990

Return of Organization Exempt From Income Tax

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

Open to Public

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service Inspection For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13 C Name of organization Check if applicable: D Employer identification number Address change AMERICA'S FUTURE FOUNDATION Doing Business As 52-1928321 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 1513 16TH STREET NW 202-331-2261 Terminated City, town or post office, state, and ZIP code WASHINGTON Amended return DC 20036 324,506 G Gross receipts\$ Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? ROGER CUSTER 1513 16TH STREET NW H(b) Are all affiliates included? WASHINGTON DC 20036 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) (Tax-exempt status:) (insert no.) 4947(a)(1) or 527 WWW.AMERICASFUTURE.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1995 M State of legal domicile: DC Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 473 197, 306,561 9 Program service revenue (Part VIII, line 2g) 29,788 17,927 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32 18 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 227,293 324,506 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 71,630 101,582 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 146,859 184,342 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 218,489 285,924 19 Revenue less expenses. Subtract line 18 from line 12 8,804 38,582 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 39,145 81,792 21 Total liabilities (Part X, line 26) 5,623 9,688 22 Net assets or fund balances. Subtract line 21 from line 20 72,104 Part II Signature Block Under penalties of perjury, I deplare 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 ROGER CUSTER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid RHONDA L. NEWMAN RHONDA L. NEWMAN 12/29/13 self-employed Preparer JANSEN VALK THOMPSON & REAHM PC Firm's name Firm's EIN Use Only 7171 STADIUM DR KALAMAZOO, MI 49009-4943 269-381-7600

May the IRS discuss this return with the preparer shown above? (see instructions)

m 990 (2012) AMERICA'S FUTURI		52-1928321	Page 2
Part III Statement of Program Se Check if Schedule O contain		on in this Part III	X
Briefly describe the organization's mission: SEE SCHEDULE O			
v		***********	

Did the organization undertake any significar prior Form 990 or 990-EZ?	nt program services during the year		Yes X No
If "Yes," describe these new services on Sch	edule O.		
Did the organization cease conducting, or ma	ake significant changes in how it co	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on Schedul			
Describe the organization's program service	accomplishments for each of its three	ee largest program services, as measure	ed by
expenses. Section 501(c)(3) and 501(c)(4) of		he amount of grants and allocations to ot	hers,
the total expenses, and revenue, if any, for e	ach program service reported.		
HOURS, AND SOCIAL MEDIA ROUNDTABLES, DEBATES, W LEADING BLOG ON PROFESS AND DOUBLETHINK MAGAZIN GUEST SPEAKERS, PANEL D	ORKING GROUPS, A IONAL DEVELOPMENT E. CHAPTERS THROU	PODCAST, NETWORKING ISSUES FOR THE LIBE GHOUT THE COUNTRY HO	LUNCHES, THE ERTY MOVEMENT,
OESI SPEAKERS, PANEL D	ISCUSSIONS, AND D	EBATES.	

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(Code:) (Expenses \$	including grants of \$) (Revenue \$	·
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Code:) (Expenses \$	including grants of \$) (Revenue \$	

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Other program services. (Describe in Schedul	350		
	iding grants of \$) (Revenue \$)
otal program service expenses	196.796		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		- 22
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-		
u	complete Schedule D. Part VI	44-	v	
b		11a	X	
-	of its total assets remarked in Doct V. Nov. 400 MIN	11b		X
С		110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	***************************************	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		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			
25	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			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	grant of the different control of the differen	14a		<u>X</u>
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		1	
	foreign investments valued at \$100,000 or more? If "Vos." complete Schodule E. Beste Land IV		1	v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	-+	<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45	- 1	v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	\dashv	<u>X</u>
	to individuals located outside the United States? 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	10	\dashv	
	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		\neg	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		<u>X</u> _
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) AMERICA'S FUTURE FOUNDATION
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
- 1	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		-
	on Part IX, column (A), line 22 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			\Box
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
_	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
•	complete Schedule N, Part II	32		X
3	bid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	
5a	or IV, and Part V, line 1	. 34	-	X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		-	
6	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\rightarrow	
_	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			32
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			v
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	. 37	\dashv	X
38	19? Note. All Form 990 filers are required to complete Schedule O	00	x	
	The state of the s	. 38	990	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable h 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 a 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities h 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See i	nstru	
50	Check if Schedule O contains a response to any question in this Part VI			X
366	ction A. Governing Body and Management		т—	1
1a	Enter the number of veting members of the governing hady at the and of the towns	3000000	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b				
2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?		1	v
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	-	X
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	1		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	-	X
6	Did the ergenization bave members or steelthelders?	5	 	X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint	6	-	
	one or more members of the governing body?	7-		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	 	_A
~	stockholders or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		0000000	_ A
а	The governing body?	8a	X	
b	Each committee with authority to act on hehalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	UD	22	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu		de)	- 22
	The state of the s	0 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	X	
b	Describe in 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	X	.0000000000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC, MI, VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)			
13	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ROGER CUSTER 1513 16TH STREET NW			
WA	ASHINGTON DC 20036 202	-33	1-2	261

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

Check if Schedule O contains a response to any question in this Part VII...

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	off	(C) Position (do not check more than one oox, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21000-MIGO)	organization and related organizations
(1) KMELE FOSTER		1								
DIRECTOR	0.50	x						0	0	0
(2) GARY D. LEFF										
DIRECTOR	0.50	x						0	0	0
(3) KRISTEN SOLTIS	ANDERSON	1								
DIRECTOR	0.50	x						0	0	0
(4) JOANNA ROBINSON	į.									
TREASURER	0.50	x		x			201030	0	0	0
(5) JEFF BERKOWITZ										
CHAIRMAN	0.50	x		х				0	0	0
(6) KATHLEEN O'HEAR	N									
DIRECTOR	0.50	x						o	o	0
(7) DAVID WHITE			13,200							
VICE CHARIRMAN	0.50	x		x				0	o	0
(8) CHERYL MILLER)
SECRETARY	0.50	х		х				0	o	0
(9) WHITNEY GARRISO		E								**************************************
DIRECTOR	0.50	х						o	0	0
(10) KATHRYN KELLY										
DIRECTOR	0.50	х						o	o	0
(11) ROGER CUSTER						T				
EXECUTIVE DIRECTOR	40.00			x				65,100	0	0

	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unle icer a	Pos check ess pe nd a c	erson directo	than is both	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F Estim amou oth comper from	nated int of er insation	
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiz	lated	
(12)	3000 30000				Γ	Г								
(13)												and the second		
(14)														
(15)	21394.41													
(16)														
(17)														
(18)	g got the state of													
(19)														
1b	Sub-total								65,100					
c d	Total from continuation she Total (add lines 1b and 1c)	eets to Part VII,	Sec	tior	Α.				65,100					
2	Total number of individuals (ir				tho	se li	sted	abo		n \$100,000 in				
	reportable compensation from	n the organizatio	n 🕨	0									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"											3		Х
4	For any individual listed on lin organization and related organ	e 1a, is the sum	of re	epor	table	cor	npen	sati	on and other compensation	n from the				
	individual										, , , , ,	4		Х
5	Did any person listed on line 1 for services rendered to the o	la receive or act rganization? If "	crue Yes,	com	ipens nplet	satio	n fro ched	m a ule	ny unrelated organization o J for such person	or individual		5		х
	ion B. Independent Contract			-41			14			H #400.000 f				
1	Complete this table for your five compensation from the organic	ization. Report of	omp	ensa	ation	for	the c	alen	ndar year ending with or with	thin the organization's tax	year.			
	Name and	(A) business address							Descript	(B) ion of services		Co	(C) mpensati	ion
	TOTAL CONTINUE OF THE STATE OF									of the second se				
2	Total number of independent								ose listed above) who					
DAA	received more than \$100,000	of compensation	n fro	m th	e org	ganiz	zatio	n >		0		Form	990	(2012)

Check if Schedule O contains a response to any question in this Part VIII. Total from the Pederate Campaligns 14		art '	VIII Statement of Rev Check if Schedule	enue O contai	ns a response	to any question in	this Part VIII.		
Total Add lines 2 = 1 Total Add lines 2 Tota	· Ob. o					(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 4 Net rental income or (loss) b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 5 Royalties (ii) Real (ii) Personal (iii) Personal (iii) Personal (iv)	ant	18	Federated campaigns	1a					
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	am	e							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	ogi	1							
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Secondaria Continue Continu						18	18		
(i) Real (ii) Personal (iii) Persona		4							
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Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d									
11a b c d All other revenue e Total. Add lines 11a–11d			STATE OF THE STATE	s of invento	3000				
b c d All other revenue e Total. Add lines 11a–11d	1	112			****				
d All other revenue e Total. Add lines 11a–11d									
d All other revenue e Total. Add lines 11a–11d									
e Total. Add lines 11a–11d			All other revenue						
		е	Total. Add lines 11a-11d		•				
		12	Total revenue. See instruction	ns		324,506	17.945	0	n

	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo	nse to any question in th	nis Part IX	complete column (A).	X
D	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7k	o, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	3				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				·
4	Benefits paid to or for members			<u> </u>	·
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	-			
_	persons described in section 4958(c)(3)(B)	00 040	27 4 27	05.405	40.560
7	Other salaries and wages	92,842	37,137	37,137	18,568
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9 740	2 406	2 406	1 740
10	Payroll taxes	8,740	3,496	3,496	1,748
11	Fees for services (non-employees):				
a	1!				
b		8,101		0 101	
d	Accounting Lobbying	0,101		8,101	
	Professional fundraising services. See Part IV, line 17				
f	AND				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule 0.)	29,575	29,575		
12	Advertising and promotion	29,313	29,313		
13	Office expenses	14,743	8,763	3,987	1,993
14		17,773	8,703	3,967	1,993
	Royalties				
16	Occupancy	13,600	5,440	5,440	2,720
17	Travel	6,900	6,900	3,440	2,120
	Payments of travel or entertainment expenses	0,500	0,500		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	265	***************************************	265	
23	Insurance	1,766		1,766	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CHAPTER EXPENSES	32,394	32,394		
b	GALA	31,353	31,353		
С	OTHER PROGRAMS	26,477	26,477		
d	ROUND TABLE	6,943	6,943		
е	All other expenses	12,225	8,318		3,907
25	Total functional expenses. Add lines 1 through 24e	285,924	196,796	60,192	28,936
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)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 38,010 1 80,481 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 518 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 195 751 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,063 b Less: accumulated depreciation 10b 503 422 560 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 39,145 81,792 16 Accounts payable and accrued expenses 17 5,623 9,688 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 5,623 9,688 26 Organizations that follow SFAS 117 (ASC 958), check here ▶X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 33,522 27 72,104 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 72,104 Total net assets or fund balances 33,522 33 Total liabilities and net assets/fund balances 39,145

Form 990 (2012)

	n 990 (2012) AMERICA'S FUTURE FOUNDATION	52-1928321			Pa	ge 12
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this	Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)		1	32	24,	506
2	l otal expenses (must equal Part IX, column (A), line 25)		2	28	35,	924
3	Revenue less expenses. Subtract line 2 from line 1		3		38,	582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colum	ın (A))	4		33,	522
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in not assets or fund balances (avalain in Schodule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal					
	33, column (B))		10	•	72,	104
Pa	rt XII Financial Statements and Reporting					V3001100
	Check if Schedule O contains a response to any question 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 in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independe			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 sepa					
b	Were the organization's financial statements audited by an independent accountant	?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year	were audited on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and sepa	rate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp	onsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an inc			2c	X	
	If the organization changed either its oversight process or selection process during	the tax year, explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or	audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization					
	required audit or audits, explain why in Schedule O and describe any steps taken to	undergo such audits		3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization AMERICA'S FUTURE FOUNDATION 52-1928321 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated Type II d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support col. (i) of your above or IRC section (i) organized in the governing document? U.S.? support? (see instructions)) Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support		THE TAX DESCRIPTION OF			An approximate	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	342,009	185,560	79,059	197,473	306,560	1,110,661
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	342,009	185,560	79,059	197,473	306,560	1,110,661
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						356,142
6	Public support. Subtract line 5 from line 4. tion B. Total Support	1					754,519
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		185,560				(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	342,009	185,560	79,059	197,473	306,560	1,110,661
	sources		71	55	32	18	176
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,110,837
12	Gross receipts from related activities, etc.	(see instructions)				12	17,945
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop her	re					
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2012 (line 6	, column (f) divide	d by line 11, colur	mn (f))		14	67.92%
15	Public support percentage from 2011 Sch	edule A, Part II, lin	ie 14			15	61.00%
16a	33 1/3% support test—2012. If the organ	nization did not che	eck the box on line	e 13, and line 14 is	s 33 1/3% or more	, check this	_
	box and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶ X
b	33 1/3% support test—2011. If the organ			13 or 16a, and line	15 is 33 1/3% or	more,	
	check this box and stop here. The organi						▶ □
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa	icts-and-circumsta	inces" test. The or	rganization qualifie	es as a publicly su	pported	
	organization						▶ ∐
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me			1.7		20 J.	
100	supported organization						▶ ∐
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, cl	heck this box and	see	
	instructions						▶ ∐

Schedule A (Form 990 or 990-EZ) 2012 AMERICA'S FUTURE FOUNDATION

Part III Support Schedule for Organizations Described in Section 500 Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	quality arrao.	and tools note	a bolow, pload	o complete i	art II.)	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						- SELECTION - SELECTION - SECURIOR - SECURIO
8	Public support (Subtract line 7c from						
-	line 6.)						
	tion B. Total Support						0.00
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop her		<u></u>				
Sec	tion C. Computation of Public S	upport Perce	ntage				
15	Public support percentage for 2012 (line 8	, column (f) divide	ed by line 13, colu	nn (f))		15	%
16	Public support percentage from 2011 Sch	edule A, Part III, li	ne 15				%
	tion D. Computation of Investme						
17	Investment income percentage for 2012 (I	ine 10c, column (f) divided by line 1	3, column (f))			%
18	Investment income percentage from 2011					18	%_
19a	33 1/3% support tests—2012. If the orga	inization did not c	heck the box on li	ne 14, and line 15	is more than 33 1	/3%, and line	
L	17 is not more than 33 1/3%, check this bo	ox and stop here	. The organization	qualifies as a pub	licly supported or	ganization	▶ ∐
b	33 1/3% support tests—2011. If the organized than 33 1/3% shock the	inization did not c	neck a box on line	14 or line 19a, ar	d line 16 is more	than 33 1/3%, and	. —
20	line 18 is not more than 33 1/3%, check th Private foundation. If the organization die						
	in the organization the	a not oneon a bux	Un mic 14, 13d, 0	I IJU, UNECK LIIS D	ox and see mstru	CUOIIS	

Schedule A (F Part IV	orm 990 or 990-EZ) 2012 Supplemental Info Part II, line 17a or instructions).	ormation. Comple	te this part	to provide the ex	planations requir	-1928321 ed by Part II, line 10; nal information. (See	Page 4
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

AMERICA'S FUT	URE FOUNDATION	52-1928321					
Organization type (check or	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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						
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special F	₹ule. See					
General Rule							
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in me contributor. Complete Parts I and II.	oney or					
Special Rules							
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regul 0(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor or (ii) Form 990 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line II.	tribution of					
during the year, total	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, contri not total to more than year for an exclusively applies to this organiz	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization that 990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule E st answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990)	3 (Form 990, m 990-EZ or on					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

AMERICA'S FUTURE FOUNDATION

Employer identification number 52-1928321

FORM 990 - ORGANIZATHE MISSION OF AMERICAN PROFESSIONAL LEADER NETWORKING, AND PROFESSIONAL THE COUNTRY	RICA'S FUTURE RS FOR LIBERT DFESSIONAL DE	FOUNDATION Y BY PROVIDI	IS TO IDENTI NG UNIQUE EL	EFY AND DEVI	
FORM 990, PART VI, THE BOARD OF DIRECT	TORS WILL REV				
FORM 990, PART VI, EACH YEAR THE BOARD INTERESTS THAT COUR BOARD MEMBERS ARE F	D IS REQUIRED LD GIVE RISE REQUIRED TO A	TO PROVIDE	AN ANNUAL DI . THIS LISTI	SCLOSURE OF	EWED AND
FORM 990, PART VI,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
FORM 990, PART IX, DESCRIPTION	LINE 11G - O	THER FEES FO	R SERVICES		311111111111111111111111111111111111111
PROGRAM	M SERVICE	MGT & G	ENERAL	FUNDRA	AISING
CONTRACT SERVICES	29,575	\$	0	\$	0

Form 4562

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

hment 17

Name(s) shown on return

AMERICA'S FUTURE FOUNDATION

▶ See separate instructions.

Identifying number 52-1928321

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	ness or activity to which this form relates	TTON.						
12000000			operty Under Sect	ion 170				
200 F.S	Note: If you have	any listed prope	erty, complete Part \	/ before vo	u complete	Part I		
1	Maximum amount (see instruction	ons)			od complete		1	500,000
2	Total cost of section 179 propert	ty placed in service (see instructions)				2	300,000
3	Threshold cost of section 179 pr	operty before reduct	ion in limitation (see instr	ructions)			3	2,000,000
4	Reduction in limitation. Subtract	line 3 from line 2. If a	zero or less, enter -0-				4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zer	ro or less, enter -0 If marrie	d filing separat	ely, see instruction	18	5	100000000000000000000000000000000000000
6	(a) Description	on of property	(b) Co:	st (business use	only) (c)	Elected cost	t	
-								
7	Listed property. Enter the amour	it from line 29			7			
8	Total elected cost of section 179	property. Add amou	ints in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the si	maller of line 5 or lin	e 8				9	
10	Carryover of disallowed deduction	in from line 13 of you	ır 2011 Form 4562				10	
11 12	Business income limitation. Ente	r the smaller of busin	ness income (not less tha	an zero) or lin	e 5 (see instruc	tions)	11	
13	Section 179 expense deduction.	Add lines 9 and 10, I	but do not enter more tha	an line 11			12	
-	Carryover of disallowed deduction: Do not use Part II or Part III below	ow for listed property	9 and 10, less line 12		13			
				iation (Da	not include	liated n	KO 10 O K	ty.) (See instructions
14	Special depreciation allowance for	or qualified property	other than listed propert	u) placed in a	onde include	iisted p	Toper	ty.) (See instructions
	during the tax year (see instruction						44	202
15	Property subject to section 168(f)(1) election				• • • • • • • • •	15	202
16	Other depreciation (including AC	RS)			• • • • • • • • • • • • • • • • • • • •		16	220
P	art III MACRS Deprecia	tion (Do not inc	clude listed property) (See ins	tructions)		10	220
			Section A	.7 (000 1110	tractions.)	**-		
17	MACRS deductions for assets pl	aced in service in tax	x years beginning before	2012			17	0
18	If you are electing to group any assets place							
	Section B—As	sets Placed in Ser	vice During 2012 Tax Y	ear Using th	ne General Dep	reciation	Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property		201	5.0	HY	200	DB	40
С	7-year property							
d	10-year property							
<u>e</u>	15-year property							
f]						
	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property	. 5			MM	S/L		
20-		its Placed in Service	ce During 2012 Tax Yea	r Using the	Alternative De	preciatio	n Syst	em
	Class life			ļ.,.		S/L		
	12-year			12 yrs.		S/L		
nananonna.	40-year rt IV Summary (See ins	tructions)		40 yrs.	MM	S/L		
21	rt IV Summary (See ins Listed property. Enter amount from						Г	
22	Total. Add amounts from line 12,		lines 10 and 20 in and		- 04 5 4 4		21	
ter da	and on the appropriate lines of yo	ur return Dartnarch	nies 19 and 20 in colum	n (g), and lin	e ∠1. Enter here			4.00
23	For assets shown above and place	ed in service during	the current year onter the	see instructio	118	******	22	462
	portion of the basis attributable to			C	23			

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury	► Do not send to the IRS. Keep for your records.	7, 3,0, 20, 1,3	2012
Internal Revenue Service	bo not send to the inst. Reep for your records.		
Name of exempt organization		Employer identifica	
	MERICA'S FUTURE FOUNDATION	52-19283	321
	OGER CUSTER		
	XECUTIVE DIRECTOR		
	Return and Return Information (Whole Dollars Only)		
	for which you are using this Form 8879-EO and enter the applicable amount, if an		
	t, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with the		
	• 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the b not complete more than 1 line in Part I.	return, then enter -0- o	on
1a Form 990 check here		46	224 506
2a Form 990-EZ check her		10	324,506
3a Form 1120-POL check		2D	
4a Form 990-PF check her			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
ou i onii oooo onook noro	Data nee Date (1 only 3000, 1 art i, line 30 of 1 art ii, line 30)		
Part II Declarati	on and Signature Authorization of Officer		
organization's 2012 electronare true, correct, and complorganization's electronic retion send the organization's retine transmission, (b) the reauthorize the U.S. Treasury financial institution account in return, and the financial institution account in the processing or resolve issues related to the electronic return and, if application on the organization's being filed with a state ERO to enter my PIN As an officer of the corrections and complete the correction of the control of	SEN VALK THOMPSON & REAHM PC ERO firm name to enter my PIN to enter my	pledge and belief, they by of the eturn originator (ERO) reason for rejection of the eturn originator (ERO) reason for rejection of the eturn originator, it debit) entry to the exes owed on this axes owed on this axes owed on this axes owed institution inswer inquiries and for the organization's the organization's the organization as in the eturn is the exercise the eforemention of the eturn is the exercise the eforemention of the exercise the eforemention of the eturn is the exercise the eforemention of the eturn is the exercise the eforemention of the eturn is the exercise the exer	ny signature nt ned urn.
If I have indicated wi the IRS Fed/State pr	thin this return that a copy of the return is being filed with a state agency(ies) regul- ogram, I will enter my PIN on the return's disclosure consent screen.	ating charities as part of	of
Officer's signature		12/11/13	
	ion and Authentication	,//-3	
	six-digit electronic filing identification		
number (EFIN) followed by y	our five-digit self-selected PIN.		not enter all zeros
indicated above. I confirm th	ric entry is my PIN, which is my signature on the 2012 electronically filed return for at I am submitting this return in accordance with the requirements of Pub. 4163 , Mess e-file Providers for Business Returns.	the organization lodernized e-File (MeF)
ERO's signature RHO	NDA L. NEWMAN Date		
	ERO Must Retain This Form—See Instructions		
	Do Not Submit This Form To the IRS Unless Requested		
For Paperwork Reduction	Act Notice, see back of form.		orm 8879-EO (2012)
			UIII UU I U = LU (2012)