** PUBLIC DISCLOSURE COPY **

Extended to November 15, 2022

Form **990**

Department of the Treasury Internal Revenue Service

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.



| AF | or the | and and a 2021 calendar year, or tax year beginning | ending | | | | |
|--------------------------------|---|--|----------------|-------------------------------|------------------------------|--|--|
| B Ci | heck if | e: C Name of organization | | D Employer identific | ation number | | |
| | Addres | America's Future Foundation | | | | | |
| | Name chang | Doing business as | No. STR. R. | 52-192832 | 21 | | |
| | return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final | | 300 | (202) 331 | | | |
| _ | termin ated | City or town, state or province, country, and ZIP or foreign postal code | 28 . TRA | G Gross receipts \$ | 2,125,340. | | |
| | Amen | washington, DC 20009 | The segment | H(a) Is this a group rei | | | |
| L | Applic tion pendir | | | for subordinates? Yes X No | | | |
| | | same as C above | | H(b) Are all subordinates inc | ubordinates included? Yes No | | |
| | | empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) | or 527 | If "No," attach a l | ist. See instructions | | |
| | | te:▶ www.americasfuture.org | 14/2 50360 | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1995 M | State of legal domicile: DC | | |
| Pa | and the second se | Summary | Call Section (| y was to take state | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: The | missic | n of America | a's Future | | |
| aŭ | | Foundation is to develop lifelong effect | | | | | |
| ern | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispo | osed of more | than 25% of its net as: | sets. 8 | | |
| ò | | | | 3 | | | |
| ~ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 8 | | |
| ies | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 15 | | |
| Activities & Governance | 6 | Total number of volunteers (estimate if necessary) | | | 100 | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u>.</u> | | 0. | | |
| | | | - | Prior Year | Current Year | | |
| en | | Contributions and grants (Part VIII, line 1h) | | 1,713,447. | 2,074,640. | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 36,203. | 41,830. | | |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 157. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,463. 1,753,325. | -31,223. | | |
| - | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,755,525. | 2,085,404. | | |
| 1 | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | a second | Benefits paid to or for members (Part IX, column (A), line 4) | | 950,287. | 1,009,640. | | |
| Expenses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 950,207. | 1,009,640. | | |
| en | | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | 96 | 0. | 0. | | |
| Ä | | | | 468,132. | 649,055. | | |
| - | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,418,419. | 1,658,695. | | |
| | A | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 334,906. | 426,709. | | |
| - 50 | 19 | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | | | |
| Net Assets or Fund Balances | | | | 2,463,105. | End of Year 2,838,924. | | |
| Bala | | Total assets (Part X, line 16) | | 109,194. | 58,304. | | |
| et A | | Total liabilities (Part X, line 26) | | 2,353,911. | 2,780,620. | | |
| - | | Net assets or fund balances. Subtract line 21 from line 20 | | 4,555,511. | 2,700,020. | | |
| | The Destroy | Signature block | ac and states | ente and to the bact of m | knowledge and belief it is | | |

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

| Sign Here | Signature of efficer <u>Cindy Cerquitella</u> , Executive Director Type or print name and litle | Date 8/30 /2022. |
|---|---|---|
| Paid | Print/Type preparer's name Jie Chen, CPA | Date Check PTIN 8/30/22 # Bettemployed P01049760 |
| Preparer | Firm's name Rogers & Company PLZC | Firm's EIN 58-2676261 |
| Use Only | Firm's address 8300 Boone Boulevard, Suite 600 Vienna, VA 22182 | Phone no. (703) 893-0300 |
| May the II | RS discuss this return with the preparer shown above? See instructions | X Yes No |
| and the second se | 1 HA For Paperwork Beduction Act Notice, see the separate instructions. | Form 990 (2021) |

| Form | America's Future Foundation | 52-1928323 | 1 Page 2 |
|------|--|------------------------|---------------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | The mission of America's Future Foundation is to identi | fy and deve | elop |
| | young professional leaders for liberty by providing uni- | que | |
| | educational, networking, and professional development p | rograms in | |
| | Washington, DC and chapters throughout the country. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Y | 'es I No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Y | es X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expense | es, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 819,996. including grants of \$) (Reven | ue\$4 | 1,830. ₎ |
| | Networking, educational, and professional development p | rograms to | |
| | identify and develop young professional leaders for lib | erty inclu | de |
| | seminars, roundtables, debates, gala, networking lunche | s, and the | |
| | leading blog on professional development issues for the | | |
| | movement. Chapters throughout the country host networki | ng programs | 5, |
| | guest speakers, panel discussions, and debates. | | |
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| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 501,550 · including grants of \$) (Reven | ue \$ |) |
| | Talent Market - Talent Market provides search and talen | t placement | C |
| | services free of charge to nonprofit organizations that | | |
| | mission. By promoting open positions, managing the init | | |
| | providing guidance to nonprofits they help simplify the for hundreds of nonprofits around the country. | niring pro | ocess |
| | tor numbreds of nonprofiles around the country. | | |
| | | | |
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| 4c | | |) |
| 40 | (Code:) (Expenses \$ including grants of \$) (Reven | ue \$ |) |
| | | | |
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| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | ١ | |
| 4e | Total program service expenses 1, 321, 546. | / | |
| | | For | m 990 (2021) |

| Form | 990 | (2021) |
|------|-----|--------|

Form 990 (2021)America's Future FoundationPart IVChecklist of Required Schedules

| | | | Yes | No |
|-----|--|-------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | x |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| ' | 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 | - | | |
| U | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| _ | 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 | | | v |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | х | |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 111 | | |
| IZa | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | . <u>_u</u> | | <u> </u> |
| ~ | If "Yes," and if 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 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | 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 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | | | |
| | 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, | | | v |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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 | | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | x |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | -00 | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |

 Form 990 (2021)
 America's Future Foundation

 Part IV
 Checklist of Required Schedules (continued)

| | | | 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 |
| 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 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| _ | 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 | 051 | | x |
| ~~ | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 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 | | | |
| | | 07 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | - 23 |
| 28 | 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 | | | |
| a | "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 |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | 200 | | |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash 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 | | Х |
| 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 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 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 | | X |
| 35 a | 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 controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Der | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34 | | Yes | No |
| | | | | |
| | 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 | 1- | х | |
| | (gambling) winnings to prize winners? | 1c | 47 | |

| Form 990 | (2021) |
|----------|--------|
| Part V | Sta |

| | | | 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 15 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | v |
| | 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). | - | | x |
| | 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 | | |
| C Go | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| юа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 6. | | x |
| h | any contributions that were not tax deductible as charitable contributions? | 6a | | - 23 |
| D | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 00 | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 15 | | |
| Ŭ | 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 | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | 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 | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 40- | amounts due or received from them.) | 40- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 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 | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | iou | | |
| 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 | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | 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 | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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. | | | |

6

| Form 990 (| |
|------------|-----|
| Part VI | Gov |

52-1928321 Page 6

| rt 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. |

| 1a Enter the number of voting members of the governing body, or if the governing body. 2 3 Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 2 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 7a Did the organization have members, stockholders, or organization satisficant reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O 9 <th>Yes</th> <th>No X X X X X X X</th> | Yes | No X X X X X X X |
|--|----------|---------------------------------------|
| 1a Enter the number of voting members of the governing body, or if the governing body. 2 3 Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 2 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 7a Did the organization have members, stockholders, or organization satisficant reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O 9 <th>x</th> <th>X X X X X X</th> | x | X X X X X X |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schedule 0. Ib Description Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 2 3 Did any officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization baceme aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a a The governing body? 8a 8a b Each committee with authority to act on behalf of the governing body? 8a | | X X X X |
| body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. to | | X X X X |
| b Enter the number of voting members included on line 1a, above, who are independent 1b 8 2 Did any officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization commergonaeously document the meetings held or written actions undertaken during the year by the following: 7a 7 Bi there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 9 Is there any officer, director, trustee, or key employee listed in | | X X X X |
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| 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 arrangement with a | | |
| taxable entity during the year?16a | | Х |
| 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 | | |
| Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) a | availa | ble |
| for public inspection. Indicate how you made these available. Check all that apply. | | |
| Own website Another's website X Upon request Other (explain on Schedule O) | | |
| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance | | |
| statements available to the public during the tax year. | cial | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Cindy Cerquitella - (202) 331-2261 | cial | |
| 1633 Connecticut Ave. NW, 300, Washington, DC 20009 | cial | |

| 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 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, 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) | | | | | | (D) | (E) | (F) |
|--|--|--------------------------------|---------------------------|----------|--------------|---------------------------------|--------|---|---|--|
| Name and title | Average hours per week | box offi | not c , unle cer an | ss pe | more rson | than is bot | h 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 | Offlicer | Key employee | 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) Claire Kittle Dixon Executive Director, Talent Market | 40.00 | | | | | x | | 157,452. | 0. | 17,764. |
| (2) Cindy Cerquitella | 40.00 | | | | | | | | ••• | |
| Executive Director | | | | x | | | | 157,500. | Ο. | 7,262. |
| (3) Richard Lorenc | 0.50 | | | | | | | | | |
| Chairman | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Kathleen O'Hearn | 0.50 | | | | | | | | _ | _ |
| Vice Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (5) John Tillman | 0.50 | | | | | | | | 0 | 0 |
| Secretary | | X | | X | | | | 0. | 0. | 0. |
| (6) Peter Lipsett | 0.50 | | | | | | | 0 | 0 | 0 |
| Director | 0.50 | X | | | | | | 0. | 0. | 0. |
| (7) Chaz Cirame | 0.50 | x | | x | | | | 0. | 0. | 0. |
| Treasurer (8) Beverly Hallberg | 0.50 | | | | | | | 0. | 0. | 0. |
| Director | 0.50 | x | | | | | | 0. | 0. | 0. |
| (9) Jeff Berkowitz | 0.50 | | | | | | | | | |
| Director | | x | | | | | | 0. | 0. | 0. |
| (10) Romina Boccia | 0.50 | | | | | | | | | |
| Director | | x | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | - | | | | | | | | |
| | | | | | | | | | | Earm 990 (2021) |

Form 990 (2021)

| Form 990 (2021) America' | | | | | | | | | 52-19 | 928 | 321 | Pa | age 8 |
|---|--|--------------------------------|-----------------------|---------------|---------------|---------------------------------|----------------------|---|---|----------------|------------------------------|---|----------------|
| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | vees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
| (A) Name and title | (B) Average hours per week | ours per box, | | | | than o is both pr/trus | n an | (D) Reportable compensation from | (E) Reportable compensatio from related | n | n (F Estim amou oth | | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organization: (W-2/1099-MIS 1099-NEC) | s SC/ | comp fro orga and | pensa om the anizati d relate nizatio | e ion ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 214.052 | | | | - 0 | 26 |
| 1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | II, Section A | | | | | | | 314,952. 0. 314,952. | | 0. 0. 0. | | 5,0 5,0 | 0. |
| 2 Total number of individuals (including but in compensation from the organization ► | | | | | | | | |),000 of reportab | le | | <u>v</u> [| 2 |
| 3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | • | | • | - | | phest compensated emp | • | | 3 | Yes | No X |
| 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 | 0,000? If "Yes, | le co " co | ompe mple | ensa ete S | atior Sche | n anc edule | l ot 9 <i>J i</i> | her compensation from for such individual | the organization | | 4 | x | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | - | | | | - | | | - | | | 5 | | х |
| Section B. Independent Contractors | | | | | | | | | •···· · | | | | |
| Complete this table for your five highest complexity the organization. Report compensation for | | | | | | | | n the organization's tax | | ipens | ation fr | | |
| (A) Name and business address NONE Descripti | | | | | | (B) Description of s | services | С | omper | | n | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (| including but r | not li | mite | d to | tho | se lis | ster | d above) who received n | nore than | | | | |
| \$100,000 of compensation from the organ | • | | | 0 | | 0 | | | | | | | |

| | | | | | | ut | ure Foun | dation | | 52-1928 | 321 F | Page 9 |
|---|------|--------|---|--------|---------------|-----------|-------------------------|---|--|--------------|--|---------------|
| Pa | rt V | /111 | Statement of Re | | | | | | | | | |
| | | | Check if Schedule O | conta | ains a respo | nse | or note to any lir | ne in this Part VIII | | (A) | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | Unrelated | (D) Revenue exc from tax u sections 512 | nder |
| S S | 4 | - | Federated campaigns | | 1a | | | | | | 000110110 0 12 | . 011 |
| Contributions, Gifts, Grants and Other Similar Amounts | · · | | Membership dues | | | | | | | | | |
| ي ق | | | | | | | | | | | | |
| ifts r A | | | Fundraising events Related organizations | | | | | | | | | |
| nila nila | | | Government grants (contr | | | | | | | | | |
| Sir | | | All other contributions, gifts, | | | | | | | | | |
| her | | ' | similar amounts not included | | | 2 | 074,640. | | | | | |
| ĢĘ | | ~ | Noncash contributions included in | | | | 0/1/0100 | | | | | |
| | | - | Total. Add lines 1a-1f | | | | > | 2,074,640. | | | | |
| <u> </u> | | | | | | | Business Code | | | | | |
| Ø | 2 | 2 | Event | | | | 900099 | 34,271. | 34,271. | | | |
| vic | 2 | | Membership du | Ies | | | 900099 | 7,559 | | | | |
| Ser | | c | | | | | 500055 | ,,,,,,, | 1,000 | | | |
| že u | | d | | | | | | | | | | |
| Program Service Revenue | | e | | | | | | | | | | |
| Pro | | - | All other program service | rovor | | | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | 41,830. | • | | | |
| | 3 | | Investment income (includ | | | | | , | | | | |
| | Ŭ | | other similar amounts) | • | | | • | 157. | , | | 1 | 57. |
| | 4 | | Income from investment of | | | | | | | | | |
| | 5 | | Royalties | | - | - | | | | | | |
| | - | | | | (i) Real | | (ii) Personal | | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | | |
| | _ | | Less: rental expenses | 6b | 39,93 | | | | | | | |
| | | | Rental income or (loss) | | -32,63 | 6. | | | | | | |
| | | | Net rental income or (loss) | , — | | | > | -32,636. | , | | -32,6 | 36. |
| | 7 | | Gross amount from sales of | Í | (i) Securiti | | (ii) Other | | | | | |
| | | | assets other than inventory | 7a | | | | | | | | |
| | | b | Less: cost or other basis | | | | | | | | | |
| ne | | | and sales expenses | 7b | | | | | | | | |
| venue | | с | Gain or (loss) | 7c | | | | | | | | |
| Re | | d | Net gain or (loss) | | | | ► | | | | | |
| Other Re | 8 | а | Gross income from fundraisin | ng eve | ents (not | | | | | | | |
| ð | | | including \$ | | of | | | | | | | |
| | | | contributions reported on | | | | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | | |
| | | | Net income or (loss) from | | - | | 🕨 | | | | | |
| | 9 | а | Gross income from gamin | 0 | | | | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | | |
| | | | Less: direct expenses | | | 9b | | | | | | |
| | | | Net income or (loss) from | - | - | 3 <u></u> | ····· > | | | | | |
| | 10 | а | Gross sales of inventory, I | | | | | | | | | |
| | | | and allowances | | | 10a | | | | | | |
| | | | Less: cost of goods sold | | | 10b | | | | | | |
| | | С | Net income or (loss) from | sales | s of inventor | у | | | | | | |
| sn | | | Other income | | | | Business Code 900099 | 1,413. | | | 1 / | 13. |
| Miscellaneous Revenue | 11 | | orner micome | | | | 500059 | , <u>+</u> , | ' | | <u>, 4</u> | т) • |
| ella. Ven | | b | | | | | | | | | | |
| Be | | c d | | | | | | | | | | |
| Σ | | | All other revenue Total. Add lines 11a-11d | | | | └ ── | 1,413. | | | | |
| | 12 | | Total revenue. See instruction | | | | | 2,085,404 | 41,830. | 0. | -31,0 | 66. |
| | 12 | | | | | | ····· 🚩 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,0000 | ~ • | | |

132009 12-09-21

Form 990 (2021)

| J U G | 2021 |) | | - L L |
|-------|------|-----------|----|-------|
| VII | | Statement | of | P |

 Form 990 (2021)
 America's Future Foundation
 52

 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).

| _ | Check if Schedule O contains a respon | | | | X |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 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 | 164,762. | 128,417. | 18,258. | 18,087. |
| 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 | 666,117. | 521,785. | 67,997. | 76,335. |
| 8 | Pension plan accruals and contributions (include | | 11 400 | 4 0 4 1 | 0.5 |
| | section 401(k) and 403(b) employer contributions) | 16,450. | 11,423. | 4,941. | 86. 523. |
| 9 | Other employee benefits | 99,435. | 69,046. | 29,866. | |
| 10 | Payroll taxes | 62,876. | 48,393. | 7,196. | 7,287. |
| 11 | Fees for services (nonemployees): | | | | |
| а | | 1 010 | | | 1 010 |
| b | F | 1,212. | | | 1,212. |
| | Accounting | 35,531. | | 35,531. | |
| d | Lobbying | | | | |
| e | | | | | |
| f | Investment management fees | | | | |
| g | | 192,588. | 170,438. | | 22 150 |
| | column (A), amount, list line 11g expenses on Sch 0.) | 74,808. | 66,204. | | 22,150. 8,604. |
| 12 | Advertising and promotion | 47,855. | 30,267. | 9,873. | 7,715. |
| 13 | Office expenses | 11,007. | 9,741. | 9,073. | 1,266. |
| 14 | Information technology | 11,007. | 9,141. | | 1,200. |
| 15 | Royalties | 7,088. | 2,235. | 4,853. | |
| 16 | Occupancy | 180,368. | 173,157. | 2,501. | 4,710. |
| 17 | Travel | 100,500. | ±/3,±3/• | 2,301. | 4,710 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 86,648. | 86,100. | 292. | 256. |
| 19 20 | Conferences, conventions, and meetings | 00,010. | | • • • • | 200 |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | 906. | | 906. | |
| 22 23 | | 6,559. | 2,475. | 3,091. | 993. |
| 23 24 | Other expenses. Itemize expenses not covered | ., | _, | | 5551 |
| -7 | 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.) | | | | |
| а | <u> </u> | 4,485. | 1,865. | 2,348. | 272 |
| b | | , | , | , | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 25 | Total functional expenses. Add lines 1 through 24e | 1,658,695. | 1,321,546. | 187,653. | 149,496. |
| 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 | | | | |

| America' | s Future | Foundatior | ſ |
|----------|----------|------------|---|
|----------|----------|------------|---|

52-1928321 Page 11

| | | Check if Schedule O contains a response or no | te to any | line in this Part X | | | |
|-----------------------------|-----|--|-----------------------|---------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,973,654. | 1 | 2,112,312. |
| | 2 | Savings and temporary cash investments | | 331,117. | 2 | 564,144. | |
| | 3 | Pledges and grants receivable, net | 141,486. | 3 | 143,429. | | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | tantial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | se perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | d in sec [.] | tion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | [| | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 7,938. | 9 | 8,230. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 8,438. | | | |
| | b | Less: accumulated depreciation | | 4,829. | 1,710. | 10c | 3,609. |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 7,200. | 15 | 7,200. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 2,463,105. | 16 | 2,838,924. |
| | 17 | Accounts payable and accrued expenses | | | 109,194. | 17 | 58,304. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S | 22 | Loans and other payables to any current or forr | ner offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | tantial c | ontributor, or 35% | | | |
| iabi | | controlled entity or family member of any of the | se perso | ons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrel | ated thir | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables t | o related third | | | |
| | | parties, and other liabilities not included on line | s 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 109,194. | 26 | 58,304. |
| (0 | | Organizations that follow FASB ASC 958, che | eck here | | | | |
| Cei | | and complete lines 27, 28, 32, and 33. | | | | | |
| alan | 27 | Net assets without donor restrictions | | | 1,020,498. | 27 | 1,140,164. |
| Ä | 28 | Net assets with donor restrictions | | <u></u> | 1,333,413. | 28 | 1,640,456. |
| oun | | Organizations that do not follow FASB ASC 9 | 958, che | ck here 🕨 🛄 | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| tso | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| 3Se | 30 | Paid-in or capital surplus, or land, building, or ea | quipmen | t fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Ne | 32 | Total net assets or fund balances | | | 2,353,911. | 32 | 2,780,620. |
| | 33 | Total liabilities and net assets/fund balances | | | 2,463,105. | 33 | 2,838,924. |

Form **990** (2021)

Form 990 (2021) Au Part X Balance Sheet

| Form | 990 (2021) America's Future Foundation | 52-192 | 28321 | Pag | ge 12 |
|------|---|-----------|-------|-----|--------------|
| Par | t 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 | 2,085 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,658 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 09. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,353 | 3,9 | 11. |
| 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 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 | 2,780 |),6 | 20. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | 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 | Ο. | | | |
| 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: | | | | |
| | X Separate basis 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 | | | | |
| | 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 | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |

Form **990** (2021)

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.

| | OMB No. 1545-0047 |
|----------|------------------------------|
| | 2021 |
| | Open to Public Inspection |
| Employer | identification number |

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

| | | | | re Foundatio | | | | | 2-1928321 | |
|----------|-----------|---|------------------------|---|-------------------------------------|-----------------|-----------------|----------------|--|--|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | ıs. | | |
| The | organ | ization is not a private found | | | | | | | | |
| 1 | | A church, convention of ch | | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 | | A hospital or a cooperative | | | | (b)(1)(A)(i | ii). | | | |
| 4 | \square | A medical research organiz | | | | | |)(iii). Enter | the hospital's name. | |
| | | city, and state: | | · · · · · · · · · · · · · · · · · · · | | | | N) | ···- ·· [- · · · · · · · · · · · · · · | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or operat | ted by a d | overnmental i | unit descrit | ped in | |
| · | | section 170(b)(1)(A)(iv). (C | | | a er epera | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | X | | | | | | | he general | nublic described in | |
| ' | | 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 describe | | (1)(A)(vi) (Complete Par | F 11 \ | | | | | |
| 9 | H | An agricultural research org | | | | nd in coniu | unction with a | land grant | collogo | |
| 3 | | or university or a non-land- | | | | - | | - | - | |
| | | university: | grant college of agric | | | name, cit | y, and state o | | | |
| 10 | | An organization that norma | Illy reacives (1) more | than 22 1/20/ of its our | port from | oontributic | na mombora | hin food a | nd groop receipte from | |
| 10 | | | | | | | | | | |
| | | activities related to its exen | | - | | | | | - | |
| | | income and unrelated busin | | (less section 511 tax) in | om busine | sses acqu | lired by the of | gamzation | alter Julie 30, 1975. | |
| 44 | | See section 509(a)(2). (Con | , | ively to test for public or | faty Cas | nantian Fl | O(a)(4) | | | |
| 11 12 | H | An organization organized a | - | • | • | | | orm (out the | nurnance of one or | |
| 12 | | An organization organized a | - | - | - | | | • | | |
| | | more publicly supported or | - | | | | | | | |
| _ | | lines 12a through 12d that | | | | - | | - | , aivina | |
| а | | Type I. A supporting orga | | - | • | | | | | |
| | | the supported organization | | | a majority (| or the dire | | es or the s | supporting | |
| h | | organization. You must o | - | | tion with it | | ad arganizatio | n(a) by be | wing | |
| b | | Type II. A supporting org | - | | | | - | | - | |
| | | control or management o | | | ame perso | ons that co | ontroi or mana | age the sup | poned | |
| ~ | | organization(s). You mus Type III functionally inte | | | in connoc | tion with | and functions | lly intograt | od with | |
| C | | its supported organization | | | | | | illy illicylat | eu with, | |
| d | | Type III non-functionally | | | | | | rtod organi | ization(c) | |
| u | L | that is not functionally int | | ••• | | | | - | | |
| | | requirement (see instruct | | | • | | - | u an allem | | |
| е | | Check this box if the orga | | • | | | | | | |
| Ŭ | | functionally integrated, or | | | | | , iype i, iype | n, rype m | | |
| f | Ente | er the number of supported of | ••• | | ing organi | Lation | | | | |
| | | vide the following information | • | ed organization(s). | | | | | · | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | 1 | |

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------|-----------------|---------------------|------------|---------------------|----------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,021,330. | 964,202. | 2,289,664. | 1,713,447. | 2,074,640. | 8,063,283. |
| 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 | 1,021,330. | 964,202. | 2,289,664. | 1,713,447. | 2,074,640. | 8,063,283. |
| 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) | | | | | | 3,884,190. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,179,093. |
| | ction B. Total Support | | | | | | i |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 1,021,330. | 964,202. | 2,289,664. | 1,713,447. | 2,074,640. | 8,063,283. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 292. | 181. | 190. | 212. | 7,457. | 8,332. |
| 9 | Net income from unrelated business | | | | | | |
| - | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 7,309. | 2,389. | 322. | 3,463. | 1,413. | 14,896. |
| 11 | Total support. Add lines 7 through 10 | | , | | • | , | 8,086,511. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 253,935. |
| | First 5 years. If the Form 990 is for th | | | | | | |
| | organization, check this box and stop | | | | | | |
| Se | ction C. Computation of Publ | | rcentage | | | | |
| | Public support percentage for 2021 (I | | | column (f)) | | 14 | 51.68 % |
| | Public support percentage from 2020 | | • | | | 15 | 60.90 % |
| | 33 1/3% support test - 2021. If the c | | | | | nore, check this bo | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | | | | | |
| | and stop here. The organization quali | - | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| Ł | 10% -facts-and-circumstances test | - | | | | | |
| ~ | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organizatio | | - | | | | |
| | | | | a, 100, 170, 01 170 | | | Eorm 000) 2021 |

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Sei | Stion A. Public Support | | | | | | |
|-------------|--|-----------------------------|-----------------------|----------------------|-------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| See | ction B. Total Support | | | | - | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 <i>a</i> | 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 | | | | | | |
| | 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.) | | | | | | |
| | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third. | fourth, or fifth tax | year as a section | 501(c)(3) organiza | ation, |
| | check this box and stop here | • | | | • | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2021 (| line 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2020 |) Schedule A, Part | III, line 15 | | | 16 | % |
| See | ction D. Computation of Investion | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)21 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2020 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2021. If the | | | | | 33 1/3% , and line | e 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2020. If the | | | | | | , and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 01-04-22 | | | | | | A (Form 990) 2021 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

America's Future Foundation

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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

| Sche | hedule A (Form 990) 2021 America's Future Foundation | 52-1928 | 321 | l _{Pa} | age 5 |
|------|---|----------------------|-----|-----------------|--------------|
| Pa | art IV Supporting Organizations (continued) | | | | |
| | | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| а | a 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? | 11 | a | | |
| b | b A family member of a person described on line 11a above? | 11 | b | | |
| с | c 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. | 11 | c | | |

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1

America's Future Foundation

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

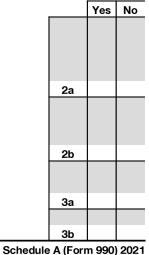
| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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 | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

18

- 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.



52-1928321 Daga 5

Yes

2

No

No

| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 | | |
| Section 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) 2021

132027 01-04-22

| Schedule A (Form 990) 2021 | |
|----------------------------|--|
|----------------------------|--|

Schedule A (Form 990) 2021 America's Future Foundation Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (a)

| 1 4 | i v j rype in Non-1 unctionally integrated 505 | (a)(o) Supporting Orge | anizations (contine | uea) | |
|-------|---|-----------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions | | 1 | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | 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 | he organization is responsive | e | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 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) Underdistribution Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| c | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| - | Excess from 2018 | | | | |
| - | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021 | America's | Future | Foundation | 52-1928321 Page 8 |
|------------|--|---|-------------------------------------|--|---|
| Part VI | Part IV, Section A, lines 1 line 1; Part IV, Section D, | , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV | , 6, 9a, 9b, 9c, Section E, line | required by Part II, line 10; Part II, line 1 11a, 11b, and 11c; Part IV, Section B, lin es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F and 6. Also complete this part for any ac | nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, |
| | | | | | |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

Schedule of Contributors

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

2021

Employer identification number

| and of the erganization | | |
|--------------------------|---|-----------------------|
| Z | America's Future Foundation | 52-1928321 |
| Organization type (check | k one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 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 | |
| | | |
| | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. 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* religious is checked.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 791,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 420,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 160,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

Employer identification number

52-1928321

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>NO.</u> | Name, address, and ZIP + 4 | | |
| 7 | | \$ <u>55,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$45,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ <u>48,996.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | · | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |

Employer identification number

52-1928321

Schedule B (Form 990) (2021)

| No. | (b) | (c) FMV (or estimate) | (d) |
|----------------|--|--|---------------------------|
| from Part I | Description of noncash property given | (See instructions.) | Date received |
| | | | |
| | | | |
| | | \$ | |
| (-) | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| Part I | | (000 mon 2000) | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| Part I | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) | Date received |
| Part I | | (See instructions.) | |
| —— | | | |
| | | <u> </u> | |
| | | \$ | |
| (a) | | (c) | |
| No. from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) | | (c) | |
| No. from | (b) | FMV (or estimate) | (d) |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| <u> </u> | | | |
| — <u> </u> | | | |
| | | \$ | Schedule B (Form 990) (20 |

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

Name of organization

(a)

Page 3 Employer identification number

52-1928321

(c)

| Schedule I | B (Form 990) (2021) | | Page 4 |
|---------------------------|--|---|---|
| Name of o | rganization | | Employer identification number |
| Ameri | ca's Future Foundation | | 52-1928321 |
| Part III | |) through (a) and the following line entr | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| | Use duplicate copies of Part III if additional | space is needed. | |
| (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. 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. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| ł | | | |
| - | Transferee's name, address, a | (e) Transfer of gift Ind 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 | | Relationship of transferor to transferee |
| | | | |

| SCHEDULE I |) |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

| (Form 9 | 90) |
|---------|-----|
|---------|-----|

132051 10-28-21

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.



Employer identification number

52-1928321

Name of the organization

America's Future Foundation

| Pa | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | | |
|-----|--|---|-------------------------------------|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lir | ie 6. (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| | Table work and after an | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | d frue de | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | - | | | | | | |
| e | 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 impermissible private benefit? | · · · · · | | | | | | |
| Pa | | nanization answered "Yes" on Form 990 Pa | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | - | | | | | | |
| • | Preservation of land for public use (for example, recrea | | historically important land area | | | | | |
| | Protection of natural habitat | | certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | a conservation easement on the last | | | | | |
| - | day of the tax year. | | Held at the End of the Tax Year | | | | | |
| а | Total number of conservation easements | | 2a | | | | | |
| b | - · · · · · · · · · · · | | | | | | | |
| c | Number of conservation easements on a certified historic sti | | | | | | | |
| | Number of conservation easements included in (c) acquired | | | | | | | |
| - | listed in the National Register | | 2d | | | | | |
| 3 | Number of conservation easements modified, transferred, re | | | | | | | |
| | year ► | , , , , | 5 5 | | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | | | | | |
| 5 | Does the organization have a written policy regarding the pe | | | | | | | |
| | violations, and enforcement of the conservation easements | | Yes No | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | | | | |
| | | - | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservatio | on easements during the year | | | | | |
| | ▶\$ | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170(h) | (4)(B)(i) | | | | | |
| | and section 170(h)(4)(B)(ii)? | | YesNo | | | | | |
| 9 | In Part XIII, describe how the organization reports conservat | | | | | | | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial statemen | ts that describes the | | | | | |
| | organization's accounting for conservation easements. | | | | | | | |
| Pa | t III Organizations Maintaining Collections o | | er Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" on Form | 1 990, Part IV, line 8. | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement and | d balance sheet works | | | | | |
| | of art, historical treasures, or other similar assets held for pu | blic exhibition, education, or research in furt | herance of public | | | | | |
| | service, provide in Part XIII the text of the footnote to its fina | ncial statements that describes these items. | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and ba | lance sheet works of | | | | | |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or research in further | rance of public service, | | | | | |
| | provide the following amounts relating to these items: | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| | | | | | | | | |
| 2 | If the organization received or held works of art, historical tre | · · · · | jain, provide | | | | | |
| | the following amounts required to be reported under FASB A | - | | | | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| | Assets included in Form 990, Part X | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2021 | | | | | |

| | dule D (Form 990) 2021 America t III Organizations Maintaining C | 's Future Collections of A | | | | or Othe | | | | L Page 2 |
|------|---|-------------------------------|------------|----------------|----------------|--------------|----------------------|-----------|----------|-----------------|
| 3 | Using the organization's acquisition, accessi | | | | | | | | | |
| • | collection items (check all that apply): | | , | | | | gimeant | | | |
| а | Public exhibition | c | 1 L | Loan or exc | hange progra | am | | | | |
| b | Scholarly research | e | | | 515 | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | in how th | nev further t | he organizati | on's exer | npt purpo | se in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | |
| | reported an amount on Form 990, Pa | | | U U | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for | contribution | is or other as | sets not | included | | | |
| | on Form 990, Part X? | | | | | | | | Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | · | Ū | | | | | | Amount | |
| с | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on F | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | . Check here if the e | xplanatio | on has been | provided on | Part XIII | | | | |
| Par | t V Endowment Funds. Complete i | if the organization ar | nswered | "Yes" on Fo | orm 990, Parl | t IV, line 1 | 0. | | | |
| | | (a) Current year | (b) F | rior year | (c) Two yea | rs back | (d) Three ye | ears back | (e) Four | years back |
| 1a | 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 cur | rent year end baland | ce (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | at are held a | nd administe | ered for th | ne organiz | ation | _ | |
| | by: | | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requi | ired on S | Schedule R? | | | | | 3b | |
| | Describe in Part XIII the intended uses of the | | owment | funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part IV | V, line 11a. S | See Form 990 |), Part X, | line 10. | | | |
| | Description of property | (a) Cost or c | | (b) Cost | or other | | cumulate | d | (d) Book | value |
| | | basis (investr | ment) | basis | (other) | dep | preciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 8,438. | | 4,82 | 29. | | 3,609. |
| | Other | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colur | nn (B), line 1 | 0c.) | | | | | 3,609. |

Schedule D (Form 990) 2021

| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11b. See Form 990. Part X. line 12. | |
|--|----------------------------|---|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | - |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | - | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | 5. |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 25.) | > | |
| | | | |

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

| Sche | Schedule D (Form 990) 2021 America's Future Foundation 5 | | | | | Page 4 |
|------|--|---------|--------------|------|-------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements | s With | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,125 | ,340. |
| 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 | 39,936. | | | |
| е | Add lines 2a through 2d | | | 2e | | ,936. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,085 | ,404. |
| 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 | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,085 | <u>,404.</u> |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statement | ts With | Expenses per | Retu | rn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,698 | <u>,631.</u> |
| 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 | 39,936. | | | |
| е | Add lines 2a through 2d | | | 2e | | ,936. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,658 | <u>,695.</u> |
| 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 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,658 | ,695. |
| Pa | rt 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.

Part X, Line 2:

| The Organization is exempt from federal income tax under IRC Section |
|--|
| 501(c)(3). In addition, the Organization qualifies as a charitable |
| organization as described in IRC Section 170(b)(1)(A) and has been |
| classified under IRC Section 509(a)(2) as an organization that is not a |
| private foundation. Management has evaluated the Organization's tax |
| positions and concluded that the financial statements do not include any |
| uncertain tax positions. |
| |

Part XI, Line 2d - Other Adjustments:

Sublease rental expenses

39,936.

| art XII, Line 2d - Other Adjustments: | |
|---------------------------------------|-------|
| ublease rental expenses | 39,93 |
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 Schedule D (Form 990) 2021
 America's

 Part XIII
 Supplemental Information (continued)

52-1928321 Page 5

| SC | HEDULE J Compensation Information | I | OMB No. 1 | 1545-00 | 47 |
|----------|--|-------------|-------------|-----------|------|
| | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 91 | |
| 1 | Compensated Employees | | 20 | | ł |
| - | tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | Open to | Publ | ic |
| | tment of the Treasury al Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nam | | mployer ide | entificatio | on nu | mber |
| | America's Future Foundation | 52-19 | 2832 | 1 | |
| Pa | rt I Questions Regarding Compensation | | | | |
| | | | _ | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 | 90, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or charter travel Housing allowance or residence for personal | luse | | | |
| | Travel for companions Payments for business use of personal resid | lence | | | |
| | Tax indemnification and gross-up payments | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, or | chef) | | | |
| | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | . 2 | | L |
| | | | | | |
| 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 | ı to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | |
| | X Compensation committee Written employment contract | | | | |
| | Independent compensation consultant | | | | |
| | Form 990 of other organizations | nmittee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| - | organization or a related organization: | | | | |
| а | Receive a severance payment or change-of-control payment? | | 4a | | х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | | · | | X |
| | Participate in or receive payment from an equity-based compensation arrangement? | | | | x |
| Ŭ | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| | contingent on the revenues of: | | | | |
| а | The organization? | | 5a | | Х |
| | Any related organization? | | | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | |
| | contingent on the net earnings of: | | | | |
| а | The organization? | | . 6a | | Х |
| | Any related organization? | | | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | . 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | . 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section 53.4958-6(c)? | | . 9 | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedul | e J (Forn | n 990) | 2021 |

52-1928321

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

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation | | | other deferred | (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 |
| (1) Claire Kittle Dixon | (i) | 157,452. | 0. | 0. | 0. | 17,764. | 175,216. | 0. |
| Executive Director, Talent Market | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) Cindy Cerquitella | (i) | 132,500. | 25,000. | 0. | 0. | 7,262. | 164,762. | 0. |
| Executive Director | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Schedule J (Form 990) 2021

| SCHEDULE | 0 |
|------------|---|
| (Form 990) | |

Name of the organization



Employer identification number 52 - 1928321

Form 990, Part VI, Section B, line 11b:

The Board of Directors will review a draft of the form 990 prior to filing

with the IRS.

Form 990, Part VI, Section B, Line 12c:

Each year the Board is required to provide an annual disclosure of

America's Future Foundation

interests that could give rise to conflicts. This listing is reviewed, and

Board members are required to abstain from voting on matters where a

conflict may exist.

Form 990, Part VI, Section C, Line 19:

Governing documents are available upon request.

Form 990, Part IX, Line 11g, Other Fees:

| Consulting: | |
|---------------------------------|---------|
| Program service expenses | 71,970. |
| Management and general expenses | 0. |
| Fundraising expenses | 9,353. |
| Total expenses | 81,323. |

Photography:

| Program service expenses | 6,811. |
|---------------------------------|--------|
| Management and general expenses | 0. |
| Fundraising expenses | 885. |
| Total expenses | 7,696. |

| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization America's Future Foundation | Employer identification number 52-1928321 |
| Other: | |
| Program service expenses | 91,657. |
| Management and general expenses | 0. |
| Fundraising expenses | 11,912. |
| Total expenses | 103,569. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 192,588. |
| | |

Form 990, Part XII, Line 2c:

The organization's Board of Directors is responsible for oversight of

the audit, including selection of the independent accountant. The

process has not changed from previous years.