

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization: **Internet Infidels, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) **7437 S Eastern Ave, #308** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Las Vegas, NV 89123**

D Employer identification number **84-1412395**

E Telephone number **702-277-8889**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.infidels.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **37,461**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	37,435
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	26
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	37,461	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	33,147
	13	Professional fees and other payments to independent contractors	13	5,681
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	36
	16	Other expenses (describe in Schedule O)	16	3,630
17	Total expenses. Add lines 10 through 16 ▶	17	42,494	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,033
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	77,002
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	71,969

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77,002	22 71,969
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	77,002	25 71,969
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,002	27 71,969

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Promote Metaphysical Naturalism

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Maintained a virtual library on non-theistic world views (Infidels.org and secweb.org) with over 400,000 visitors per month.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,494
29 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	42,494

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Ray W. Johnson - President/Treasurer</u> 7437 S Eastern Ave, #308, Las Vegas, NV 89123	10	0.00	0.00	0.00
<u>Donald Morgan - Vice President</u> 534 Spokane Dr, La Conner, WA 98257	10	0.00	0.00	0.00
<u>Mark Vuletic- Secretary</u> 950 SW 21st Ave, #204, Portland, OR 97205	10	0.00	0.00	0.00
<u>Keith Augustine - Executive Director</u> 2 Topaz Ct, Apt 1C, Baltimore, MD 21737	30	33,147	0.00	0.00

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Questions include: 33. Did the organization engage in any significant activity not previously reported to the IRS? 34. Were any significant changes made to the organizing or governing documents? 35a. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b. If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? 36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a. Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b. Did the organization file Form 1120-POL for this year? 38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b. If "Yes," complete Schedule L, Part II and enter the total amount involved. 39. Section 501(c)(7) organizations. Enter: 39a. Initiation fees and capital contributions included on line 9. 39b. Gross receipts, included on line 9, for public use of club facilities. 40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. 40b. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40c. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41. List the states with which a copy of this return is filed: Colorado. 42a. The organization's books are in care of: Ray W. Johnson. Telephone no.: 702-277-8889. Located at: 7437 S Eastern Ave, #308, Las Vegas, NV. ZIP + 4: 89123. 42b. 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)? 42c. At any time during the calendar year, did the organization maintain an office outside the U.S.? 43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year: 43. 44a. Did the organization maintain any donor advised funds during the year? 44b. Did the organization operate one or more hospital facilities during the year? 44c. Did the organization receive any payments for indoor tanning services during the year? 44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____
	Type or print name and title Ray W. Johnson, President

Paid Preparer Use Only	Print/Type preparer's name Eloy Gomez CPA	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P01297231
	Firm's name ▶ Gomez & Gomez Tax Consulting LLC	Firm's EIN ▶ 45-5141132		Phone no. 817-235-7206	
	Firm's address ▶ 3401 Lynnbrook Dr, Austin, TX 78748				

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

