WEGNER CPAS LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

# THE AMERICAN HUMANIST ASSOCIATION 1821 JEFFERSON PL NW WASHINGTON, DC 20036

Indillindhumlhalladad

Form <b>990</b>	)
-----------------	---

### \*\* PUBLIC DISCLOSURE COPY \*\* 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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2023 calendar year, or tax year beginning and e	ending					
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number			
	Addre	THE AMERICAN HUMANIST ASSOCIATION						
	Name Chang	Doing business as		94-616833	17			
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final	1821 JEFFERSON PL NW		(202) 238				
	termi ated	<b>J</b>		<b>G</b> Gross receipts \$	2,698,246.			
	Amer	WASHINGION, DC 20036		H(a) Is this a group re				
	Appli tion pend	F Name and address of principal officer: I I SIARK		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u> ]	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	r 🔄 527	If "No," attach a	list. See instructions			
	Vebs			H(c) Group exemption				
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year of	of formation: 1943 N	State of legal domicile: IL			
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities:						
anc		FOR HUMANISM IN THE UNITED STATES, TO INC						
ern (	2	Check this box if the organization discontinued its operations or dispose	ed of more	1 1				
Š	3				12			
کہ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			18			
iviti	6	Total number of volunteers (estimate if necessary)			0			
Activities & Governance					1,741.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		2,452,425.	2,168,023.			
Revenue	9	Program service revenue (Part VIII, line 2g)		<u>442,412.</u> 433.	<u>449,122.</u> 34,240.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>15,368.</u> 2,910,638.	<u>42,807.</u> 2,694,192.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		403,718.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		403,710.	<u>61,079.</u> 0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,470,720.	1,428,452.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	1,4/0,720.	1,420,452.			
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 324, 89	5	0.	0.			
Expenses		•••••••••••••••••••••••••••••••••••••••		881,644.	1,087,412.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,756,082.	2,576,943.			
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		154,556.	117,249.			
or es		Revenue less expenses. Subtract line 18 from line 12		jinning of Current Year	End of Year			
ts o	1	Total accepte (Dart V. line 16)		2,269,571.	2,099,436.			
Assets Balanc	1	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		545,883.	256,272.			
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,723,688.	1,843,164.			
	art II			±,723,000•	1,04J,104•			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nte and to the heet of my	knowledge and belief it is			
onu	or poll	and of porjary, racial of nave or annihou and rotarn, including accompanying schedules.	unu statomb	nio, and io include of my	momouyo ana bollol, it lo			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
-	FISH STARK, EXECUTIVE DIR	ECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	GLENN MILLER, CPA	GLENN MILLER,	CPA 11/13	3/24 self-employed	P00086726	
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031	
Use Only	Firm's address <b>419 N LEE ST</b>					
	ALEXANDRIA, VA 22	314-2301		Phone no. (703	) 519-0990	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) THE AMERICAN HUMANIST ASSOCIATION	94-6168317	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🛕
-	WE STRIVE TO BRING ABOUT A PROGRESSIVE SOCIETY WHERE BEI		
	WITHOUT A GOD IS AN ACCEPTED AND RESPECTED WAY TO LIVE L		
	ACCOMPLISHING THIS THROUGH OUR DEFENSE OF CIVIL LIBERTIE		R
2	GOVERNANCE, BY OUR OUTREACH TO THE GROWING NUMBER OF PEO Did the organization undertake any significant program services during the year which were not listed on the	PLE WITHOUT	
2	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		d
	revenue, if any, for each program service reported.	rs, the total expenses, an	10
4a	1 240 001 (1 070	nue \$ 384,4	<b>470.</b> )
	PUBLIC AWARENESS: INCREASE PUBLIC AWARENESS & ACCEPTANCE	OF HUMANISM	
	THROUGH DIRECT ADVERTISING ABOUT HUMANIST MESSAGE, DIRECT	T MAIL TO	
	NON-MEMBERS, AND THROUGH OUR FLAGSHIP WEBSITE.		
4b	(Code:) (Expenses \$ 434,020 including grants of \$ 0) (Rever	nue \$ 48,2	210.)
	CONFERENCE: PROVIDE OPPORTUNITIES FOR SCHOLARSHIP THROUG	H ANNUAL	
	CONFERENCES PRESENTATIONS ON HUMANIST TOPICS, ANNUAL JOU	RNAL ESSAYS,	
	AND BOOKS PUBLISHED THROUGH HUMANIST PRESS AND DEBATES.		
4c	(Code:) (Expenses \$ 296, 314. including grants of \$ 0. ) (Rever	nue \$ 19,1	<b>135.</b> )
	EDUCATION: EDUCATION OF THE PUBLIC AND MEMBERS REGARDING		
	THROUGH OUR IN-DEPTH EXPLORATION OF HUMANISM IN THE HUMA		Ε,
	OUR INFORMATIVE FREE MIND NEWSLETTER, AND BOOK LENGTH ON	-LINE	
	RESOURCES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     2,078,355.	·	
		Form <b>9</b>	<b>90</b> (2023)
332002	2 12-21-23 <b>3</b>		
	J J		

Form	990	(2023)

Part IV Checklist of Required Schedules

THE AMERICAN HUMANIST ASSOCIATION

			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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		<u> </u>
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	Х	<u> </u>
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 Rev. Proc. 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,	_		v
_	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			v
•	Schedule D, Part III	8		X
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI	110		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X QQA	(2023)
s32003	12-21-23	rorm	530	(2023)

4

332003 12-21-23

Form	990	(2023)
FUIII	990	(2020)

	· (ommoo)			
			Yes	No
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		X X
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		X
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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? If "Yes," complete			
	Schedule N, Part II	32		x
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		x
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	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30		36	х	
27	If "Yes," complete Schedule R, Part V, line 2	30	- 23	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · ·		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
332004	12-21-23 <b>F</b>	Form	990	(2023)
	5			

### 11591113 788028 13747.3AU01

023)				ASSOCIATIO	
Statements R	egardi	ing Other IRS	Filings and Ta	ax Compliance	(continued)

			Yes	No
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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
5a	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		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	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 contributions or gifts	~		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise the receive a source of $0.75$ mode partly as a contribution and partly for coords and convises provided to the parts?	7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
U	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b></b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
b				
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		
332005	12-21-23	Form	990	(2023)

Form 990 (2023)

Part V

Form 9	90 (2023)
--------	-----------

### THE AMERICAN HUMANIST ASSOCIATION

94-6168317 Page 6

X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	NC
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	4		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct sup	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14		
U				7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			70		- 11
8			•		v	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Cod	<u>e.)</u>			-
					Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affi	liates,			
	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 fili	ng the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
-	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14				14	X	
15				14		
15	Did the process for determining compensation of the following persons include a review and approva	i by indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	Х	
	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (s	ection 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,		•		
	X Own website Another's website X Upon request Other (explain	on Sched				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finano	ial	
19			stor policy, and			
19	statements available to the public during the tax year					
19	statements available to the public during the tax year.	ke and re-	orde			
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and rec	ords			
	State the name, address, and telephone number of the person who possesses the organization's boo NICOLE CARR - (202) 238-9088	ks and rec	ords			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and rec	ords		990	1000

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 the instructions for definition of "key employee."

- List an of the organization is carrent key employees, many, beck the material data and the definition of the survey employees.

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more box, unless person officer and a direct			re than one n is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NICOLE CARR INTERIM EXECUTIVE DIRECTOR	40.00			x				130,839.	0.	17,872.
(2) SUNIL PANIKKATH	10.00							150,055.		17,072.
PRESIDENT	10.00	х		x				0.	0.	0.
(3) CANDACE GORHAM	3.00									
VICE PRESIDENT		x		x				0.	0.	0.
(4) ABBY HAFER	3.00									
SECRETARY		Х		х				0.	0.	0.
(5) JOHN HOOPER	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) DARIN STEWART	3.00									
DIRECTOR		Х						0.	0.	0.
(7) JASON WILES	3.00									•
DIRECTOR		Х						0.	0.	0.
(8) JILL MARTINEZ	3.00								0	0
DIRECTOR (9) JIM PALMOUIST	3.00	Х						0.	0.	0.
(9) JIM PALMQUIST DIRECTOR	3.00	x						0.	0.	0.
(10) KRYSTAL JACKSON	3.00								0.	0.
DIRECTOR	5.00	х						0.	0.	0.
(11) ROB BOSTON	3.00									
DIRECTOR		x						0.	0.	0.
(12) VALERIE WHITE	3.00									
DIRECTOR		Х						0.	0.	0.
(13) VANESSA GOMEZ BRAKE	3.00									
DIRECTOR		Х						0.	0.	0.
		l								
					<u> </u>					
		-			-					
		1								
222007 10 01 02										Form 990 (2023)

8

332007 12-21-23

Form 990 (2023)

Form 990 (2023) THE AMERI	CAN HUM	IAN	IST	Г 2	AS	SOC	CI.	ATION	94-61	.68317	7 Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees, a	and	Hig	hest	Co	ompensated Employee	s (continued)		
(A) Name and title	<b>(B)</b> Average hours per week	(do box, offic		(C Posit eck m s pers	;) tion nore the	han on both a	ne an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	mpensation from the ganization nd related ganizations	
1b       Subtotal         c       Total from continuation sheets to Part VII         d       Total (add lines 1b and 1c)         2       Total number of individuals (including but not shown in the s	, Section A	·····	·····	·····	····			130,839. 0. 130,839. ceived more than \$100,	000 of reportable	0. 0. 1	L7,872. 0. L7,872.
<ul><li>compensation from the organization</li><li>3 Did the organization list any former officer.</li></ul>	divector truck						aiak				1 Yes No
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the su	<i>uch individual</i> m of reportabl	 e co	mper	nsati	ion a	and c	 othe	er compensation from th	ne organization		X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i></li> </ul>	ccrue compen	satio	on fro	om a	any u	unrela	ate	d organization or individ	lual for services	4 5	
Section B. Independent Contractors     Complete this table for your five highest contractors     the organization. Report compensation for t	•	•							•	ensation f	rom
(A) Name and business address NONE							(B) Description of s			<b>(C)</b> ensation	
							+				
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lim	nited	to tł	hose 0		ed a	above) who received mo	ore than	Form	n <b>990</b> (2023)

11591113 788028 13747.3AU01

332008 12-21-23

				HUMANIST	ASSOCIATIO	ON	94-6168	317 Page <b>9</b>
Pa	rt VI	I Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any lin			(2)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵. ۵.	с	Fundraising events	1c					
ar /	d	Related organizations	1d	258,472.				
is, 0	е	Government grants (contributi	ions) <b>1e</b>					
er cr	f	All other contributions, gifts, grant						
-ibu		similar amounts not included abov		909,551.				
ontio	g	Noncash contributions included in lines	1a-1f <b>1g</b> \$		2 160 022			
0 6	h	Total. Add lines 1a-1f		Business Code	2,168,023.			
	0.0	MEMBERSHIP		900099	297,554.	297,554.		
vice	z a b		ES	561000	84,223.	84,223.		
Ser	c D	CONFERENCE AND		900099	48,210.	48,210.		
ne se	d	HUMANIST MAGAZI		900099	19,135.	19,135.		
Program Service Revenue	e	·						
Pr	f	All other program service reve	nue					
	g				449,122.			
	3	Investment income (including	dividends, intere	est, and				
					34,240.			34,240.
	4 Income from investment of tax-exempt bond proc				2 0 4 0			2.040
	5	Royalties	(i) Real	(ii) Personal	2,940.			2,940.
	6.0	Gross rents 6a		(II) Personal				
	6a b							
	c							
		Net rental income or (loss)	1					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
anı		and sales expenses 7b						
enue		Gain or (loss)	•					
Å		Net gain or (loss)		1				
Other R	8 a	Gross income from fundraising ev	· · ·					
0		including \$						
		contributions reported on line Part IV, line 18						
	b	Less: direct expenses						
		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		4,054.	2,693.	2,693.		
	C	Net income or (loss) from sales	s of inventory	Business Code	4,095.	4,095.		
sni	11 a	ADVERTISING REV	ENUE	541800	1,741.		1,741.	
neo	b				,,		-,	
ella sver	c							
Miscellaneous Revenue	d	All other revenue		900099	35,433.			35,433.
2	е	Total. Add lines 11a-11d			37,174.			
	12	Total revenue. See instructions			2,694,192.	451,815.	1,741.	72,613.
33200	9 12-21	1-23						Form <b>990</b> (2023)

332009 12-21-23

10

2023.05000 THE AMERICAN HUMANIST ASS 13747.31

THE AMERICAN HUMANIST ASSOCIATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	61,079.	61,079.		
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,				
	trustees, and key employees	148,711.	133,840.	5,948.	8,923.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,073,548.	966,193.	42,942.	64,413.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,212.	<u>17,291.</u> 81,101.	768.	<u>1,153</u> <u>5,407</u> 5,812
9	Other employee benefits	90,112.	81,101.	3,604.	5,407.
10	Payroll taxes	96,869.	87,182.	3,875.	5,812.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	38,192.	14,333.	23,859.	
С	Accounting	27,792.		27,792.	
d	Lobbying				
е	° , F				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	103,671.	88,852.	10,478.	<u>4,341</u> . 156,925.
12	Advertising and promotion	261,542.	103,395.	1,222.	
13	Office expenses	83,802.	43,289.	27,857.	12,656.
14	Information technology	127,569.	98,440.	18,839.	10,290.
15	Royalties				
16	Occupancy	28,742.	23,506.	1,929.	3,307.
17	Travel	11,993.	10,496.	242.	1,255.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200.011		1 101	45 560
19	Conferences, conventions, and meetings	300,911.	253,921.	1,421.	45,569.
20	Interest				
21	Payments to affiliates	10 055	10 105	1 200	0 205
22	Depreciation, depletion, and amortization	19,957.	16,165.	1,397.	2,395.
23	Insurance	19,415.	15,878.	1,303.	2,234.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	44 005	44 005		
а	HUMANIST MAGAZINE EXPEN	41,387.	41,387.		
b	FOREIGN DUES	21,051.	21,051.		
С					
d		1 200	050	010	01 F
е	All other expenses	1,388.	956.	217.	215.
25	Total functional expenses. Add lines 1 through 24e	2,576,943.	2,078,355.	173,693.	324,895.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023

11

332010 12-21-23

### 11591113 788028 13747.3AU01

Form 990 (2023)

11591113 788028 13747.3AU01

THE AMERICAN H	HUMANIST	ASSOCIATION
----------------	----------	-------------

94-6168317 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,056,264.	1	202,325.
	2	Savings and temporary cash investments			0.	2	1,570,642.
	3	Pledges and grants receivable, net			75,026.	3	30.
	4	Accounts receivable, net			40,773.	4	209,431.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqual	ified perso				
		under section 4958(f)(1)), and persons describe	d in sectio	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side some some som stade forma stade some som			49,721.	9	65,390.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>351,355.</u> 299,737.			
	b		10b	299,737.	47,787.	10c	51,618.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			2,269,571.	16	2,099,436.
	17	Accounts payable and accrued expenses			545,883.	17	256,272.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or forr	ner officer	, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
iab		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		<b></b>	545,883.	26	256,272.
S		Organizations that follow FASB ASC 958, cho	eck here	X			
ice.		and complete lines 27, 28, 32, and 33.			1 700 000		1 0 2 0 7 2 0
alar	27			·····	1,720,262.	27	1,839,738.
ä	28				3,426.	28	3,426.
ũ		Organizations that do not follow FASB ASC 9	958, check	k here			
۲ ۲		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
šť A	31	Retained earnings, endowment, accumulated ir			1 700 600	31	1 0/2 16/
Š	32	Total net assets or fund balances			1,723,688. 2,269,571.	32	1,843,164.
	33	Total liabilities and net assets/fund balances			4,409,3/1.	33	2,099,436.

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

Form	1990 (2023) THE AMERICAN HUMANIST ASSOCIATION	94-	6168317	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,694		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,576		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,723	3,6	88.
5	Net unrealized gains (losses) on investments	5		2,2	<u>27.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,843	3,1	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2023)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

L	OMB No. 1545-0047
	2023
	Open to Public Inspection

Name of the organization	
--------------------------	--

Nan	ne of t	the organization							identification number	
				UMANIST ASSO					4-6168317	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	• • • •					-		
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	iπer June 30, 1975.	
44		See section 509(a)(2). (Con	-	walk to toot for public op	fatu Caa	ocotion El	O(a)(4)			
11 12		An organization organized a An organization organized a	-	•	•			rny out the	purposes of one or	
12		more publicly supported or	•		•		-	•		
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga	• •					-	aivina	
		the supported organization	-	-	• • • •	-				
		organization. You must c			indjointy e				pporting	
b		<b>Type II.</b> A supporting org			ion with its	s supporte	d organizatio	n(s), by hay	vina	
		control or management o	-				-		•	
		organization(s). You mus						5		
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
		er the number of supported o	•							
<u>g</u>		vide the following information			(iv) Is the orac	anization listed	( ) )			
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir	3	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota	al									

THE AMERICAN HUMANIST ASSOCIATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	0014506	1056158	0000001	0450405	01 6 0 0 0 0	1000000
_	include any "unusual grants.")	2314536.	1856157.	2078061.	2452425.	2168023.	10869202.
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	2314536.	1856157.	2078061.	2452425.	2168023	10869202.
5	The portion of total contributions	2311330.	1050157.	20700010	2152125.	2100023.	100092021
5	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)						1027356.
6	Public support. Subtract line 5 from line 4.						9841846.
Se	ction B. Total Support				•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2314536.	1856157.	2078061.	2452425.	2168023.	10869202.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	9,566.	5,136.	4,151.	2,763.	37,180.	58,796.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1000000
	Total support. Add lines 7 through 10		-				10927998.
	Gross receipts from related activities,		,				,826,803.
13	First 5 years. If the Form 990 is for th	-					
Sal	organization, check this box and stor ction C. Computation of Publi	o here	contago				
	•			olumn (f))		14	90.06 %
	Public support percentage for 2023 (I Public support percentage from 2022					14	91.79 %
	<b>33 1/3% support test - 2023.</b> If the c						
102	stop here. The organization qualifies						V
h	<b>33 1/3% support test - 2022.</b> If the c		-		line 15 is 33 1/3%		
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		······································	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		• •		s
						Schedule A	(Form 990) 2023

332022 12-21-23

### THE AMERICAN HUMANIST ASSOCIATION 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.)

Sec	alon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5						
/a	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	·					·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (	line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022	(	1			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for <b>2</b> Investment income percentage from					17 18	<u>%</u>
	33 1/3% support tests - 2023. If the					· · · ·	
.54	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the	-	•		••••		
J	line 18 is not more than 33 1/3%, che	-					
20	<b>Private foundation.</b> If the organization		•	-		-	
	3 12-21-23	and not oneon a	557 OF INC 14, 19				dule A (Form 990) 2023
00202	0 12-21-20		16			Gener	

#### THE AMERICAN HUMANIST ASSOCIATION

1

Yes No

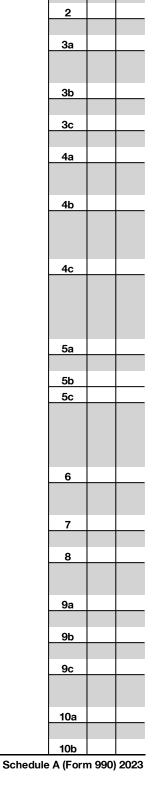
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

332024 12-21-23



17

### Schedule A (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION

Pa	t IV Supporting Organizations (continued)			
		Y	/es	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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sec	tion B. Type I Supporting Organizations			
		Y	/es	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>			
	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,			
		2		
Sec	tion C. Type II Supporting Organizations			
	_	Y	/es	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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	_	Y	/es	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 Descent of the method with the support of the method with the support of the method.
- **3** By reason of the relationship described on line 2, above, 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*

#### <u>supported organizations played in this regard.</u> Section 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI ho	ow you supported a governmental entity (se	e instruction <u>s).</u>
------------	--	---	------------------------	--	--------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.** 

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.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2

3

2a

2b

3a

Yes No

11591113 788028 13747.3AU01

2023.05000 THE AMERICAN HUMANIST ASS 13747.31

18

I GI	Type in Non T unclonding integrated boo(d)(b) Support	ng organi	Lations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
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):			
а	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

## Schedule A (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

11591113 788028 13747.3AU01

THE	AMERICAN	HUMANIST	ASSOCIATION
-----	----------	----------	-------------

		HUMANIST ASSOCI		9	4-6168317	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D.					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
Ŭ	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2021 Excess from 2022					
	Excess from 2022 Excess from 2023					
<u> </u>						

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023	THE Z	AMERICAN	HUMANIST	ASSOCIATI	ON	94-6168317	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> , 2, 3b, 3c, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9a 3; Part IV, Sect	lanations required a, 9b, 9c, 11a, 11b ion E, lines 1c, 2a	by Part II, line 10; b, and 11c; Part IV, , 2b, 3a, and 3b; P;	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Section E, li	nes 2, 5, and 6. Al	so complete this p	art for any addition	al information.	
332028 12-21-2	23			21			Schedule A (Form 9	90) 2023
				∠⊥				

11591113 788028 13747.3AU01

### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Sched	ule	В
(Form 990)		

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### THE AMERICAN HUMANIST ASSOCIATION

94-6168317

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

THE AMERICAN HUMANIST ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 258,472. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 442,258. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 110,736. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 88,850. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

11591113 788028 13747.3AU01

Page 2

Employer identification number

94-6168317

323453 12-26-23			Schedule B (Form 990) (2023)
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

### THE AMERICAN HUMANIST ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Schedule B (Form 990) (2023)

(a)

No.

from

Part I

Name of organization

Employer identification number

(d)

**Date received** 

94-6168317

(c)

FMV (or estimate)

(See instructions.)

25

<sup>2023.05000</sup> THE AMERICAN HUMANIST ASS 13747.31

Schedule	B (Form 990) (2023)		Page <b>4</b>			
Name of o	organization		Employer identification number			
THE A	MERICAN HUMANIST ASSOCI	ATION	94-6168317			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in section through (e) and the following line entry. haritable, etc., contributions of <b>\$1,000 or less</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26	6-23		Schedule B (Form 990) (2023)			

### 11591113 788028 13747.3AU01

 $^{\ 26}$  2023.05000 the American humanist ass 13747.31

SC	HE	Ðι	JLE	С

(Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

mplete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

 Section 501(c)(3) o 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 Tax) (see separate instructions), then:

Nar	ne of orga	nization				Emplo	oyer identification number
			RICAN HUMANIST AS:				94-6168317
Pa	art I-A	Complete if the org	anization is exempt under	section 501(c) or	r is a section 52	27 org	janization.
1 2 3	Political	campaign activity expendit r hours for political campai	gn activities				
Pa	art I-B	Complete if the org	anization is exempt under	section 501(c)(3)			
1	Enter the	amount of any excise tax	incurred by the organization under	section 4955		\$	
2	Enter the	amount of any excise tax	incurred by organization managers	under section 4955		\$	
3	If the org		n 4955 tax, did it file Form 4720 fo				
							Yes No
	_	describe in Part IV.		<b>501</b> (a)		04(-)	(0)
Pa	art I-C		anization is exempt under		-	. ,	(3).
1			by the filing organization for section			\$	
2			ization's funds contributed to othe	•			
_	•					\$	
3			. Add lines 1 and 2. Enter here and			•	
4			<b>1120-POL</b> for this year?				Yes No
5			nployer identification number (EIN) tion listed, enter the amount paid f				
	•	, 0	omptly and directly delivered to a s	0 0			•
			additional space is needed, provide			parate	segregated fund of a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid 1	from	(e) Amount of political
					filing organizatio	n's	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2023

LHA 332041 11-06-23

27 2023.05000 THE AMERICAN HUMANIST ASS 13747.31

OMB No. 1545-0047

23 /11 Open to Public Inspection

nomered	100	0111 01111	000,		· , ····	~
organizatio	ons: C	Complete	Parts	I-A and	d B. I	Do
ther than s	ectio	n 501(c)(3	)) orga	nizatio	ons:	С

Department of the Treasury	Co
Internal Revenue Service	

Schedule C (Form 990) 2023	HE AMERICA	N HUMANIST	ASSOCIATION		5168317 Page 2
Part II-A Complete if the organ section 501(h)).	nization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organization expenses, and share of the state of	of excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
<b>B</b> Check if the filing organizatio	n checked box A a	nd "limited control" pro	ovisions apply.	( ) ===	
	on Lobbying Expe ures" means amou	nditures Ints paid or incurred.)	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influer	nce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (					
f Lobbying nontaxable amount. Enter t	the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (	b) is: The lot	bying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,0	00, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,500		00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,000	0,000, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	000.			
g Grassroots nontaxable amount (enter	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero c					
i Subtract line 1f from line 1c. If zero o					
j If there is an amount other than zero		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye					Yes No
(Some organizations that	t made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

### THE AMERICAN HUMANIST ASSOCIATION

# 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of the lobbying activity.	Yes	No	Amount
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?		Х	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		43,580.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?		Х	
j Total. Add lines 1c through 1i			43,580.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</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?		-1	
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	ō), or sec	tion
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
<ul> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th</li> </ul>		···· – – –	
Part III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR	(b) Part I	II-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c Total			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			
expenditures next year?		4	
<ul> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>			
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see
instructions); and Part II-B, line 1. Also, complete this part for any additional information.		.,	
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
IN 2023, AHA GAVE \$43,580 TO THE CENTER FOR FREETHOUGH	T EQUA	LITY,	AN
AFFILIATED 501(C)(4) ORGANIZATION TO SUPPORT ITS MISSI	ON AND	LOBB	YING
EFFORTS.			

Schedule C (Form 990) 2023

332043 11-06-23

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



Department of the Treasury Internal Revenue Service

Employer identification number

Nam	e of the organization THE AMERICAN HUMAN	IST ASSOCIATION	Employer identification number 94-6168317
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		complete in the
	3	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
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	-	
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	· · · · ·	
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		<u>2a</u>
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ucture included on line 2a	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes 🛄 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	, , ,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
D.	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	, ,	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

LHA For P	aperwork Reduction Act Notice, see the Instructions for Form 990.
332051 09-28-2	23

Sche		RICAN HUMAN						94-61			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art,	His	torical Tre	easures, o	r Other	Similar	Assets	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	chec	k any of the t	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d		] Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain h	now t	hey further th	ne organizatio	on's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV. li			
	reported an amount on Form 990, Pa						,	, .			
1a	Is the organization an agent, trustee, custod		arv fo	r contributior	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
, N			wing	table.					Amount		
с	Beginning balance						1c				
	Beginning balance						1d				
	Additions during the year										
-	Distributions during the year						1e 1f				
f	Ending balance								Yes		
	Did the organization include an amount on F						y ?	∟			_ No □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										
1 41		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	Veare	hack
		(a) Current year	(0)	Filor year	( <b>C)</b> 1 WU yea	IS DACK (	uj mee y	Cal S Dack		years	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance (	line 1	lg, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizati	on th	at are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								<u> </u>		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	Part I	IV, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or oth	ner	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Bool	valu	e
		basis (investme		• •	(other)		reciation		(4) 200	, raio	•
1a	Land		,		. ,						
	Buildings										
	Leasehold improvements										
				35	1,355.	2	99,73	37.	51	6	18.
	Equipment				-,555.		.,			-,0	<u> </u>
	Other			1 .					<b>۲</b> 1	6	18.
iotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	line	10c, column	<u>(B))</u>						
								Schedule	e D (Form	990)	2023

332052 09-28-23

(a) Deci	-		11b. See Form 990, Part X, line 12.	
	cription of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
•	ncial derivatives			
	ely held equity interests			
3) Othe	r			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Co	I. (b) must equal Form 990, Part X, line 12, col. (B))			
Part v	III Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	ia-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	I. (b) must equal Form 990, Part X, line 13, col. (B))			
Part I)				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)			
	(4)	Description		(b) Book value
(1)	(0)	Description		(b) Book value
(1) (2)	(0)	Description		(b) Book value
	(0)	Description		(b) Book value
(2)	(U)	Description		(b) Book value
(2) (3)	(U)	Description		(b) Book value
(2) (3) (4)		Description		(b) Book value
(2) (3) (4) (5)		Description		(b) Book value
(2) (3) (4) (5) (6)		Description		(b) Book value
(2) (3) (4) (5) (6) (7)		Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C)	olumn (b) must equal Form 990, Part X, line 15, co			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C)	olumn (b) must equal Form 990, Part X, line 15, co	. (В))		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X	olumn (b) must equal Form 990, Part X, line 15, co	. (В))		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X	olumn (b) must equal Form 990, Part X, line 15, co	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X I. (1) F	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (7) (8) (9) Fotal. (C) Part X (1) (1) (2)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (7) (8) (9) Fotal. (C) Part X (1) (1) (1) (2) (3)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X (1) (1) (2) (3) (4)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C. Part X (2) (1) (1) F (2) (3) (4) (5)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X (9) Fotal. (C) Part X (2) (3) (4) (5) (6)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C. Part X (1) F (2) (3) (4) (5) (6) (7)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C Part X (9) Fotal. (C) (3) (1) (2) (3) (4) (5) (6) (7) (8)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	. (В))		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X (9) Fotal. (C) (7) (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	<i>I. (В))</i>	11e or 11f. See Form 990, Part X, line 2	5.

THE AMERICAN HUMANIST ASSOCIATION

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

94-6168317 Page 3

332053 09-28-23

Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 THE AMERICAN HUMANIST ASS		94-6168317 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	le per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.	Ins	pection
Name of the organization					Employer ident	tification number
					04 61 60 2	1 🗖
THE AMERICAN HU	MANIST A; rmation on <b>A</b>		side the United States. Comple	ata if tha argan	94-61683	1/ ")/aa" an
Form 990, Part I				ete il trie organ	Ization answered	res on
		n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
			he selection criteria used to award the			Yes No
	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance ou	tside the
United States.	be following Dort	L line 2 table of	n he duplicated if additional apace is n	(acidad		
3 Activities per Region. (T (a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
() 5	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	MEMBERSHIP	DUES.	21,051.
	1					
3 a Subtotal	0	0				21,051.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				21,051.
and 3b)	0	0				21,001.

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

Open to Public

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Department of the Treasury

#### Schedule F (Form 990) 2023

### THE AMERICAN HUMANIST ASSOCIATION

94-6168317

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

94-6168317

### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 T Part IV Foreign Forms	AMENICAN	nommingi	ASSOCIATION	-
Dart IV   Eavoign Eavona				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023 THE	AMERICAN HUMANIST	ASSOCIATION	94-6168317	Page 5						
Part V Supplemental Information										
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of										
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)										
(estimated number of recip	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.									

PART I, LINE 2:

ALL GRANTS AWARDED GO THROUGH A PRE-APPROVAL PROCESS BY THE

ORGANIZATION'S BOARD OF DIRECTORS. AFTER AWARDING, THERE IS NO FORMAL

MONITORING PROCEDURES IN PLACE.

PART I, LINE 3:

THE ORGANIZATION ACCOUNTS FOR EXPENDITURES FOR ACTIVITIES CONDUCTED IN

THE LISTED REGION USING THE ACCRUAL METHOD OF ACCOUNTING.

Schedule F (Form 990) 2023

332075 11-29-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Go Compl		nd Individual n answered "Yes" Attach to Form s.gov/Form990 for	l <b>s in the Ŭni</b> on Form 990, Pa 1 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection Employer identification number
Part I General Information on Gra	ERICAN HUMAN	IST ASSUCIA	TION				94-6168317
Does the organization maintain rec criteria used to award the grants or 2 Describe in Part IV the organization Part II Grants and Other Assistance	ords to substantiate the r assistance? n's procedures for monit ce to Domestic Organiz	oring the use of grant zations and Domestic	funds in the United c Governments.	l States. Complete if the org			X Yes No
recipient that received more <b>1 (a)</b> Name and address of organizat or government		be duplicated if additi (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THE CENTER FOR FREETHOUGHT EQUALITY - 1821 JEFFERSON PL NW WASHINGTON, DC 20036	V - 52-2448073	501(C)(4)	43,580.	0.			ANNUAL OPERATING SUPPORT
<ul> <li>2 Enter total number of section 501(c</li> <li>3 Enter total number of other organiz</li> </ul>							

3 Enter total number of other organizations listed in the line 1 table

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

#### 332102 11-01-23

# Schedule I (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	1		1		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS AWARDED GO THROUGH A PRE-APPROVAL PROCESS BY THE ORGANIZATION'S

BOARD OF DIRECTORS. AFTER AWARDING, THERE IS NO FORMAL MONITORING

PROCEDURES IN PLACE.



94-6168317

SC	HEDULE J	EDULE J   Compensation Information					
(Fo	rm 990)	-	ľ	ົງດ	<b>n</b> n		
-	-	Compensated Employees		20	Ľ٦	)	
Dene	terrant of the Treesury			Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organization	1				nber	
_		THE AMERICAN HUMANIST ASSOCIATION	94-6	516831	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	0)         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation answered Yes' on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.         Employer Identif 94-6168           a ciganization         Employers Identif 94-6168         Employer Identif 94-6168           Questions Regarding Compensation         Employer Identif 94-6168           THE AMERICAN HUMANIST ASSOCIATION         Employer Identif 94-6168           Questions Regarding Compensation         Employer Identif 94-6168           The appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, 1, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Inscritaces or charter travel         Payments for business use of personal use avail for companions ax indemnification and gross-up payments Health or social club dues or initiation fees Iscretionary spending account         Personal services or personal use Health or social club dues or initiation fees Iscretionary spending account           of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or irresement or provision of all of the expenses described above? If "No," complete Part III to explain or ganization require substantiation pror to reimbursing or allowing expenses incurred by all directors, s, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?           e which, if any, of the following the organization used to establish the compensation of the organization 's executive Director. Check all that apply. Do not check any boxes for methods used b					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com						
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b		990)         For certain Officers, Invisce, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.           It we organization         Go to www.irs.gov/Form990 for instructions and the latest information.           If the organization         Employee           Causation         So to www.irs.gov/Form990 for instructions and the latest information.           If the organization         94 -           Questions Regarding Compensation         94 -           Internation and gos sup payments         Housing allowance or residence for personal use           First class or charter travel         Payments for business use of personal residence           Taxel for companions         Payments for business use of personal residence           It indemnification and gross-up payments         Personal services (such as maid, chauffeur, chef)           ony of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or moursement or provision of all of the expenses described above? If "No," complete Part III to explain.           it de which, if any, of the following the organization used to establish the compensation of the organization is dove any boxes for methods used by a related organization to ablish compensation comsultant         Compensation as usplemental nonqualified retirement plan?           independent compensation consultant         Compensation survey or study         Porroval payment contract           independent compensation orm su					
-		Discretionary spending account Personal services (such as maid, chauffeur,					
2	•	Attach to Form 990.           Go to www.irs.gov/Form990 for instructions and the latest information.           Improve the organization           End to the organization provided any of the following to or for a person listed on Form 990.           Questions Regarding Compensation           Augmentation provided any of the following to or for a person listed on Form 990.           Augmentation provide any relevant information regarding these items.           First-class or charter travel         Housing allowance or residence for personal reside           Travel for companions         Payments for business use of personal reside           Tax indemnification and gross-up payments         Personal services (such as maid, chauffeur, or or the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain ne organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, eas, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?           ate which, if any, of the following the organization used to establish the compensation of the organization to bish compensation of the CEO/Executive Director, but explain in Part III.           Compensation consultant         Compensation survey or study           Form 990 of other organizations         X           Approval by the board or compensation comsultant           Com					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	la dia ata u biala ifan						
3	,						
	·						
	·						
	·		ommittoo				
			Uninitiee				
4	During the year did	any person listed on Form 990 Part VII Section A line 1a with respect to the filing					
а	-			4a		X	
b						X	
с	•					X	
	-						
	1a         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.           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Part VII, Section A, 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           2         I day of the boxes on line 1 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           2         I did to enganization reguine 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?           3         Indicate which, if any, of the following the 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 committee           1         Independent companisation consultant         Compensation survey or study           6         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or relevice payment from a supiphemental nonqualified retirement pl						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	•						
						X	
b				6b		X	
_		•					
7						37	
_				7		X	
8			ie			v	
				8		X	
9							
For	Paperwork Reducti	Go to www.irs.gov/Form990 for instructions and the latest information.         Employer identity           ganization         Employer identity         94-6168           response to the organization provided any of the following to or for a person listed on Form 990, ection A, line 1a. Complete Part III to provide any relevant information regarding these items.         ections and provide part III to provide any relevant information regarding these items.           class or charter travel         Polynoing allowance or residence for personal use of the companions         Payments for business use of personal residence           information and gross-up payments         Personal services (such as maid, chauffeur, chef)         Personal services (such as maid, chauffeur, chef)           neb obxes on line 1a are checked, did the organization follow a written policy regarding payment or ment or provision of all of the expenses described above? If "No," complete Part III to explain ganization require substantiation prior to reimbursing or allowing expenses incurred by all directors, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?           which, if any, of the following the organization used to establish the compensation of the organization to compensation consultant         Compensation survey or study           g90 of other organizations         Written employment contract           weight organization:         Approval by the board or compensation committee           expart, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing         or a carey payment from a supplemental			n 990)	2023	

LHA 332111 11-06-23

### 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 V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							

Schedule J (Form 990) 2023

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 J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE AMERICAN HUMANIST ASSOCIATION

Employer identification number 94-6168317

# FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCEPTANCE OF HUMANISM, TO ESTABLISH, PROTECT AND PROMOTE THE POSITION

OF HUMANISTS IN OUR SOCIETY, AND TO DEVELOP AND ADVANCE HUMANIST

THOUGHT AND ACTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRADITIONAL RELIGIOUS FAITH, AND THROUGH A CONTINUED REFINEMENT AND

ADVANCEMENT OF THE HUMANIST WORLDVIEW.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE AHA IS OPEN TO EVERYONE WHO IS IN AGREEMENT WITH THE

HUMANIST PHILOSOPHY AND THE POSITIONS AND POLICIES ADOPTED BY THE AHA, AND

WHO SUPPORTS THE AHA'S MISSION AND PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE GOVERNING BODY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS OF AHA IS THE GOVERNING BODY FOR AHA. AHA IS

RESPONSIBLE FOR MAINTAINING BOOKS AND RECORDS OF THE ASSOCIATION AND FOR

REPORTING REQUIREMENTS INCLUDING THE FILING OF ALL TAX RETURNS. AFTER THE

TAX RETURNS ARE PREPARED BY AN INDEPENDENT AUDITOR, THE RETURNS ARE

REVIEWED BY AHA STAFF AND THE BOARD OF DIRECTORS. AFTER APPROVAL, THE

EXECUTIVE DIRECTOR SIGNS IT.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2023

11591113 788028 13747.3AU01

2023.05000 THE AMERICAN HUMANIST ASS 13747.31

Schedule O (Form 990) 2023	Page 2
Name of the organization THE AMERICAN HUMANIST ASSOCIATION	Employer identification number 94-6168317
THE BOARD ANNUALLY ADDRESSES POTENTIAL CONFLICTS OF INTERE	ST IN ITS
CONFERENCE BOARD MEETING TO MONITOR AND ENFORCES AS NEEDED	. IF A CONFLICT
OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT IS RE	CUSED FROM VOTING
ON THE ISSUE.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE EXECUTIVE DIRECTOR AND OFFICERS IS REV	IEWED BY THE
BOARD AS PART OF AN ANNUAL REVIEW PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.

332212 11-14-23

### SCHEDULE R (Form 990)

. ,

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023

Employer identification number 94-6168317

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

### THE AMERICAN HUMANIST ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HUMANIST SOCIETY OF FRIENDS - 95-6149988	ENDORSE AND PREPARE						
1821 JEFFERSON PL NW	HUMANIST PROFESSIONALS TO						
WASHINGTON, DC 20036	LEAD AND SUPPORT OTHERS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 1	N/A		Х
THE HUMANIST FOUNDATION - 46-1534636	SUPPORTING ORGANIZATION OF						
1821 JEFFERSON PL NW	AMERICAN HUMANIST				AMERICAN HUMANIST		
WASHINGTON, DC 20036	ASSOCIATION	IOWA	501(C)(3)	LINE 12A, I	ASSOCIATION	Х	
THE CENTER FOR FREETHOUGHT EQUALITY -							
52-2448073, 1821 JEFFERSON PL NW,					AMERICAN HUMANIST		
WASHINGTON, DC 20036	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)		ASSOCIATION	х	
INSTITUTE FOR HUMANIST STUDIES - 14-1816621							
1821 JEFFERSON PL NW	]				AMERICAN HUMANIST		
WASHINGTON, DC 20036	A HUMANIST THINK TANK	NEW YORK	501(C)(3)	LINE 10	ASSOCIATION	х	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) r Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section s contr organia	<b>g)</b> 512(b)(13 rolled zation?
·		loroign country)		501(c)(3))		Yes	No
FREETHOUGHT EQUITY FUND PAC - 82-4592860					CENTER FOR	1.00	
1821 JEFFERSON PL NW					FREETHOUGHT		
WASHINGTON, DC 20036	POLITICAL ACTIVITY	DISTRICT OF COLUMBIA	527		EQUALITY		х
,							
	—						
	—						
	—						
	$\neg$						1

# Schedule R (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION

94-6168317 Page 2

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

Ş													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Code V-UBI amount in box 20 of Schedule		Percentage ownership	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No		
										$\left  \right $			

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ercentage 512(b)(1		
		country)				400010				

# Schedule R (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE CENTER FOR FREETHOUGHT EQUALITY	В	43,580.	BOOK VALUE
(2) THE HUMANIST FOUNDATION	с	258,472.	BOOK VALUE
<u>(</u> 3)			
<u>(</u> 4)			
<u>(</u> 5)			
<u>(6)</u>			

# Schedule R (Form 990) 2023 THE AMERICAN HUMANIST ASSOCIATION

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs Yes	<b>(f)</b> Share of total income	(H Dispr tior alloca <b>Yes</b>	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn <b>Yes</b>	al or Pe ging er? 0	<b>(k)</b> ercentage ownership

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23

Form	990-T	E	n	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))			0000
		For ca	endar year 2023 or other tax year beginning, and ending		·	2023
	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the lates Do not enter SSN numbers on this form as it may be made public if your orga			Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if		Name of organization ( Check box if name changed and see instruction	s.)	D Emp	oloyer identification number
	address changed.					4 6160010
	empt under section $501(\sigma)(2)$	Print or	THE AMERICAN HUMANIST ASSOCIATION		_	4-6168317 up exemption number
	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions. 1821 JEFFERSON PL NW			e instructions)
	408(e) = 220(e) 408A = 530(a)		City or town, state or province, country, and ZIP or foreign postal code		-	
	529(a) 529A		WASHINGTON, DC 20036		F	Check box if
	.,	С Во		9,436.		an amended return.
G C	heck organization		X 501(c) corporation 501(c) trust 401(a) trust	Other trust	] State	college/university
			6417(d)(1)(A) Applicable entity			
	heck if filing only to					unt from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporati			
			ed Schedules A (Form 990-T)			Yes X No
			d identifying number of the parent corporation	controlled group?		
	ne books are in car			ephone number	(202	) 238-9088
Par	t I Total Unr	elate	d Business Taxable Income	•	-	-
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses	(see instructions)	1	0.
2	Reserved				2	
3	Add lines 1 and 2				3	
4			(see instructions for limitation rules)		4	0.
5			taxable income before net operating losses. Subtract line 4 from line		5	
6 7			ing loss. See instructions ess taxable income before specific deduction and section 199A deduc		6	
'	Subtract line 6 fro		-		7	
8			erally \$1,000, but see instructions for exceptions)		8	1,000.
9			eduction. See instructions		9	,
10			lines 8 and 9		10	1,000.
			able income. Subtract line 10 from line 7. If line 10 is greater than lin	e 7, enter zero	11	0.
Par		-				
1			as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2			rates. See instructions for tax computation. Income tax on the amou			
3			_ Tax rate schedule or Schedule D (Form 1041)		2	
4			ons instructions		4	
5					5	
6	Tax on noncomp	oliant fa	acility income. See instructions		6	
_7	Total. Add lines 3	3 throu	gh 6 to line 1 or 2, whichever applies		7	0.
Par				1		1
1a	•	· ·	prations attach Form 1118; trusts attach Form 1116)		_	
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·		-	
c d			Attach Form 3800 (see instructions)         1c           mum tax (attach Form 8801 or 8827)         1d		-	
e u	Total credits. Ad				1e	
2			rt II, line 7		2	0.
3a	Amount due from					
b	Amount due from	n Form	8611 <b>3b</b>			
с	Amount due from	n Form	8697			
d	Amount due from			-		
e	Other amounts de	•	· · · · · · · · · · · · · · · · · · ·		-	0.
f 1	Total amounts du	ue. Add	lines 3a through 3e nd 3f (see instructions). Check if includes tax previously deferre	dundor	3f	U •
4			a 31 (see instructions). Concern includes tax previously deterre		4	0.
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)		5	0.
			on Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)
			55			

# 11591113 788028 13747.3AU01

<sup>55</sup> 2023.05000 THE AMERICAN HUMANIST ASS 13747.31

	90-T (2023)					Page 2		
Part	III Tax and Payments (continued)							
6 a	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>						
b	Current year's estimated tax payments. Check if section 643(g) election							
	applies	6b						
с	Tax deposited with Form 8868	. 6c						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d						
е	Backup withholding (see instructions)	. 6e						
f	Credit for small employer health insurance premiums (attach Form 8941)	6f						
g	Elective payment election amount from Form 3800	<b>6g</b>						
h	Payment from Form 2439	. 6h						
i	Credit from Form 4136	. <u>6i</u>						
j	Other (see instructions)							
7	Total payments. Add lines 6a through 6j			7				
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8				
9								
10	10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10							
	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refund	ded	11				
Part	IV Statements Regarding Certain Activities and Other Informat	tion (see instructions)						
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a signature or other autho	ority		Yes	No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization may have to	file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of the foreign cour	ntry					
	here					X		
2	During the tax year, did the organization receive a distribution from, or was it the gra	ntor of, or transferor to, a						
	foreign trust?					X		
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year							
4	Enter available pre-2018 NOL carryovers here \$ Do not	include any post-2017 NO	L car	ryover				
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on	n Part	t I, line 6.				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL carryovers. Don't re	duce	1				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	or the tax year. See instruct	tions.					
	Business Activity Code	Available post-2017	NOL	carryover				
		\$						
		\$						
		\$						
		\$						
6 a	Reserved for future use							
b	Reserved for future use							
Part	V Supplemental Information							

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th					wledge	and belief, it is	s true,	
Here			EXECU	TIVE DIR	ECTOR		ay the IRS discuss this return with e preparer shown below (see		
	Signature of officer	Date	Title		instru	ictions)?	Yes 🗌 No		
	Print/Type preparer's name	Preparer's signature		Date	Check	] if	PTIN		
Paid					self-employed				
Preparer	. GLENN MILLER, CPA	GLENN MILLEF	GLENN MILLER, CPA 11/13/24				P0008	36726	
Use Only	Firm's name WEGNER CPAS LLP						39-09	974031	
000 0111	419 N LEE ST								
	Firm's address <b>ALEXANDRI</b>	m's address ALEXANDRIA, VA 22314-2301 Pho						L9-0990	
							-	000 T (and	

323711 11-20-23

### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Е

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for

1

•			
Α	Name	of the	organization

501(c)(3) Organizations Only B Employer identification number

94-6168317

D Sequence:

1

of

Name of the	organization		
THE	AMERICAN	HUMANIST	ASSOCIATION

Describe the unrelated trade or business

C Unrelated business activity code (see instructions)

541800

ADVERTISING REVENUE

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	1,741.	1,314.	427.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	1,741.	1,314.	427.
Pa	t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come			ns must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			<u>8b</u>	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				407
13	Excess readership costs (Part IX)				427.
14	Other deductions (attach statement)				427.
15					42/.
16	Unrelated business income before net operating loss deduction. So				
					0.
17	column (C) Deduction for net operating loss. See instructions				0.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

LHA 323741 01-19-24 1

0 - 1 1	4. A (Fuer 000 T) 0000				1
Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meth	nod of inventory valu	ation		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Devet	Do the rules of section 263A (with respect to property p				Yes No
Part	· · · ·				
1	Description of property (property street address, city, st	tate, ZIP code). Chec	ck if a dual-use. See instru	ictions.	
	A B				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				-
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter he	re and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Er	ter bere and on Pad	L line 6 column (B)		0.
Part		e instructions)			
1	Description of debt-financed property (street address, o		Check if a dual-use. See	instructions.	
•		,, ,,,.			
	B				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
5	to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
5	<b>c</b>				
6	financed property (attach statement) Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70 70	70	70
8	Total gross income (add line 7, columns A through D).	Enter here and on F	art I, line 7, column (Δ)		0.
Ŭ					
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	nd on Part I, line 7, colum	חר (B)	0.
11	Total dividends-received deductions included in line				0.
323721 (	01-19-24			Schedule A	A (Form 990-T) 2023
		F 0			

# 11591113 788028 13747.3AU01

58 2023.05000 THE AMERICAN HUMANIST ASS 13747.31

Calaad												1
Part	ule A (Form 990-T) 2023	, uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	<b>S</b> (se	ee instruct	ions)		Page 3
		-					Exempt Control	,		,		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	1	al of specified	5. Pa	art of colur	nn 4	6. Deduc	tions directly
	organization		identification	incon	ne (loss)	payr	nents made		s included olling orga		conne	ected with
			number	(see ins	structions)				s gross inc		income	in column 5
(1)												
(2)												
(3)												
(4)												
	. <b>T</b> aurah la la anga			-	Controlled O	-					Destantia	
(	'. Taxable Income		Net unrelated come (loss)		otal of specif yments mad		<b>10.</b> Part of that is inc	luded	in the	11.	connecte	ons directly ed with
			e instructions)					ng organization's		in	come in c	olumn 10
(1)												
(2)												
(3)												
(4)												
							Add colum					s 6 and 11.
							Enter here line 8, c		,		ine 8, colu	id on Part I, umn (B).
<b>T</b>									0.		,	
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (	9) or (17)	Orga	nization (*					0.
1 411		cription of i			<b>2.</b> Amou		3. Deduction		ructions) <b>4.</b> Set-	acidos	5. Tot	al deductions
					incor		directly conne (attach stater	ected	(attach st		nt) and	set-asides cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							l amounts in 1mn 5. Enter
					here and o							and on Part I,
Tatala					line 9, colu	mn (A).					line 9	), column (B).
Totals Part	VIII Exploited E	xempt A	ctivity Income	. Other T	l Than Adve		a Income (	see in	structions)			0.
1	Description of exploite											
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting two c	or more periodicals on a col	isolidated basi	S.	
	B				
Cotor /		anding column			
Entera	amounts for each periodical listed above in the corresp		В	с	<b>D</b>
2	Cross advartising income	1,741.	D		D
2	Gross advertising income Add columns A through D. Enter here and on Part I, I				1,741.
2	Add coldmins A through D. Enter here and on Part i,				
а 3	Direct advertising costs by periodical	1,314.			
a	Add columns A through D. Enter here and on Part I, I				1,314.
a	Add coldmins A through D. Enter here and on Part i,				
4	Advertising gain (loss). Subtract line 3 from line				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8	427.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-	39,005.			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7	427.			
а	Add line 8, columns A through D. Enter the greater o		or -0- here and	on	
	Part II, line 13				427.
Part	X Compensation of Officers, Director	s, and Trustees (see	instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see instru	ictions)			

323732 01-19-24

1