Form 990

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization X Address change AMERICAN FUTURE FUND 26-0620554 Name chang Doing Business As Initial retum Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 515-720-5250 Termin-6750 WESTOWN PKWY. #200-156 6,373,418. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-WEST DES MOINES, IA 50266 H(a) Is this a group return pending F Name and address of principal officer: ALLISON KLEIS for subordinates? Yes X No H(b) Are all subordinates Included? Yes No SAME AS C ABOVE I Tax-exempt status: ____ 501(c)(3) _X 501(c)(4) ◀ (insert no.) _ 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ▶ WWW.AMERICANFUTUREFUND.COM H(c) Group exemption number ▶ L Year of formation: 2007 M State of legal domicile: IA K Form of organization: X Corporation Trust Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE CONSERVATIVE FREE MARKET Activities & Governance PRINCIPLES TO THE CITIZENS OF AMERICA. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 42000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 67,941,999 6,367,399. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 5,017. 6,019. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67,947,016. 6,373,418. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,536,000. 678,067. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 80,510. 0. 16a Professional fundralsing fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 54,346,501. 6,219,910. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,882,501. 6,978,487. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,064,515. -605,069. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 2,672,720. 2,067,651. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) Net A 2,672,720. 2,067,651. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALLISON KLEIS, TREASURER Here Type or print name and title Date Preparer's signature Print/Type preparer's name P00222608 Paid KATHY FAIRCHILD Firm's name MCGLADREY LLP 42-0714325 Firm's EIN > Preparer **STE 640** 400 LOCUST ST, Use Only Firm's address Phone no. 515-558-6600 DES MOINES, IA 50309-2354 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۶	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	ated organizations listed i	in Parts II-IV?		-
a Receipt of (ii) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				12	
				1b	
Gift areast or capital contribution from related organization(s)				10	
Loans or loan quarantees to or for related organization(s)				1d	
				-	
e Loans or loan guarantees by related organization(s)	***************************************				
f Dividends from related organization(s)				¥	
				19	
Durchage of accets from related organization(s)				ŧ	
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K. Lease of racillues, equipment, of other assets morn related organization (s)		***************************************		F	
Performance of services of membership of junicialisms solicitations for related organizations.	anization(s)	***************************************		<u> </u>	
	dilization(s)	***************************************		\$	-
n Sharing of facilities, equipment, mailing lists, of other assets with related organization(s)	Sansana (e) IIOII			 -	-
 Sharing of paid employees with related organization(s) 				2	1
n Reimburcement paid to related organization(s) for expenses				5	
				70	
q Reimbursement paid by related organization(s) for expenses				2	-
r Other transfer of cash or property to related organization(s)				÷	
Other transfer of cash or property from related organization(s)				\$	
	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rt involved	
141					
(2)					
(4)					
(5)					

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332163 09-12-13	,		Sched	Schedule R (Form 990) 2013	30 ZO 13

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

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

Primary activity Legal dominicile Prediction Profession and Primary activity (state or foreign (1964) and the faction (1964) (19	Primary activity Legal domicile Preformativi income presentativity and state of activity and state action 512-514) types No inder section 512-514) types No inder section 512-514 types No	(a) (b) (c) (d)	(q)	(c)	(p)	ŀ	(a)	(H)	(2)	5	(K)
		Name, address, and EIN of entity	Primary activity	g. je	Predominant income partners (related, unrelated, excluded from tax ons and excluded from tax ons		Share of end-of-year assets	Dispropor- tionale allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing partner?	Percentage
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	Schedule R (Form 990) 201										
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332002 10-29 13 Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect N/A during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that Is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 110 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 257 /f "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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Form 990 (2013)

Pal	Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	government on Part IX, column (A), Ilne 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	-		
22	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
20	instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	133	X
С	40 U. J.			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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		X
32	Dld the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	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	1 04		x
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	- 22
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	030		
36	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_		Form	990	(2013)

Check II Schedule O contains a response or note to any line in this Part V 18 Enter the number reported in Box 3 of Form 1096. Enter 0- If not applicable 16 15 0 0 10 10 the organization comply with backup withholding rules for of Irnd applicable 15 0 0 10 the organization comply with backup withholding rules for reportable payments to vendors and importable gaming (gaming) withings to prize withness? 10 In the organization comply with backup withholding rules for reportable payments to vendors and importable gaming (gaming) withings to prize withness? 10 If a least one is reported on in Poor May, Transmittal of Wage and Tax, Statements. 10 If a least one is responded on in Poor 4, of the organization fee all regular dedicated impleyment tax returns? 10 If a least one is responded on in Poor 4, of the organization fee all regular dedicated impleyment tax returns? 10 If a least one is responded on in Poor 4, of the organization fee all regular dedicated impleyment tax returns? 10 If a least one is responded on in Poor 4, of the organization fee all regular dedicated impleyment tax returns? 11 If a least one is responded on in Poor 4, of the organization have an interest, in or a signature orther suthority over, a financial account in a foreign ocurity (such as a bank account, securities account, or other linearidal account)? 11 If a least one is returned in the organization have an interest, in or a signature orther suthority over, a financial account in a foreign ocurity (such as a bank account, securities account, or other linearidal account)? 11 If a least one or a signature of the organization has a transmit and account in a foreign ocurity (such as a bank account, securities account, or other linearidal account)? 11 If a least organization aparty to a prohibited tax shelter transaction at any time during the tox year? 12 If a least organization and probable tax shelter transaction are supressed to interest year and the organization and probable tax shelter transactions? 12 If a least organizati	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
18 Enter the number reported in Box3 of Form 1096. Enter of in not applicable		Check If Schedule O contains a response or note to any line in this Part V			Ш
b Enter the number of Forms W.2G included in line 1s, Enter O- if not applicable Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambing) withoutings to prize withouting to logic without provided the payment of the organization organization of the organization of the organization file and in the organization organization file and in the organization file and in the organization file and in the organization in the organization file and in the organization file and in the organization file and in the organization in the organization file and in the organization or the organization organization for the organization or		1 1 20		Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gardining) with mings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statoments, [2a 0] by the organization is reported on line 28, did the organization fleet all required foderal employment tax returns? Note, If the sum of lines of a and 2s is greater than 250, you may be required to e-file (see instructions) 3b I with the sum of lines of a and 2s is greater than 250, you may be required to e-file (see instructions) 3c I with the sum of lines of a and 2s is greater than 250, you may be required to e-file (see instructions) 3d I with organization have unrelated business gross is someone of \$1,000 or more during the year? 3s I with if Yae's, "and the great of the year? If "No," to fine 30, provide an explanation is Schedule 0 3d At any time during the calendars year, did the organization have an Interest in, or a significant or other authority over, a (financial account, and the part of the provides of the part of the year and, did the organization have an Interest in, or a significant or other interests. See instructions for Illing requirements for Form 17 E 90.221, Report of Enrolph Bank and Financial account; See instructions for Illing requirements for Form 17 E 90.221, Report of Enrolph Bank and Financial accounts. See instructions for Illing requirements for Form 17 E 90.221, Report of Enrolph Bank and Financial accounts. See instructions for Illing requirements for Form 17 E 90.221, Report of Enrolph Bank and Financial accounts. See instructions for Illing requirements for Form 1886 17 See instructions for Illing requirements for Form 1886 17 See instructions for Illing requirements for Form 1886 17 See instructions for Illing requirements for Enrol 1886 17 See instructions for Illing requirements for Enrol 1886 17 See instructions for Illing requirements for See instructions for See instructions of Illing requirements		The the hamber reported in box of 1 cm root 2 keys			
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2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Stetements, field for the calendar year ending with or within the year covered by this return. 1b If al least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) 3b If the quantization have unrelated business gross income of \$1,000 or more during the year? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 3c At any time during the calendary exe, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," in the fire organization and the sum of the Interest provide organization or other sum of the Interest provide organization or other such organization and party to a prohibitorian of any time during the tax year? 5c If "Yes," to the organization or organization file Form 8886 17 6c If "Yes," to the organization or organization file Form 8886 17 6c If "Yes," of the organization file Form 8886 17 6d Die the organization and provide organization file Form 8886 17 6d Die the organization file organization file form 886 18 6d Die the organization subject that are normally greater than \$100,000, and did the organization subject any contributions or gifts were not tax deductables as charitable contributions and explores that the such contributions or gifts were not tax deductable or organization in explores that are normally greater than \$100,000, and did the organization subject to the explored provided to the payor. 6c Did the organization receive a payment in excess of \$75 made party as a confibution and party for goods and services provided to the payor. 7b Did the o	С		ایدا	v	
tiled for the calendary ever ending with or within the year covered by this return bit of a least on one is reported on line 28, did the organization file all regularized federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b. If Yes, it file a form 950 or Tor Nie year? If Yo, 'to file 3b, provide an explanation in Schedule O 5b. If Yes, and the during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly? 4a. Af any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly? 4b. If Yes, *enter the name of the foreign country! № 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c. Did any taxable party notify the organization file Form 888617? 6c. Did any taxable party notify the organization file Form 888617? 6c. Did any taxable party notify the organization file Form 888617? 6c. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c. Different organization solicit and the organization file Form 888617? 6c. Different organization solicit and the organization file Form 888617? 6c. Different organization receive a payment in access of 57 made party as a contribution organization file organization receives a payment in access of 57 made party as a contribution organization file organization receive a payment in access of 57 made party as a contribution organization file organization receives a payment in access of 57 made party as a contribution organization file organi			16		_
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So Did the organization have unrelated business gress income of \$1,000 or more during the year? 3		nied for the Calendar year ending with or within the year covered by this return	۵.		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? if "No," to life 3b, provide an explanation in Schedule O 4A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; an foreign country! Such as a bank account, securities account, or other financial account? See instructions for filling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. See instructions for tiling requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b ID dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c II "Yes," to the Sa or Sb, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c II "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c ID did the organization setulation and the expression of the value of the goods or services provided? 7c ID did the organization setulation notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7e ID id the organization receive year funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds and ection 509(a)3 supporting organization. Bid a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. 9 If the organization make any taxable d	b		20		
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		0.941.112.113.113			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Effect the difficulty of reserved of the re-	4.		v
	14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scriedule O		gan	(2013)

Form 990 (2013) AMERICAN FUTURE FUND 26-0620554 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing	1	l .	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent		ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	S The state of the			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			17
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
102	Did the organization have lead chapters, branches, or affiliates?	40.	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	_	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-	
12a	Did Management of the language with a first of the same and the first of the same and the same a	100	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		_
•	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ı.		
	persons, comparability data, and contemporaneous substantlation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	- 1	X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		- 1	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			200
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	ALLISON KLEIS - 515-720-5250			_
	6750 WESTOWN PKWY. #200-156, WEST DES MOINES, IA 50266			
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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization n (A)	(B)			((2)			(D)	(E)	(F)
Name and Title	Average	(do	nol c	Pos heck	ition more) than	one	Reportable	Reportable	Estimated
	hours per	box	unle er an	se pe	rson irecto	is bot w/trus	h an	compensation	compensation	amount of
	week					T	T	from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC)	compensation from the
	related	30 98	eats			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trus	naltru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Г оттег			organizations
(1) CHINI CONTUR	3.00	PH PH	SIL	JU.	3	(表) E	-F			
(1) SANDY GREINER PRESIDENT/DIRECTOR	0.00	х		x				0.	0.	0
(2) ALLISON KLEIS	3.00	A	-	_	_	\vdash	_	0.	0.	0
FREASURER/SECRETARY	0.00	x		х				0.	0.	0
MANUAL CONTRACTOR OF THE CONTR	0.00	-	-		\vdash	\vdash				
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					751	-
(A)	(B)			Pos	C) ition	,		(D)	(E)		F	(F)	1
Name and title	Average hours per	(do	not c	heck	more	than is bot	one	Reportable compensation	Reportable compensation	,		timate ount	
	week	offi	cer ar	nd a d	Irecto	x/trus	tee)	from	from related			other	٠.
	(list any	ctor						the	organizations	3	comp	oensa	ıtion
	hours for	trustee or director	g ₂			sated		organization	(W-2/1099-MIS	C)		om the	
	related organizations	nstee	truste		q.	bens		(W-2/1099-MISC)			_	anizati I relati	
	below	ual tr	tional		ploye	yee yee	_					nizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compens employee	Former				- 3-		
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to Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but							no r	eceived more than \$100	,000 of reportable	9			
compensation from the organization					_							Yes	No
3 Did the organization list any former officer													v
line 1a? If "Yes," complete Schedule J for										1944	3	-	_X
4 For any individual listed on line 1a, is the s											4	- 1	х
and related organizations greater than \$15Did any person listed on line 1a receive or)1940	-		
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con]	5		Х
Section B. Independent Contractors									TANKS THE PARTY OF				
1 Complete this table for your five highest co										pens	ation fr	om	
the organization. Report compensation for (A)	the calendary	ear	endi	ng v	viun	OI W	ALCOH	(B)	year.	_	(C		
Name and busines:	s address							Description of s	ervices	С	ompen		n_
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306, TOWSON, MD 21286								MEDIA SERVIC	ES	1	<u>,961</u>	L,9	08.
MCKENNA & ASSOCIATES, 20						~ 4					2.55	- ^	^ ^
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CONCORDIA ENTERPRISES LL							- 4	CONSULTING A MANAGEMENT S			515	5,0	16
PARKWAY, SUITE 240, WEST ANGLER LLC, 1100 G STREE							=	MANAGEMENT S	EKATCES		JII	, 0.	10.
WASHINGTON, DC 20005	1 1447, 15	о т	111	0	00	•		MEDIA SERVIC	ES		487	7,5	50.
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LANE, HAYMARKET, VA 2016			. 252					CONSULTING S	ERVICES		332	2,9	36.
2 Total number of independent contractors		not l	imite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >		_			9	_				Earm C	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
											C	se at 1 fc	10401

Table Federated campaigns Table		. 41				esponse	or note to any lin	e in this Part VIII			
Business Code 2 a				Check ii ochiodalo o dovit	amo am	заропас	or note to any m		Related or exempt function	Unrelated business	from tax under
Business Code 2 a	nts nts	1 ε	a -	Federated campaigns		1a	7				
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Business Code Page	3 6	ŀ	1	Total. Add lines 1a-1f	-		>	6,367,399.			
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Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	1 44 1
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		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 governments and	- 2011-11-2			
	organizations in the United States. See Part IV, line 21	678,067.	678,067.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, Ilne 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			8	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	143,458.	95,639.	47,819.	
C	Accounting	13,782.		13,782.	
d	Lobbying				
е.	Professional fundralsing services. See Part IV, line 17	80,510.			80,510.
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	2,717,545.	2,530,873.	186,672.	
12	Advertising and promotion	147,500.	147,500.		
13	Office expenses	12,995.		12,995.	
14	Information technology	31,358.	31,358.		
15	Royalties				
16	Occupancy	82,500.		82,500.	
17	Travel	54,343.	11,756.	42,587.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,464.	4,464.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	PRODUCTION/WRITING	2,587,256.	2,587,256.		
b	SURVEY RESEARCH	273,500.	273,500.		
c	MISCELLANEOUS	60,814.	18,701.	42,113.	
d	MAIL PRODUCTION AND POS	60,395.	60,395.		
e	All other expenses	30,000.	30,000.		
25	Total functional expenses. Add lines 1 through 24e	6,978,487.	6,469,509.	428,468.	80,510.
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 I if following SOP 98-2 (ASC 958-720)				Form 990 (2013

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,672,720.	1	2,067,651
	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
		Loans and other receivables from current and former officers, directors,		-	
- 1	5	trustees, key employees, and highest compensated employees. Complete			
				5	
		Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		Ť	
- 1	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
.				6	
	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
232613	7	Notes and loans receivable, net		8	
`	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D		40-	
- 1		Less: accumulated depreciation10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2 672 720	15	2 067 651
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,672,720.	16	2,067,651
- 1	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Labilities		Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
Ŋ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		partles, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			0 055 554
2	27	Unrestricted net assets	2,672,720.	27	2,067,653
ğ	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
2	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	2,672,720.	33	2,067,651
	34	Total liabilities and net assets/fund balances	2,672,720.	34	2,067,651

Act and OMB Circular A-133?

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

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

X

Form 990 (2013)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Freasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 -

OMB No. 1545-0047

Name of the organization

Employer identification number

AMERICAN FUTURE FUND 26-0620554									
Organiz	ation type (check o	ne):							
Filers o	f:	Section:							
Form 99	0 or 990·EZ	X 501(c)(4) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General	Rule								
X	For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo ete Parts I and II.	oney or property) from any one						
Special	Rules								
	509(a)(1) and 170(b	s)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulo)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	total contributions	e)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contribution of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or eduruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is check purpose. Do not co	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not totated, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	al to more than \$1,000. y religious, charltable, etc., received nonexclusively						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer Identification number

AMERICAN FUTURE FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PUBLIC INSPECTION COPY	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payrol! Noncash (Complete Part II for noncash contributions.)
323452 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Employer identification number

AMERICAN FUTURE FUND

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		
7	PUBLIC INSPECTION COPY	\$100,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
8		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.		(c) Total contributions	(d) Type of contribution		
9		\$15,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
10		\$5,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
11		\$10,000.	Person X Payroll (Complete Part II for noncash contributions.)		
(a) No.		(c) Total contributions	(d) Type of contribution		
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
323452 10-	24-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)		

Employer identification number

AMERICAN FUTURE FUND

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		
13	PUBLIC INSPECTION COPY	\$10,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
14		\$5,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
15		\$5,000.	Person X Payroli		
(a) No.		(c) Total contributions	(d) Type of contribution		
16		\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.		(c) Total contributions	(d) Type of contribution		
17		\$10,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
18		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
323452 10-	24-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)		

Employer identification number

AMERICAN FUTURE FUND

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		
19	PUBLIC INSPECTION COPY	\$\$	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
20		\$\$	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
21		\$\$	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
22		\$5,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
23		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.		(c) Total contributions	(d) Type of contribution		
24		\$10,000.	Person X Payroll		
323452 10-2	24-13	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2013)		

Employer identification number

AMERICAN FUTURE FUND

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		
25	PUBLIC INSPECTION COPY	\$1,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.		(c) Total contributions	(d) Type of contribution		
26		\$5,000.	Person X Payroll		
(a) No.		(c) Total contributions	(d) Type of contribution		
27		\$5,000.	Person X Payroll		
(a) No.	_	(c) Total contributions	(d) Type of contribution		
28		\$50,000.	Person X Payroll		
(a) No.	<u>.</u>	(c) Total contributions	(d) Type of contribution		
29		\$10,000.	Person X Payroll		
(a) No.	-	(c) Total contributions	(d) Type of contribution		
30		\$100,000.	Person X Payroli		
323452 10-2	24-13	Scuedille R (Form	990, 990-EZ, or 990-PF) (2013)		

Employer identification number

AMERICAN FUTURE FUND

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	
31	PUBLIC INSPECTION COPY	\$1,000,000.	Person X Payroll	
(a) No.	_	(c) Total contributions	(d) Type of contribution	
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
33		\$	Person X Payroll	
(a) No.	-	(c) Total contributions	(d) Type of contribution	
34		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
36		\$125,000.	Person X Payroll	
323452 10-2	<u>L</u> 4-13	Schedule B (Form !	990, 990-EZ, or 990-PF) (2013)	

Employer identification number

AMERICAN FUTURE FUND

26-0620554

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	
37	PUBLIC INSPECTION COPY	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Onnocash Onnocash If for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.		(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for	
323452 10-2	4-13	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2013)	

77629241

Employer identification number

AMERICAN FUTURE FUND

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
_	-PAWES		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(W)	\$	2
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	anization				Employer identification number
AMEDIC	NAME ESTIMATION DESIGNATION				26-0620554
Part III	EXAN FUTURE FUND Exclusively religious, charitable, etc., Individual Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to secti ne following line entry. For or c., contributions of \$1,000 or all space is needed.	on 501(c)(7), (8), ganizations comp r less for the year	or (10) organization leting Part III, enter (Enter Ihis information once	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
raiti					
	- 14 W = -	(e) Transfe	er of gift		a series -
	100			latianship of tra	nsferor to transferee
-	Transferee's name, address, a	nd ZIP + 4		nationship of trai	isteror to transieree
(a) No.		1			
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
		3 			
	(e) Transfer of gift				
L	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
				-	
		3			
		(e) Transfe	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
	3 				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
		\$ 			
		(- 11-5-X
		(e) Transf	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee

323454 10-24-13

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate Instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

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

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

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

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

red "Vec " to Form 990, Part IV, line 5 (Provy Tay) or Form 990-F7 Part V, line 35c (Provy Tay) then

	Section 501(c)(4), (5), or (6) organiza	and the second second	Tax) or Form 990-E	z, Part V, Illie 330 (Prox)	rax, men
	ne of organization			Em	ployer identification number
	AMERICA	N FUTURE FUND			26-0620554
Pa	art I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			>	
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 495	5	\$
	If the organization incurred a section				
	a Was a correction made?				
	h If "Yes " describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c)	, except section 50	
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt fund	ction activities	\$ 140,516.
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for s	section 527	
	exempt function activities		**************************		\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	->	
	line 17b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		\$ 140,516.
4	Did the fillng organization file Form				
5		nployer identification number (EII	N) of all section 527 p	olitical organizations to w	nich the filing organization
	made payments. For each organiza	ition listed, enter the amount paid	from the filing organ	ization's funds. Also enter	the amount of political
	contributions received that were pr				arate segregated lund or a
_	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from fillng organization's funds. If none, enter (contributions received and
_					
_					

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

Schedule C (Form 990 or 990-EZ) 2013

LHA 332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 AMERICAN FUTURE FUND 26-062055 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b	o)
f the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to Influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:	1	1		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mallings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
i Total. Add lines 1c through 1i	41			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	**			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(d	c)(5), or se	ection	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		Х
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), see		3		Х
answered "Yes."				
1 Dues, assessments and similar amounts from members	litical			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	illivai			
expenses for which the section 527(f) tax was paid).		2a		
a Current year				
b Carryover from last year				
c Total				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
expenditure next year?		5		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information			10.100	. P
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	oup list); Pan	r II-A, line 2; a	and Part II-E	s, line i
lso, complete this part for any additional information.				
ART I-A, LINE 1:				
EXPLANATION: THE ORGANIZATION SPONSORED TELEVISION	ADVERTI	SEMENT	S AND	
SENT MAILERS ADVOCATING THE ELECTION OR DEFEAT OF C	ANDIDA	ES FOR		
FEDERAL OFFICE.				
	0.1	tulo C (Form	. 000 00	0 EZ\ C

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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OMB No. 1545-0047

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Employer Identification number Name of the organization 26-0620554 AMERICAN FUTURE FUND Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions: (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) TWO RIVERS CAPITAL Yes No 80,000 DEVELOPMENT - 400 LOCUST ST. UNDRAISING X 6,342,399 6,262,399. 6,342,399. 80,000, 6, 262, 399,

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
FL	
_	
_	
_	
-	
_	9
-	

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 AMERICAN FUTURE FUND 26-0620554 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: __ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain: _

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 AMERICAN FUTURE FUND	26-0620554 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	:et
Name Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
A 15 IIV. III a base the second for a second but the second water by	int
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$	иц
c If "Yes," enter name and address of the third party:	
the rest, offer flame and address of the time party.	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	art III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	ons).
CONTROL OF THE TAXABLE OF THE OF THE STREET PATE TO THE PATE TO TH	Tanna
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF FUNDRAISER: TWO RIVERS CAPITAL DEVELOPMENT	
11) Millio OI 10Mbletibert. The Millio Chilities Divisioni	
(I) ADDRESS OF FUNDRAISER: 400 LOCUST ST. SUITE 330, DES MOI	NES, IA 50309
g	

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

▶ Information about Schedule I (Form 990) and its instructions is at www its goviform990. ▶ Attach to Form 990.

å 26-0620554 (h) Purpose of grant or assistance X Yes SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT BENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ö 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 120,000 294,000 100,000 (d) Amount of 164,067 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(4) 501(C)(4) 501(C)(3) Enter total number of other organizations listed in the line 1 table 52-1351785 26-2404352 27-3567814 46-0793813 General Information on Grants and Assistance (p) EIN AMERICAN FUTURE criteria used to award the grants or assistance? 1 (a) Name and address of organization ARIZONA PUBLIC INTEGRITY ALLIANCE COMPETITIVE ENTERPRISE INSTITUTE 3440 E. SOUTHERN AVE, UNIT 1100 SUITE 407 6750 WESTOWN PKWY, #200-158 1899 L ST., NW 12TH FLOOR IA 50266 DC 20036 110 MARYLAND AVE, NE, WASHINGTON, DC 20002 THE PROGRESS PROJECT WEST DES MOINES, MESA, AZ 85204 TECHFREEDOM WASHINGTON Part I Part II

Schedule I (Form 990) (2013)

Schedule | (Form 990) (2013) AMERICAN FUTURE FUND | Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III | Grants and Other Assistance to Individuals in the United States.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lir	ı ne 2, Part III, columr	(b), and any other a	dditional information.	
PART 1, LINE 2 - PROCEDURES FOR MONITORING	ONITORING	THE USE OF	F GRANT FU	FUNDS	
EXPLANATION: THE ORGANIZATION MAINTAINS		DOCUMENTATION	IN ITS	CORPORATE	
AND ACCOUNTING RECORDS REGARDING THE AMOUNTS OF GRANTS MADE TO	THE AMOUN	ITS OF GRAN	TE MADE TO		
ORGANIZATIONS, THE STATUS OF THOSE		ORGANIZATIONS, AN	AND THE APPR	APPROVAL OF	
GRANTS BY THE BOARD OF DIRECTORS.		AMERICAN FUTURE FUND	ND CAREFULLY	LY	
EVALUATES THE MISSIONS AND ACTIVITIES	OF	RECIPIENT C	ORGANIZATIONS	NS PRIOR	
TO MAKING ANY GRANTS TO ENSURE THAT FUNDS	AT FUNDS	ARE USED A	ARE USED APPRPRIATELY	Y AND IN	
A MANNER THAT IS CONSISTENT WITH	THE ORGAN	ORGANIZATION'S	TAX EXEMPT		
PURPOSES.					
332102 10-29-13		30			Schedule I (Form 990) (2013)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number 26-0620554 AMERICAN FUTURE FUND

1.4.1.1	(b) F	Relationship bet			ified	A Deceriation of	nna +4!-			(d) (Corre	cted
(a) Name of disqualified p	person	person and or	rganiz	ation	,,	c) Description of trai	isacuc)(1 		Ye	s	No
										-	\dashv	
										1	\dashv	
					76		_	_		_	_	
Enter the amount of tax section 4958	•	•	-					\$				
Enter the amount of tax,	if anv. on line 2.	above, reimburs	ed by	the or	ganization							
									*			
	d/or From Int											
, i	-				, Part V, line 38a or i	Form 990, Part IV, Iii	ne 26;	or if th	e orgai	nizatio	n	
reported an amo	(b) Relationship	, Part X, line 5, 6 (c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(a)	ln	(h) App by boa	roved	(i) W	/ritter
interested person	with organization	of loan		n the zation?	principal amount	(1) = 4.4.100 040	defa	ult?	commi	tee?	agree	ment
			То	From			Yes	No	Yes	No	Yes	No
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tal					> \$							
Part III Grants or As												
	organization ansv					(A) Toron		_	(-)	Duran		
(a) Name of interested	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistar				Purpo ssista		
		the organiza										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 26-0620554 AMERICAN FUTURE FUND FORM 990, PART I, LINE 6 EXPLANATION: VOLUNTEERS PERFORM SERVICES THAT ARE RELATED TO THE THEY ARE CLOSELY MONITORED BY ORGANIZATION'S EXEMPT PURPOSE. SUPERVISORS IN THEIR ACTIVITIES. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S DIRECTORS AND LEGAL COUNSEL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND ENFORCED BY THE DIRECTORS AT THE ANNUAL BOARD MEETING AND AS NEW TRANSACTIONS ARISE THAT MAY PRESENT A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE ORGANIZATION DOES NOT COMPENSATE OFFICERS AND IT DOES NOT HAVE EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON WRITTEN REQUEST TO THE ORGANIZATION. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING, MANAGEMENT, COMMUNICATIONS: PROGRAM SERVICE EXPENSES 2,530,873. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Name of the organization AMERICAN FUTURE FUND	Employer identification number 26-0620554
MANAGEMENT AND GENERAL EXPENSES	186,672.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,717,545.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 2,717,545.
	3.1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2013

Open to Public Inspection

Employer identification number 26-0620554

O. AMERICAN FUTURE FUND Direct controlling entity End-of-year assets (e) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37, o ▶Information about Schedule R (Form 990) and its instructions is at www its gov/form990 Total income 9 ▶ See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) OREGON ► Attach to Form 990. Primary activity AMERICAN FUTURE FUND CIVIC Name, address, and ElN (if applicable) LLC - 80-0834863 of disregarded entity 388 STATE STREET, SUITE 420 Name of the organization FRANKLIN SQUARED, 97301 Department of the Treasury Internal Revenue Service SALEM, OR Part

(g) Section 512(b)(13) controlled Š entity? Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling £ status (if section Public charity 501(c)(3)) Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Part II

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

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 AMERICAN FUTURE FUND

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

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Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Direct controlling entity	Direct controlling Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	

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

Schedule R (Form 990) 2013

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