenses \$1,767,287. including grants of \$) (Revenue EDUCATIONAL AND PUBLICATION DIVISION: PROVIDE BOTH PRINT		
	EDUCATIONAL MATERIAL FOR DISTRIBUTION TO THE GENERAL PUBL		
	THE CONSTITUTIONAL PRINCIPLE OF SEPARATION OF CHURCH AND		10
	THE CONDITIONING PRINCIPLE OF DEFINALITION OF CHORON PRINCIPLE	<u> </u>	
4b	(Code:) (Expenses \$1, 371, 091. including grants of \$29, 444.) (Revenu	e \$)
	FIELD SERVICES DIVISION: MAINTAIN CLOSE CONTACT WITH VARI		IENT
	LEADERS AND CHURCH OFFICIALS NATIONWIDE. ALERT MEMBERS T	O PROPOSED	
	LEGISLATION ON CHURCH-STATE SEPARATION ISSUES.		
4c	(Code:) (Expenses \$1, 576, 589		<u>,959.</u>)
	LEGAL DIVISION: LEGAL EXPENSES INCURRED IN THE DEFENSE OF	' THE	
	SEPARATION OF CHURCH AND STATE.		
	Other program convices (Deceribe in Schedule C.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 65,688 • including grants of \$) (Revenue \$,	
 4е	(Expenses \$ 05,088 • including grants of \$) (Revenue \$ Total program service expenses ► 4,780,655 •)	
<u>+c</u>	Total program service expenses # 1770070000	Form	990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
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	שדו		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<i>'''</i>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		х
	COMPLETE OFFICIAL CO. I CIT III		000	

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AMERICANS UNITED FOR SEPARATION OF

Form 990 (2016)

CHURCH AND STATE

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c		х
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	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes." complete</i>	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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	<u></u> .	<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	······		1c	Х	
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	38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Articles (1997).	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u> </u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired	_		v
	to file Form 8282?	I		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
3	on an artist to the second of	•		8		
9	sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.			3		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	000	
				Form	990	(2016)

CHURCH AND STATE 53-0184647 Page 6 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	\mathtt{AL}	, AK	[,A2	Z,A]	R,CZ	A, C	Э,С	CT,	${ t FL}$, GA	,HI	,IL,	, KS	3
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website | X | Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE - 202-466-3234

1310 L STREET NW SUITE 200, WASHINGTON, DC

SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated short son semployee	tee)	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) REV. DR. NEAL JONES PRESIDENT	1.00	х		х				0.	0.	0.
(2) STEPHANIE CAMPBELL	1.00	^		^				0.	0.	<u></u>
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(3) OUIDA BROWN	1.00	25		25				•	•	<u>. </u>
TREASURER	200	x		x				0.	0.	0.
(4) NANCY FRIEDMAN, ESQ.	1.00									
SECRETARY		Х		х				0.	0.	0.
(5) REV. NANCY BRINK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ELLEN BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DR. RON FLOWERS	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(8) RONAL MADNICK	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(9) KAREN B. RINGEN	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) EUGENIE SCOTT	1.00	ļ							•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(11) RABBI MERRILL SHAPIRO	1.00	٠,,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) DR. CHUCK SMITH DIRECTOR	1.00	₹.						0.	0.	0.
(13) JASON STEWART	1.00	Х						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(14) JOHN SUAREZ, MD	1.00							0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(15) EDDIE TABASH, ESQ.	1.00									
DIRECTOR		x						0.	0.	0.
(16) BARRY W. LYNN	40.00									
EXECUTIVE DIRECTOR		1		х				170,910.	0.	23,839.
(17) CHRISTINE COLBURN	40.00									
MANAGING DIRECTOR				Х				110,948.	0.	36,746.

632007 11-11-16

CHURCH AND STATE 53-0184647 Page 8 Form 990 (2016) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related (W-2/1099-MISC) nstitutional trustee organization organizations ey employee and related below organizations line) (18) MICHAEL SMOOT 40.00 X 45,622. FINANCE DIRECTOR 105,268. 0. (19) RICHARD KATSKEE 40.00 0. X 174,192. 44,261. LEGAL DIRECTOR 40.00 (20) ELIZABETH PURSELL 27,933. 0. DEVELOPMENT DIRECTOR Х 140,869. 40.00 (21) MARGARET GARRETT LEGISLATIVE AFFAIRS DIRECTOR X 150,415. 0. 22,643. 40.00 (22) GLEN R. BOSTON COMMUNICATIONS DIRECTOR Х 129,973. 0. 39,866. 40.00 (23) ALEX LUCHENITSER ASSOCIATE LEGAL DIRECTOR X 119,657. 0. 38,671. 40.00 (24) ERIN TAYLOR Х 115,664 0. 29,508. FIELD DIRECTOR 1,217,896. 309,089. 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 1,217,896. 0. 309,089. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 8 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: rieport compensation for the calcinate year chaing with or with	the organization of tax year.			
(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
THE PRODUCTION ADVANTAGE, INC., 138373				
PARK CENTER ROAD SUITE 15, OAK HILL, VA	DIRECT MAIL SERVICES	643,361.		
CRAVER, MATHEWS, SMITH & CO., 1900 CAMPUS	FUNDRAISING			
COMMONS DR., SUITE 450, RESTON, VA 20191	CONSULTANT	159,800.		
THE PRODUCTION MANAGEMENT GROUP, INC.,				
7160 COLUMBIA GATEWAY DR., SUITE 300,	DIRECT MAIL SERVICES	132,308.		
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than			

Form **990** (2016)

\$100,000 of compensation from the organization

Form 990 (2016) CHURCH
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a resnonse	or note to any line	≘ in this Part VIII			
		Gricer ii Geriedale e certa	ана а гезропас	Of flote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns	1a	10,140.		Tovondo	10101140	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts				10,110.				
ž d		Membership dues	·····					
fts, Ar		Fundraising events						
ig gi		Related organizations						
ns, Sirr		Government grants (contributi						
utic	T	All other contributions, gifts, grant		6,081,585.				
gi.		similar amounts not included abov		145,883.				
o d	_	Noncash contributions included in lines			6,091,725.			
<u>O</u> 8	n	Total. Add lines 1a-1f			0,051,725.			
	•	LEGAL SETTLEMENT		Business Code 541100	54,959.	54,959.		
ice	2 a			453000	· · · · · ·	3,054.		
er.	b	-		455000	3,054.	3,034.		
n S	С.							
ıraı Re	d							
Program Service Revenue	e							
ъ.		All other program service reve			58,013.			
		Total. Add lines 2a-2f			30,013.			
	3	Investment income (including			526,204.			526,204.
		other similar amounts)			320,204.			320,204.
	4	Income from investment of tax		' I				
	5	Royalties						
	٠.	Owene wente	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		A						
		Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	7,482,665					
	h	Less: cost or other basis	7,102,003	•				
	b	and sales expenses	7,573,515	. 61,717.				
	_	Gain or (loss)		61,717.				
		Net gain or (loss)	`		-152,567.			-152,567.
		Gross income from fundraising						
ine	o a		of					
ver		contributions reported on line						
Other Revenu		Part IV, line 18	•	36,717.				
her	h	Less: direct expenses		52,873.				
ŏ		Net income or (loss) from fund			-16,156.			-16,156.
		Gross income from gaming ac			, -			
	o u	Part IV, line 19		,				
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	· ·					
		and allowances		,				
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a			900099	247,094.			247,094.
	b			900099	15,768.			15,768.
	c	CHANGE IN VALUE OF SPLI	T INTEREST	525990	-43,436.			-43,436.
	d				,			,
	e				219,426.			
	12	Total revenue. See instructions.			6,726,645.	58,013.	0	. 576,907.

Part IX | Statement of Functional Expenses

	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) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	29,444.	29,444.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	711,786.	409,788.	301,998.	
	trustees, and key employees	/11,/00.	409,700.	301,330.	
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	2,371,000.	1,842,729.	280,250.	248,021
' 3	Pension plan accruals and contributions (include	2,371,000	1,042,723	200,2301	240,02
,	section 401(k) and 403(b) employer contributions)	188,130.	143,966.	22,667.	21,497
9	Other employee benefits	375,996.	296,871.	37,238.	41,887
)	Payroll taxes	210,583.	153,105.	38,799.	18,679
ĺ	Fees for services (non-employees):	220,0001	200,2001	307.331	20,01.
· a	Management				
b	Legal	18,104.	15,311.	1,790.	1,003
	Accounting	30,617.	23,236.	4,730.	2,65
	Lobbying	, ,	,	,	,
e	Professional fundraising services. See Part IV, line 17	201,250.			201,250
f	Investment management fees	102,047.		102,047.	•
g	Other. (If line 11g amount exceeds 10% of line 25,	-			
_	column (A) amount, list line 11g expenses on Sch O.)	155,777.	131,740.	15,403.	8,634
2	Advertising and promotion	4,967.	1,657.	3,310.	
3	Office expenses	615,774.	515,937.	41,907.	57,930
1	Information technology	280,978.	198,817.	21,929.	60,232
5	Royalties				
6	Occupancy	439,286.	333,386.	67,862.	38,038
•	Travel	122,012.	64,981.	40,447.	16,584
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	57,333.	56,942.	295.	9(
)	Interest	2,281.	1,732.	351.	198
	Payments to affiliates	100 000	106.050	24 454	10.00
	Depreciation, depletion, and amortization	139,827.	106,353.	21,451.	12,02
	Insurance	27,261.	22,154.	3,272.	1,83
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT MAIL	1,011,289.	340,233.	79,441.	591,61
b	TRUSTEE EXPENSES	65,688.	65,688.	,	, , , , ,
c	OTHER	49,448.	26,585.	7,684.	15,17
d					
e	All other expenses				
;	Total functional expenses. Add lines 1 through 24e	7,210,878.	4,780,655.	1,092,871.	1,337,35
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	250,699.	1	484,163
2	Savings and temporary cash investments	167,298.	2	219,977
3	Pledges and grants receivable, net	67,500.	3	0
4	Accounts receivable, net	601,778.	4	302,779
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 0	Notes and loans receivable, net		7	
8 \$	Inventories for sale or use	7,683.	8	3,693
9	Prepaid expenses and deferred charges	71,600.	9	3,693 84,260
	Land, buildings, and equipment: cost or other	. = /		
	hasis Complete Part VI of Schedule D 1.614.929			
b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,614,929. 626,391.	305,213.	10c	988,538
11	Investments - publicly traded securities	9,292,306.	11	10,023,670
12	Investments - other securities. See Part IV, line 11	253,738.	12	254,814
13		255,7501	13	254,014
1			14	
14	Intangible assets	123,762.		5,034,971
15	Other assets. See Part IV, line 11	11,141,577.	15 16	17,396,865
16	Total assets. Add lines 1 through 15 (must equal line 34)	390,370.		491,636
17	Accounts payable and accrued expenses	390,370.	17	431,030
18	Grants payable	400.	18	169,840
19	Deferred revenue	400.	19	103,040
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	0 040 050		0 010 55
	Schedule D	2,342,973.	25	8,010,772 8,672,248
26	Total liabilities. Add lines 17 through 25	2,733,743.	26	8,672,248
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
3	complete lines 27 through 29, and lines 33 and 34.	0 000 505		0 600 401
27 28 29 29 30 31 32 32	Unrestricted net assets	8,228,527.	27	8,609,421 115,196
28	Temporarily restricted net assets	179,307.	28	115,196
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	_	32	
33	Total net assets or fund balances	8,407,834.	33	8,724,617
34	Total liabilities and net assets/fund balances	11,141,577.	34	17,396,865

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

 $Employer\ identification\ number \\ 53-0184647$

Pa	rt I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.					
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1	\bigcap	A church, convention of ch	urches. or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	一	A school described in sect i					<i>X X Y</i>					
3	\Box	A hospital or a cooperative					i)					
4	H	A medical research organization					•	the hospital's name				
4	ш	city, and state:	ation operated in cor	ijunction with a nospital	described	III SECTIO	ii iro(b)(i)(A)(iii). Liitei	the nospital's name,				
_		An organization operated for	or the benefit of a col	logo or university owner	l or operate	od by a go	worpmontal unit describe	nd in				
5	ш	•		lege of university owner	or operati	ed by a go	verninental unit describe	5 u III				
_		section 170(b)(1)(A)(iv). (C				-04 1/41/41	· .					
6		A federal, state, or local gov										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from c	contributio	ns, membership fees, an	nd gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a						purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section (509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *					aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_						
		organization. You must o			majority o	in the direc	1010 01 1100000 01 110 00	apporting				
b		Type II. A supporting org	· · · · · · · · · · · · · · · ·		ion with its	e sunnorte	nd organization(s) by hav	vina.				
~		control or management o	· ·					-				
		organization(s). You mus			arric perso	iis triat coi	Titlor of manage the supp	Jortod				
c		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ad with				
٠		its supported organization	-				• •	ou with,				
d		Type III non-functionally		·				zation(s)				
٠		that is not functionally int					• • • • • • • • • • • • • • • • • • • •	* *				
		requirement (see instructi	-		-		•	Veness				
_		Check this box if the orga	•	-								
٠		functionally integrated, or					Type i, Type ii, Type iii					
	Enta	er the number of supported o		ially integrated supporti	ng organiz	ation.						
		vide the following information		d organization(e)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
					<u> </u>							
							ı	I .				

Schedule A (Form 990 or 990-EZ) 2016 CHURCH AND STATE

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		• •	• •			
	membership fees received. (Do not						
	include any "unusual grants.")	4367750.	5897823.	5545086.	6020099.	6091725.	27922483.
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						
	the organization without charge						
4	Total. Add lines 1 through 3	4367750.	5897823.	5545086.	6020099.	6091725.	27922483.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						27922483.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4367750.	5897823.	5545086.	6020099.	6091725.	27922483.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	382,863.	474,326.	501,501.	492,603.	526,204.	2377497.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-141,855.	142,949.	-322,185.	-32,522.	219,426.	
11	Total support. Add lines 7 through 10						30165793.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	89,357.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here	·····				>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2016 (li					14	92.56 %
	Public support percentage from 2015					15	93.58 %
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2015. If the o	•		•		•	
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-				· · · · · · · · · · · · · · · · · · ·	~	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∐
b	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b			
18	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar , check this box ar	nization	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, piease com	piete Part II.)				
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(4) 2012	(6) 2010	(6) 2014	(4) 2013	(6) 2010	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						+
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ration,
check this box and stop here						<u></u>
Section C. Computation of Public					T T	
5 Public support percentage for 2016 (lin			olumn (f))		15	9/
Public support percentage from 2015 S					16	9/
Section D. Computation of Invest			40 / /*		14-1	
Investment income percentage for 201					17	9
Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2016. If the o						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the c	=	-				
line 18 is not more than 33 1/3%, check	k this box and	stop here. The org	anization qualifies	as a publicly supp	orted organization	· > 🗀
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b, check th	nis box and see ins	structions	

632023 09-21-16

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
- 0		
7		
8		
0		
9a		
Ols		
9b		
9с		
10a		
10b		
1 990 or 99	n_E7\	2016

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 CHURCH AND STATE

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount	T	Т	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	, , , ,			
b				
	From 2013			
	From 2014			
	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

AMERICANS UNITED FOR SEPARATION OF

Schedule A	(Form 990 or 990-EZ) 2016 CHURCH AND STATE	53-0184647 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also comp (See instructions.)	II, line 10; Part II, line 17a or 17b; Part III, line 12; c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
-		
-		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes." on Form 990. Part IV. line 3. or Form 990-EZ, Part V. line 46 (Political Campaign Activities), then

Inspection

the organization answered	163,	on i on in 990, i	raitiv, iiie 3, o	i i 0iiii 990- LZ , Fait	v, iiile 40 (Folitical	Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	() (see separate instructions), then			•	
	Section 501(c)(4), (5), or (6) organization AMERICA	tions: Complete Part III. NS UNITED FOR SEI	PARATION OF	Empl	oyer identification number
		AND STATE			53-0184647
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures		▶ \$	
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	for this year?		Yes No
4a	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.		504/ \	1 1 504/	1/01
		ganization is exempt unde			
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities > \$	
2	Enter the amount of the filing organ		•		
	exempt function activities			▶\$	
3	Total exempt function expenditures		,		
	line 17b			> \$	
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses and en		•	•	0 0
	made payments. For each organiza				
	contributions received that were pr political action committee (PAC). If				e segregated fund or a
	. ,				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

	Form 990 or 990-EZ) 2016	CHURCH AND	STATE		53-0	184647 Page 2		
Part II-A								
	section 501(h)).							
A Check	if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
	expenses, and sha	re of excess lobbying e	expenditures).					
B Check ▶	if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.				
		its on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lo	bbying expenditures to infl	uence public opinion (grass roots lobbying)		25,304.			
	bbying expenditures to infl	451,411.						
	bbying expenditures (add li	ŭ			476,715.			
	exempt purpose expenditure	6,734,163.						
e Total e	xempt purpose expenditure	7,210,878.						
f Lobbyii	ng nontaxable amount. Ent	510,544.						
If the ar	nount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:				
	er \$500,000		the amount on line 1e.					
Over \$	500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.				
Over \$	1,000,000 but not over \$1,5							
Over \$	1,500,000 but not over \$17							
Over \$	17,000,000	\$1,000,	000.					
g Grassro	oots nontaxable amount (er		127,636.					
h Subtra	ct line 1g from line 1a. If zer	0.						
i Subtra	ct line 1f from line 1c. If zero	0.						
j If there	is an amount other than ze	ero on either line 1h or l	line 1i, did the organiza	tion file Form 4720				
reportir	ng section 4911 tax for this	year?				Yes No		
		4-Year Ave	eraging Period Under	section 501(h)				
	(Some organizations t		01(h) election do not l ate instructions for lin	•	of the five columns be	low.		
		Lobbying Exper	nditures During 4-Yea	r Averaging Period				
	Calendar year al year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		

	<u>-</u>							
Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a Lobbying nontaxable amount	438,982.	461,169.	459,931.	510,544.	1,870,626.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,805,939.			
c Total lobbying expenditures	329,030.	399,816.	422,749.	476,715.	1,628,310.			
d Grassroots nontaxable amount	109,746.	115,292.	114,983.	127,636.	467,657.			
e Grassroots ceiling amount (150% of line 2d, column (e))					701,486.			
f Grassroots lobbying expenditures	21,943.	24,555.	26,010.	25,304.	97,812.			

Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes."	ing the year, did the filing organization attempt to influence foreign, national, state or al legislation, including any attempt to influence public opinion on a legislative matter eferendum, through the use of: unteers? did a dstaff or management (include compensation in expenses reported on lines 1c through 1i)? did advertisements? lilings to members, legislators, or the public? lolications, or published or broadcast statements? lilings to members, legislators, or the public? lolications, or published or broadcast statements? lilings to members, legislators, their staffs, government officials, or a legislative body? lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations in line 1 cause the organization to be not described in section 501(c)(3)? les, demonstrations in line 1 cause the organization to be not described in section 501(c)(3)? les, effects in line 1 cause the organization to be not described in section 501(c)(3)? les, demonstrations in line 1 cause the organization managers under section 4912 les filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Sol1(c)(6). Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." London of the section 527(f) tax was paid). Tent year The proper interval of the section 527(f) tax was paid). Tent year The proper interval of the section 527(f) tax was paid). 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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

Employer identification number 53-0184647

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's e	-					
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?		Yes No				
Pa							
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically important land area				
	Protection of natural habitat	Preservation of a cert	fied historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired af	fter 8/17/06, and not on a historic structur	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year ▶						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it l	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	ion easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above						
9	,						
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	ne organization's accounting for				
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or Otl	aar Cimilar Aagata				
Pa			ier Sillilar Assets.				
	Complete if the organization answered "Yes" on Form 9						
1a	If the organization elected, as permitted under SFAS 116 (ASC						
	historical treasures, or other similar assets held for public exhi	,	ice of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describ						
b	If the organization elected, as permitted under SFAS 116 (ASC						
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pub	lic service, provide the following amounts				
	relating to these items:		.				
	(i) Revenue included on Form 990, Part VIII, line 1						
_							
2	If the organization received or held works of art, historical trea		gain, provide				
	the following amounts required to be reported under SFAS 11	,	•				
a	Revenue included on Form 990, Part VIII, line 1		> \$				
n	Assets included in Form 990 Part X		■ 5				

632051 08-29-16

Schedule D (Form 990) 2016

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

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chedule D (Form 990) 2016	CHURCH	AND	STATE		

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	r Asset	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	t are a siç	nificant i	use of its o	ollection	items	,
	(check all that apply):										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia		•					_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:				1			
									Amoun	<u>t </u>	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								٦		
	Did the organization include an amount on Fo						ty?		Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete in										
ı uı	Endowment ands: Complete							voore beek	(=) Form		hool:
4.	Decimping of year balance	(a) Current year	(b) Pr	ior year	(c) Two yea	IS DACK	(a) Tillee	years back	(e) Four	years	Dack
_	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses					+					
d	Grants or scholarships					+					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the curr	ont year and halane	lino 1a	column (a)) hold as:						
a	Board designated or quasi-endowment		% %	Column (a)	ij Heiu as.						
b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	•	tion that	are held ar	nd administer	red for th	e organiz	ation			
-	by:	solon or the organiza	ition that	aro mora ar	ia aarriiriiotoi	04 101 41	o organiz	ation		Yes	No
	(i) unrelated organizations								3a(i)		
	(m) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulat oreciation		(d) Boo	k valu	e
1a	Land				5,370.					5,3	70.
b	Buildings				-						
С	Leasehold improvements			88	9,713.		62,0	61.	82	7,6	52.
d	Equipment				9,846.		64,3			5,5	
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, columi	n (B). line 1	0c.)			•	98	8,5	38.
_					-	·					_

Schedule D (Form 990) 2016

G1111D G11 3.11D	NITED FOR SEP		0 0104647 - 6
Schedule D (Form 990) 2016 CHURCH AND SPART VIII Investments - Other Securities.	STATE	53	3-0184647 Page 3
	on Form 000 Bort IV line	11h Coo Form 000 Port V line 12	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(L) Look value	(c) meaned or randament coordinate	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEPOSITS			131,629.
(2) OPERATING LEASE RIGHT OF U	JSE ASSET		4,841,786.
(3) FINANCE LEASE RIGHT OF USE	E ASSETS, NET	ACCUMULATED	
(4) AMORTIZATION			61,556.
(5)			
(6)			

(a) Description	(b) Book value
(1) DEPOSITS	131,629.
(2) OPERATING LEASE RIGHT OF USE ASSET	4,841,786.
(3) FINANCE LEASE RIGHT OF USE ASSETS, NET ACCUMULATED	
(4) AMORTIZATION	61,556.
(5)	
<u>(6)</u>	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	5,034,971.

Other Liabilities. Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE ANNUITY PAYABLE	745,516.	
(3) ACCRUED PENSION LIABILITY	1,005,129.	
(4) REMAINDER TRUST PAYABLE	146,897.	
(5) DEFERRED RENT	1,208,770.	
(6) FINANCE LEASE OBLIGATIONS	62,674.	
(7) OPERATING LEASE LIABILITY	4,841,786.	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,010,772.	

^{2.} 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) 2016

	AMERICANS UNITED FOR SEPARA	ATION	OF	E2 (1104647 - /
	dule D (Form 990) 2016 CHURCH AND STATE † XI Reconciliation of Revenue per Audited Financial Statemer	ate With	Davanua nar Da		0184647 Page 4
Fai			nevellue per ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	7,493,487.
1					7,455,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	801,016.		
a	Net unrealized gains (losses) on investments		15,000.	-	
b	Donated services and use of facilities		13,000.	-	
C	Recoveries of prior year grants Other (Describe in Part XIII.)	1 1	52,873.	-	
d			•	2e	868,889.
е 3	•			3	6,624,598.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,024,550
7		4a	102,047.		
a h	Other (Describe in Part XIII.)		102,047	-	
D				4c	102,047.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,726,645.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,176,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,=,
a	Donated services and use of facilities	2a	15,000.		
h	Prior year adjustments			-	
c	Other losses				
d	Other (Describe in Part XIII.)		52,873.		
e	Add lines 2a through 2d		•	2e	67,873.
3	Subtract line 2e from line 1			3	7,108,831.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,047.		
b	Other (Describe in Part XIII.)		, ,		
c	Add lines 4a and 4b			4c	102,047.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,210,878.
	t XIII Supplemental Information.				,,===,,===
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part X	(, line 2; Part XI,
PAF	RT X, LINE 2:				
THE	ORGANIZATION FOLLOWS THE GUIDANCE OF ASC	740-10	, "ACCOUNT	ING	FOR
UNC	CERTAINTY IN INCOME TAXES" WHICH CLARIFIES	THE AC	CCOUNTING F	OR 7	гне
REC	COGNITION AND MEASUREMENT OF THE BENEFITS O	F IND	IVIDUAL TAX	POS	SITIONS IN
THE	FINANCIAL STATEMENTS, INCLUDING THOSE OF	NON-PI	ROFIT ORGAN	IZA	TIONS.
TAX	Y POSITIONS MUST MEET A RECOGNITION THRESHO	LD OF	MORE-LIKEL	Y-TI	HAN-NOT IN
ORI	DER FOR THE BENEFIT OF THOSE TAX POSITIONS	TO BE	RECOGNIZED	IN	THE
ORG	SANIZATION'S FINANCIAL STATEMENTS.				

THE ORGANIZATION ANALYZES TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE REQUIREMENTS SET FORTH IN IRS SEC. 501(C) TO QUALIFY AS A TAX EXEMPT ORGANIZATION, ACTIVITIES PERFORMED BY VOLUNTEERS AND BOARD MEMBERS, THE 632054 08-29-16

Part XIII Supplemental Information (continued)
(continued)
REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS A TAX-EXEMPT
ORGANIZATION UNDER WASHINGTON D.C. STATUTE. THE ORGANIZATION DOES NOT
KNOW OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE
WAS NO EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET
ASSETS AS A RESULT OF ANALYZING ITS TAX POSITIONS. FISCAL YEARS ENDING ON
OR AFTER SEPTEMBER 30, 2014 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND
STATE AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES NETTED WITH REVENUE 52,873.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES NET WITH REVENUE 52,873.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (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

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

Employer identification number 53-0184647

CHOKCH	MID DINID				33 0104	0 = 7
Part I Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
b If "Yes," list the 10 highest paid indi	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CRAVER, MATHEWS, SMITH & COMPANY - 1900 CAMPUS COMMONS	CONSULTANT	Yes	No X	1,796,087.	201,250.	1,594,837.
Total 3 List all states in which the organization	on is registered or licensed to solicit o	contrib	▶	1,796,087.	201,250.	1,594,837.
or licensing. AL, AK, AZ, AR, CA, CT, FL, DR, PA, RI, SC, TN, UT, VA,	GA,IL,KS,KY,ME,MD,1					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MI, WV , WI , CO , III , IID					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

			AHLINI CE	TAD (JNIIID	LOI	DELVIVITED	l OI		
	Schedule G	(Form 990 or 990-EZ) 2016	CHURCH	AND	STATE				53-0184647	Page
ı	Part II	Fundraising Events.	Complete if the	ne orgar	nization ansv	wered "	Yes" on Form 990, Pa	art IV, line 18	3, or reported more than \$15	,000
		of fundraising event contril	outions and ar	nee inco	ome on Forn	990-F	7 lines 1 and 6h List	events with	aross receipts areater than	\$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 AFI / VOICES UNITED	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	36,717.	, ,,	,	36,717.
_	2	Less: Contributions				
		Less. Contributions				
	3	Gross income (line 1 minus line 2)	36,717.			36,717.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,660.			1,660.
rect Ex	7	Food and beverages	400.			400.
⊡	8	Entertainment	14.550.			14.550.
	9	Other direct expenses				14,550. 36,263.
	10				>	52,873.
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d))	-16,156.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Other and expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	0	Not coming income cummany Culatract line 7	from line 1 column (d)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		·····	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

AMERICANS UNITED FOR SEPARATION OF

Schedule G (Form 990 or 990-EZ) 2016 CHURCH AND STATE	53-0184647 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$	1 110
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lines 9. 9b. 10b. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
(I) NAME OF FUNDRAISER: CRAVER, MATHEWS, SMITH & COMPANY	
(1) NAME OF FUNDRAISER: CRAVER, MATHEWS, SMITH & COMPANI	
(I) ADDRESS OF FUNDRAISER:	
1900 CAMPUS COMMONS DRIVE #450, RESTON, VA 20191	

AMERICANS UNITED FOR SEPARATION OF

Schedule G	G (Form 990 or 990-EZ)	CHURCH AND	STATE	53-0184647	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		•			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

 $Employer\ identification\ number \\ 53-0184647$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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			l
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			l
				l
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		
2	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 on line 1a?	2		
3	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			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
_	organization or a related organization:	4-		Х
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
C	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2016

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 on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) BARRY W. LYNN	(i)	170,910.	0.	0.	16,179.	7,660.	194,749.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MICHAEL SMOOT	(i)	105,268.	0.	0.	10,031.	35,591.	150,890.	0.	
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RICHARD KATSKEE	(i)	174,192.	0.	0.	17,317.	26,944.	218,453.	0.	
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ELIZABETH PURSELL	(i)	140,869.	0.	0.	13,545.	14,388.	168,802.	0.	
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MARGARET GARRETT	(i)	150,415.	0.	0.	14,285.	8,358.	173,058.	0.	
LEGISLATIVE AFFAIRS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) GLEN R. BOSTON	(i)	129,973.	0.	0.	12,241.	27,625.	169,839.	0.	
COMMUNICATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ALEX LUCHENITSER	(i)	119,657.	0.	0.	11,946.	26,725.	158,328.	0.	
ASSOCIATE LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

Employer identification number 53-0184647

Pai	t I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	34	145,883.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29			
					_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties contributions?		•	, ,		32a	x
h	If "Yes," describe in Part II.					oza	-22
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is chec	ked		
00	describe in Part II.	o.a.i.i.i (0) 101	a type of property	, ioi willon column (a) is chec	,,,,,,		
	GOSOTINE III I AIL II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

AMERICANS UNITED FOR SEPARATION OF

Schedule M	(Form 990) (2016) CHURCH AND STATE	53-0184647	Page 2
Part II	(Form 990) (2016) CHURCH AND STATE Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3	2 and whother the organiza	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a cor	bineties of both Alexans	lioi i
	is reporting in Part 1, column (b), the number of contributions, the number of items received, or a contribution of items received or a contribution of items received.	nbination of both. Also comp	olete
	this part for any additional information.		
_			
_			
_			

632142 08-23-16

SCHEDULE O

(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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICANS UNITED FOR SEPARATION OF CHURCH AND STATE

Employer identification number 53-0184647

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHURCH AND STATE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TRUSTEES AND NATIONAL LEADERSHIP COUNCIL MEETINGS REVENUE \$ 0. EXPENSES \$ 65,688. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS FROM THE NATIONAL LEADERSHIP COUNCIL. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWS THE 990 FORM BEFORE IT IS FILED THEN IT IS SENT VIA EMAIL TO THE ENTIRE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE CONFLICT OF INTEREST POLICY IS REVIEWED AT AN ALL STAFF MEETING AND THEN STAFF ARE REQUESTED TO REVIEW AND SIGN THE DOCUMENT RETURNING IT TO THE MANAGING DIRECTOR WHERE IT IS REVIEWED FOR POSSIBLE CONFLICTS. IF A CONFLICT IS DISCLOSED THEN IT IS BROUGHT TO THE ATTENTION OF THE CEO AND BOARD OF TRUSTEES FOR FINAL RESOLUTION. THE CONFLICT OF INTEREST FORMS ARE ON FILE IN THE MANAGING DIRECTOR'S OFFICE. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO AND OTHER EXECUTIVES IS DETERMINED BASED ON MARKET PAY FOR THESE POSITIONS COMPARING THE GEOGRAPHIC AREA, OTHER PRIVATE

FOUNDATIONS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS.

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

632211 08-25-16

THE

Schedule O (Form 990 or 990-EZ) (2016)

CHURCH AND STATE	53-0184647
PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE I	NFORMATION AND
DETERMINES THE COMPENSATION FOR THE INDIVIDUAL.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, N	MO,NH,NJ,NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON	REQUEST.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE	OVERSIGHT OF
THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR. THIS	PROCESS HAS
NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or AMERICANS UNITED FOR SEPARATION OF print CHURCH AND STATE 53-0184647 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 1310 L STREET NW, NO. 200 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20005 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12

	AMERICANS UNITED FOR SEPARATION OF CHURC	CH A	ND STA	ΛTE
•	The books are in the care of \blacktriangleright 1310 L STREET NW SUITE 200 - WASHINGTON	, DC	20005	j
	Telephone No. ▶ 202-466-3234 Fax No. ▶			
•	If the organization does not have an office or place of business in the United States, check this box			▶ □
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is fo	r the whole	group, check this
00	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the exter	nsion is for.
1	I request an automatic 6-month extension of time untilAUGUST_15, 2018, to file the	e exem	pt organiza	tion return
	for the organization named above. The extension is for the organization's return for:			
	▶			
	► X tax year beginning OCT 1, 2016 , and ending SEP 30, 2017			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final	al retur	n	
	Change in accounting period			
За	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.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	0.

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 instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)