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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u> </u>	or the 2011 c	alendar year, or tax year beginning , and ending			· · · · · · · · · · · · · · · · · · ·
L Ch	eck if applicable	C Name of organization		D Employer i	dentification number
Ac	ldress change	AMERICAN FUTURE FUND			
\ N	ame change	Doing Business As		26-0	620554
_	ū	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number
(n)	tial return	4225 FLEUR DRIVE, SUITE 142		<u>515</u> -'	720-5250
_] Te	erminated	City or town, state or country, and ZIP + 4			
Ar	mended return	DES MOINES IA 50312		G Gross receipts	\$ 2,608,34
_ 	oplication pending	F Name and address of principal officer	116.3		
۳ ر		Sandy Greiner, President	H(a) Is this a g	roup return for affilia	
		4225 Fleur Drive, Suite 142	H(b) Are all at	fillates included?	Yes
		Des Moines IA 50312	if "No	o," attach a list (se	e instructions)
т	ax-exempt status	501(c)(3) <b>X</b> 501(c) ( <b>4</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527			
٧	/ebsite. 🕨 👿	ww.americanfuturefund.com	H(c) Group ex	cemption number	<u> </u>
F	orm of organization	X Corporation Trust Association Other ► L Y	ear of formation 2	007 м	State of legal domicile
Pa	rt! Su	ımmary			
Т	1 Briefly de	escribe the organization's mission or most significant activities			
پو	Amer	ican Future Fund works to promote conservative fre	e-market	principle	es
Governance		he citizens of America.			
Ę		NOV 2 3 20	112		
١٥	2 Check th	is box > if the organization discontinued its operations or disposed of more than 25	of its net as	sets	
9	3 Number	of voting members of the governing body (Part VI, line 1a)	_ 181	3 3	3
Activities &	4 Number	of independent voting members of the governing body (Part VI-line		4 3	3
3	5 Total nui	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5 (	
5		mber of volunteers (estimate if necessary)		6 3	32350
٦	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	
	b Net unre	lated business taxable income from Form 990-T, line 34		7b	
T			Prior Ye		Current Year
ابو		tions and grants (Part VIII, line 1h)	23,26		2,588,92
Kevenue	•	service revenue (Part VIII, line 2g)	<del> </del>	0	<del></del>
<u> </u>		ent income (Part VIII, column (A), lines 3, 4, and 7d)	3	8,751	19,4
-	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
$\downarrow$	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,826	2,608,34
		nd similar amounts paid (Part IX, column (A), lines 1–3)	15	2,500	1,015,70
		paid to or for members (Part IX, column (A), line 4)		0	
န္မ		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
SE		onal fundraising fees (Part IX, column (A), line 11e)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<del>,</del>
Expenses	<b>b</b> Total fur	draising expenses (Part IX, column (D), line 25) ▶ 179,945	· · · · · · · · · · · · · · · · · · ·		<u> </u>
ш	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,590	2,621,70
Ì	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,090	3,637,40
_	19 Revenue	e less expenses Subtract line 18 from line 12		2,736	-1,029,12
10 c		Control (Double)	Beginning of Cu		End of Year
d Balances		sets (Part X, line 16)	4,08	7,576	1,658,45
달		polities (Part X, line 26)	2 60	7 576	1 650 41
		ets or fund balances Subtract line 21 from line 20	2,08	7,576	1,658,45
		gnature Block			Lades and the first
Un	der penalties of e_correct_end :	perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the b	oest ot my knowl de	eage and belief, it is
	2, 55561, 4.14	111.00 110		<u> </u>	
Sig	,   <b>)</b>	Signature of officer		Date	1 /
oig ter		Allison Kleis Servatour		111	15/12
ıeſ	-   <b>-</b>	Type or print name and title	<del> </del>		· <u> </u>
	Print/Tu	pe preparer's name Preparer's signature	Date	Check	K if PTIN
	.   '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	<b>-</b>
air	Depor	ah A. Kolarich, CPA Romals O. Kolarich, CPA		5/12 self-employ	P01421746 62-121041
	Jarer !	ame , Debolan A. Koldilch, CPA		Firm's EIN	07-171041
rep	FILLIST	2000 Boston Arc			
rep	Only	2908 Poston Ave		_,	:15_320_70
	Only Firm's a	. Marchard 1 a mm 27202		Phone no 6	X Yes N

			res	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			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 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 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III .	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
_	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, 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,"			v
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2, "	<u> </u>
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	1	•	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		ļ
	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 assistance to any	45	İ	<sub>~</sub>
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	l	<del>  ^</del>
17	Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u>''</u>	<del>                                     </del>	† <del></del>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	†	T
	If "Yes," complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Fo	m 99	0 (2011

Part IV	Checklist	of Required	1 Schedules	(continued)

				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States				
	on Part IX, column (A), line 27 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			Ì	1
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K If "No," go to line 25	•	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		├──
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		05.		v
	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				ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I		254		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		25b		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		20		<del> </del>
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ	
	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,		7	<del> </del>	77.
	Part IV instructions for applicable filling thresholds, conditions, and exceptions)				1 3 "
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	1	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	•		1	
	Schedule L, Part IV		28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c	<u> </u>	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,		1		
	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	<del> </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				٠,
	IV, and V, line 1	•	34	<del> </del>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	-	X
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				\ <b>.</b> _
••	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	<del> </del>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		30		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	+ 1 · · · · ·	36	<del> </del>	+
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 in Schedule O for Part VI, lines 11 and		<del>"</del>		† <del></del>
55	19? Note. All Form 990 filers are required to complete Schedule O		38	x	
		······································			0 (2011)
					,,

Pa	irt V. Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			П
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21		1777	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		:	3.4
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1.0
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<i>y</i>	
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," provide an explanation in 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 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	,	,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		١ ,	1 .
	and services provided to the payor?	7a		
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 to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year		,	
е	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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 and section 509(a)(3) supporting		2.0	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<b>P</b>		1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1.7		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	7 7		
а	Initiation fees and capital contributions included on Part VIII, line 12		ľ	1:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1. 1
11	Section 501(c)(12) organizations. Enter:	13		
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		'''	
13	Section 501(c)(29) qualified nonprofit health Insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	,	100	,
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	′
	the organization is licensed to issue qualified health plans		1 :	
С	Enter the amount of reserves on hand		1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	chedi	ıle	_
	O See instructions Check if Schedule O contains a response to any question 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  1a 3		136	16.1
	If there are material differences in voting rights among members of the governing body, or			· ·
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		٠.,	*
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 3		,	200
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		· · ,	12
	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	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		х
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	X	
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 in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de )		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	İ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	1
15	Did the process for determining compensation of the following persons include a review and approval by		7	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	12.2
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			7
16a				
	with a taxable entity during the year?	16a	<b>'</b>	x x
ь	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		100	
	organization's exempt status with respect to such arrangements?	16b	1	' '
Sec	tion C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None	·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
. •	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ American Future Fund 4225 Fleur Drive, Suite 142			
D		5-72	0 - 5	250

Form 990 (2011) <b>AMER</b>	ICAN	אווירווא	כומויד
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee (F) Name and Title Position Reportable Reportable Estimated Average hours per (do not check more than one compensation compensation from amount of box, unless person is both an other week (describe officer and a director/trustee) organizations compensation hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) related organization stitutional i and related organizations employee in Schedule organizations compensated 0) (1) Sandy Greiner 3.00 X 0 0 President X 0 (2) Barbara Smeltzer X X 0 0 0 Treasurer 0.50 (3) Allison Dorr Kleis 0 0.50 X X 0 0 Secretary (4) Darrell Kearney 0.50 X X 0 0 0 Secretary (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

t VII Section A. Officers	, 511000010, 110	3100	3, 10	by L	ııı pı	Jyco	3, ai	nd Highest Compensated	Linployees (continued)	
(A) Name and title	(B) Average hours per week			Pos check	ltion more			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations In Schedule O)	or director	tnstrtutional trustee	o Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		ļ	_	-						· · · · · · · · · · · · · · · · · · ·
			-							
		-	-	_	-	<del> </del>				
		<del> </del>				ļ				
		-	-							
		ļ		-	<u> </u>					
		-			-	-	<b> </b> -			
							-			
					-					
					<b>†</b>					
Sub-total		-l				1	<b>•</b>			
	ets to Part VII,	Sect	ion	A			<b>&gt;</b>			
			_	tho	se lis	sted	abov	re) who received more than	1 \$100,000 in	
employee on line 1a? If "Yes, For any Individual listed on lin organization and related orga individual	" complete Schene 1a, is the sum nizations greate	dule of ror tha	J fo epor n \$1	r sud table 50,0	ch in con 00?	dıvid npen If "Ye	ual satio es," i	on and other compensation complete Schedule J for su	from the	Yes No  3 X  4 X
									r individual	5 X
tion B. Independent Contrac	tors								45 6400 000	
compensation from the organ	uzation. Report o	comp	ens	inde ation	for	uent the c	alen	idar year ending with or wit	<u>hin the organization's tax y</u>	ear
					22	21				(C) Compensation
		A 2	222	205		21				886,536
entzer Media	3.00					0 F				
		2	21.	286		0 L				417,631
		A. !	503	309						395,000
							+			
									3	Form <b>990</b> (2011)
	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from Did the organization list any femployee on line 1a? If "Yes, For any Individual listed on line organization and related organization and related organization and related organization and related organization and related organization and related organization for services rendered to the control of t	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization greate individual Did any person listed on line 1a, is the sum organization and related organizations greate individual Did any person listed on line 1a receive or actor services rendered to the organization? If "Stion B. Independent Contractors Complete this table for your five highest compompensation from the organization. Report of the compensation from the organization of the compensation from the organization.	Sub-total Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) Total number of individuals (including but not limit reportable compensation from the organization) For any Individual listed on line 1a, is the sum of reganization and related organization and related organization? For any Individual listed on line 1a, is the sum of reganization and related organization and related organization? If "Yes," complete Schedule For any Individual listed on line 1a, is the sum of reganization and related organizations. Report complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? Report compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," complete this table for your five highest compensation from the organization? If "Yes," table the provided of the provide	Sub-total  Total from continuation sheets to Part VII, Section Total from continuation sheets to Part VII, Section Total from continuation sheets to Part VII, Section Total from continuation sheets to Part VII, Section Total from continuation sheets to Part VII, Section Total from continuation sheets to Part VII, Section Total number of individuals (including but not limited to reportable compensation from the organization ▶ 0  Did the organization list any former officer, director, or employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of repor organization and related organizations greater than \$1 individual Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If "Yes," continuation from the organization? Report compens to the organization Report compens (A) Name and business address  Complete this table for your five highest compensated compensation from the organization. Report compens (A) Name and business address  CKenna & Associates  Tington VA 222  Total number of independent contractors (including but to the property of the property compens (A) Name and business address  Tington VA 222  Total number of independent contractors (including but to the property compens (A)  Total number of independent contractors (including but to the property compens (A)  Total number of independent contractors (including but to the property compens (II)  Total number of independent contractors (including but to the property compens (II)  Total number of independent contractors (including but to the property compens (II)	Name and title  Name and titl	Name and title    Average hours per week (describe hours for related organizations in Schedule   S	(a) Name and title  Name and	Average house per house pe	(e)   Answering   (A) Name and tille    A) Name and tille   A) Name and tille   A) Name and tille   A) Name and tille   A) Name and tille   A)   A)   A)   A)   A)   A)   A)   A)	

Pa	rt VI	Statement of Reve	nue		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
	s					(A) Total revenue	(B) Related or exempt function	(C) Unrelated businese revenue	(D) Revenue excluded from tax under sections
SS		Fate was to	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	,	teAeune	<del></del>	512, 513, or 514
Ta		Federated campaigns	1a			2932 150	3 × 4 6 3	1/2	,
5	b	Membership dues	1b					1 1 2/2 1	1. 16 1. 1. 1. 1.
A,t	C	Fundraising events	1c			Literary Car	6	and the state of	
	d	Related organizations	1d					"	
S,E	е	Government grants (contributions)	1e			Company of the State of the Sta			
Pis		All other contributions, gifts, grants,							
훒	•	and similar amounts not included above	1f	2.5	588,927				
걸리	_				300,32,	11 64 15	,		
등	_	Noncash contributions included in lines 1a-	11.	\$		23 1 10			
OB	h	Total. Add lines 1a-1f		<del></del>		2,588,927	arran and and a same		
흴				]	Busn Code	3	Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11/4 1 1 1
, ke	2a								
8	b	·		ĺ					
_ဋ္ဌ	С								
٥	d	•		Ī		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
E	-	• •		ļ					
Program Service Revenue Contributions, Gifts, Grants	e	All ather persons a sure of		,			<del> </del>		
ĕ		All other program service reve	nue	i			<del>2. m. m. m. m. m. m. m. m. m. m. m. m. m.</del>	<del> </del>	<del></del>
-	В	Total. Add lines 2a-2f	······································	<del></del> .	<u> </u>		<u> </u>	<u> </u>	<u> </u>
- 1	3	Investment income (including	divide	nds, interes	st,		1		
		and other similar amounts)			<b>&gt;</b>	19,414			19,414
	4	Income from investment of tax	-exen	npt bond pr	oceeds 🕨				
	5	Royalties			<b>&gt;</b>				
		(i) Real		(u) Pe	ersonal	37.			,
	6a	Gross rents		<del> </del>					11 5 7 1 1 1 5 5
		<del></del>		<del> </del>	-	1 1 1 1 1	4 4 4	2 , 2 C	
	b	Less rental exps		<del> </del>		Carlo Territ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20 00 00 00
	С	Rental inc or (loss)		i		122 2 1 1 1		25 2 1 1 1 2	· '*
	ď	Net rental income or (loss)		<del></del>		<del> </del>	,		
	1 a	Gross amount from (i) Securities		(ii)	Other		1. 1. 16 1. 16	1 1 1 1 1 1	
		other than inventory		L					
	b	Less cost or other				33	1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 14 14
		basis & sales exps					13 13 13		
	_	Gain or (loss)					10 11 11 11 12 1	1 1 1 1 1 1 1 1	
		` ' <del>L</del>				1 12 18 27 1 1		1 1 1 1 1 1 1 1 1	
		Net gain or (loss)				<del>my ny many man</del>	<del></del>		
ne	ða	Gross income from fundraising eve	nis			14. 15 May 18 18 18 18 18 18 18 18 18 18 18 18 18			
eu		(not including \$				Fr. 200 . 355			<b>!</b>
Revenue		of contributions reported on line 1c	)			トタンスタムし音	1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		See Part IV, line 18	а			1.8 5 (S.J.) (C.)	1 7/3 / 1/2		
Other	b	Less direct expenses	b	L	<u> </u>	100 thur 1/4	联系 化气料	132 1 61	1. 2. 3.
0	С	Net income or (loss) from fund	draisin	g events	<b>•</b>		ka in in in	1	
		Gross income from gaming activitie				7777 T	144	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	1 10 10 10 10 10 10 10 10 10 10 10 10 10
		See Part IV, line 19	a	.]		Dien C		1 3 1 Sec. 10	1 1 1 1 1 1 1 1 1 1 1
	L	Less direct expenses	b			137 28 22 27	March Broken	12 / 1 . 2	
				·		1000		'. "	
		Net income or (loss) from gan		ctivities	<u> </u>	<del></del>	<del> </del>	<del> </del>	<del></del>
	10a	Gross sales of inventory, less							
		returns and allowances	a	·			1.8		
	b	Less cost of goods sold	b	ــــــا۰		126 128 12 B	130 35 100	13 77 Sec. 5 1	1 13 11/11 1
	_ c	Net income or (loss) from sale	es of I	nventory	<b>&gt;</b>				
		Miscellaneous Revenue			Busn Code	7 7 7		, , , , ,	
	11a					1 ′′ ′ ′′		1 ' '	ľ ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	b			•	<del></del>	<del> </del>	<b>†</b>	<u> </u>	<u> </u>
				•		<u> </u>	<del>                                     </del>		<del> </del>
	C					<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>
	ď							828	
	е	Total. Add lines 11a-11d			<b>&gt;</b>		<u> </u>	133 KW 21 K	<u> </u>
	12	Total revenue. See Instruction	ns			2,608,341	i.	<u> </u>	19,414

### 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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response	to any question in this Pai	rt IX		
	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				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	organizations in the U.S. See Part IV, line 21	1,015,700	1,015,700		1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	<del></del>
_	the U.S. See Part IV, line 22				S NOW THE
3	Grants and other assistance to governments,		······································	<del>ijiran yang kang kang kang kang kang kang kang k</del>	<del></del>
_	organizations, and individuals outside the			Buck Oak	1 4 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	U S See Part IV, lines 15 and 16	1			
4	Benefits paid to or for members				
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				<del></del>
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	71,792	67,824	3,174	794
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		\$ 1 × 1 × 1	5 5 77 77	
f	Investment management fees				
g	Other	702,672	499,387	27,884	175,401
12	Advertising and promotion	135,000	135,000		
13	Office expenses	1,914	763	1,151	
14	Information technology	25,000	25,000		<del></del>
15	Royalties				
16	Occupancy	30,000	22,500	3,750	3,750
17	Travel	22,641	22,641		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,025	9,025		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		1	23	
	above. (List miscellaneous expenses in line 24e. If	1 1 1 1 1 1 1 1 1 1	14 6 4 4 4		14 / 1
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		in a communication	(2	Language Company of the Company of t
а	Telecommunications	933,534	933,534		
b	Production & Writing	467,607	467,607		
c	Surveys & Research	168,350	168,350		
d	Program Supplies & Expens	24,682	24,682		
е	All other expenses	29,545		13,568	
25	Total functional expenses. Add lines 1 through 24e	3,637,462	3,407,990		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Pa	ırt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		2,682,576	1	1,658,455
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, t	rustees, key		7	
		employees, and highest compensated employees. Comp Schedule L.	olete Part II of		5	
	6	Receivables from other disqualified persons (as defined	under section		. 7 %	, , , , ,
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		- <b>k</b> 440 x 3 x 3 t	-	
		employers and sponsoring organizations of section 501(	<del>-</del>			
ß		employees' beneficiary organizations (see instructions)	-		6	
Assets	7	Notes and loans receivable, net	•		7	
¥	8	Inventories for sale or use	•		8	
1	9	Prepaid expenses and deferred charges	•	5,000	9	<del></del>
	10a	Land, buildings, and equipment cost or	[ ] '		,	4 1 2 2 3 3
l		other basis. Complete Part VI of Schedule D	10a			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	b	Less accumulated depreciation	10b	<b>T</b>	10c	<i>n</i> , <i>i</i>
	11	Investments—publicly traded securities	<u> </u>		11	
İ	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		<del></del>	14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34			16	1,658,455
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	<del> </del>
	19	Deferred revenue			19	
Ì	20	Tax-exempt bond liabilities	•		20	
	21	Escrow or custodial account liability Complete Part IV o	f Schedule D		21	
<b>ω</b>	22	Payables to current and former officers, directors, truste			- <del></del>	C 202
Liabilities		employees, highest compensated employees, and disqu	· · · · · ·			P 324 1 1 5 5 8
īg		Complete Part II of Schedule L	oca por sonic		22	r de en
Lia	23	Secured mortgages and notes payable to unrelated third	t narties		23	<del></del> -
	24	Unsecured notes and loans payable to unrelated third pa	•		24	<del></del>
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24)				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	•	0	26	0
_	_ <del></del> _	Organizations that follow SFAS 117, check here ►X	and complete		77	100 100 100 100 100 100 100 100 100 100
es		lines 27 through 29, and lines 33 and 34.	T = a a=taraga			
Ž	27	Unrestricted net assets		2,687,576	27	1,658,455
3ala	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets	• • • • • • • • • • • • • • • • • • •		29	
Ę	-	Organizations that do not follow SFAS 117, check he	ere 🖊 🗀 and		<del></del>	
٥		complete lines 30 through 34.				
Sts	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	-	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances	, value lunius	2,687,576	33	1,658,455
	34	Total habilities and net assets/fund balances		2,687,576	34	1,658,455
	34	Total navinties and het assets/fully balances	· · · · · · · · · · · · · · · · · · ·	2,007,370	34	1,030,433

Form	n 990 (2011) · AMERICAN FUTURE FUND 26-0	0620554		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	08.	341
2	Total expenses (must equal Part IX, column (A), line 25)	2		37,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87,	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line	33,			
	column (B))	6	1,6	58,	455
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{X}$
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Oth	ier			
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain in			1 13
	Schedule O				. ·
2a	Were the organization's financial statements compiled or reviewed by an independent account	ant?	2a	ļ !	X
b	Were the organization's financial statements audited by an independent accountant?	·	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight	,		
	of the audit, review, or compilation of its financial statements and selection of an independent	accountant?	2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax yea	r, explain in			
	Schedule O				'
d	I if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the	year were		1	2 ^
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ľ,		
3a	<ul> <li>As a result of a federal award, was the organization required to undergo an audit or audits as s</li> </ul>	et forth in			
	the Single Audit Act and OMB Circular A-133?		3a	<del> </del>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	ndergo the			
	required audit or guidte, explain why in Schedule O and describe any stens taken to undergo s	auch audite	3h	1	1

Form **990** (2011)

#### SCHEDULE C. (Form 990 or 990-EZ)

#### **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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes" to Form 990, Part IV, Ilne 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III

Nam	e of organization AMERICAN FUTURE FUND			Employer identification 26 - 06205!	54
Par	t I-A: Complete if the organization is exem	pt under section 501(c)	or is a section	n 527 organizatio	n
1	Provide a description of the organization's direct and indire	ct political campaign activities	ın Part IV		
2	Political expenditures			, ▶\$	12,430
3	Volunteer hours			. 5	0
Par	t i-B Complete if the organization is exem	pt under section 501(c	)(3).	· · · · · · · · · · · · · · · · · · ·	
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955	,	<b>▶</b> \$ , ,	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	, ▶\$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?	,			Yes No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exem	pt under section 501(c	), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities		1	▶ \$	12,430
2	Enter the amount of the filling organization's funds contribu	ted to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ent	ter here and on Form 1120-PO	L,		
	line 17b			▶ \$	12,430
4	Did the filing organization file Form 1120-POL for this year			•	X Yes No
5	Enter the names, addresses and employer identification no				
	organization made payments. For each organization listed	, enter the amount paid from th	ie filing organizatioi	n's funds Also enter	
	the amount of political contributions received that were pro-	• •		-	
	as a separate segregated fund or a political action commit	tee (PAC) If additional space i	s needed, provide i	nformation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds if none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)	Marketing Disbursements				
				12,430	<del></del>
(2)					
			ļ <u>.</u>		
(3)					
(4)			1		
			-		. <u></u>
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2011 AMER	ICAN FUTURE	FUND		26	-0620554		Page <b>2</b>
Part II-A Complete if the orga	nization is exempt	under section 5	01(c)(3) an	d filed F	orm 5768 (e	lection unde	
section 501(h)).							
	ation belongs to an a					oup member's	S
· · · · · · · · · · · · · · · · · · ·	N, expenses, and sh		, , ,	,			
B Check ▶ ☐ if the filing organize	ation checked box A	and "limited con	trol" provisio	ns apply	·		
	obbying Expendite				a) Filing	(b) Affiliate	
(The term "expenditures				organi	zation's totals	group total	6
1a Total lobbying expenditures to influence							
b Total lobbying expenditures to influence		ct lobbying)			·		<del></del>
c Total lobbying expenditures (add lines	1a and 1b)	,		,			
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (ad	·					ļ	
f Lobbying nontaxable amount Enter the	amount from the followi	ng table in both					
columns			<del></del>			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>,,,</del>
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable	le amount is:		23		1.5 (1)	
Not over \$500,000	20% of the amount on lin			1 7 7 7			1. 17. 19
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the			1 . 12		10 / A	1.14
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the				1.00		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,000		A 141,			
Over \$17,000,000	\$1,000,000					<u> </u>	<u></u>
g Grassroots nontaxable amount (enter 2	•				·	<del> </del>	
h Subtract line 1g from line 1a If zero or							
i Subtract line 1f from line 1c. If zero or l	•		:la Farra 4700			l	
j If there is an amount other than zero or		did the organization t	lie Form 4/20			□ v	[ ] No
reporting section 4911 tax for this year	<u> </u>			<del></del>		Yes	No
	4-Year Averagin						
(Some organizations t						the five	
columns l	pelow. See the inst	ructions for line	s 2a throug	h 2f on	page 4.)		
Lo	bbying Expenditu	res During 4-Yea	r Averagin	g Period			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 201	0	(d) 2011	(e) To	otal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount	7777 3 7773	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	,	<del></del>	<del></del>		
(150% of line 2a, column(e))			1				
c Total lobbying expenditures							
Star 1995ying exportances	<u> </u>						<u></u>
d Grassroots nontaxable amount				<u> </u>	<del> </del>		40
e Grassroots ceiling amount				. '4		.	
(150% of line 2d, column (e))			1	<u> </u>	<u> </u>		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2011

26-0620554

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	OT filed	Forn	n 5768		
For each "Ve	" response to lines 1a through 1i below, provide in Part IV a detailed description	(;	3)		(b)	
of the lobbyin	- · · · · · · · · · · · · · · · · · · ·	Yes	No		Amou	ınt
legislatio	e year, did the filing organization attempt to influence foreign, national, state or local n, including any attempt to influence public opinion on a legislative matter or m, through the use of.		\$ 7 P			
c Media ad d Mailings e Publication	or management (include compensation in expenses reported on lines 1c through 1i)? vertisements? o members, legislators, or the public? ons, or published or broadcast statements? other organizations for lobbying purposes?				15.	200 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13
g Direct co h Rallies, o i Other ac	ntact with legislators, their staffs, government officials, or a legislative body? emonstrations, seminars, conventions, speeches, lectures, or any similar means? invities?					
2a Did the a	d lines 1c through 1i				<del>.,,,,,,,</del>	
c If "Yes," d If the filin	enter the amount of any tax incurred under section 4912 Inter the amount of any tax incurred by organization managers under section 4912 In organization incurred a section 4912 tax, did it file Form 4720 for this year?		;;	7		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5),	or s	ection		
2 Did the c	ostantially all (90% or more) dues received nondeductible by members? rganization make only in-house lobbying expenditures of \$2,000 or less?			. [	1 2	Yes No X X
Part III-B	rganization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' answered "Yes."				3   , line	3, is
-	sessments and similar amounts from members		1			
	62(e) nondeductible lobbying and political expenditures (do not include amounts of			l		
=	expenses for which the section 527(f) tax was paid).					
a Current	•		2a	<del> </del>		
	r from last year		2b			
c Total	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3	<del> </del>		
	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•				
excess o	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying cal expenditure next year?		4			
•	amount of lobbying and political expenditures (see instructions)		5	<del>                                     </del>		
Part IV	Supplemental Information	<del></del>	<del></del>	<u> </u>		-
	part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A,	and Part I	I-B, lın	e		
	ete this part for any additional information.		·			
	le C, Part I-A, Line 1		i			
T	he Organization engaged in certain disbursements	repor	rtak	ole t	o t	he

Federal Election Commission relative to a number of federal candidates.

Schedule C (Form 990 or 990-EZ) 2011	AMERICAN FUTURE	FUND		26-0620554	Page <b>4</b>
Part IV : Supplement	al Information (continued)				
,		,		•	
	•			•	
•			i i		•
			**		
•	•		•		
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			•		•
	,				
•				•••	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

AI	MERICAN FUTURE FUND		26-0620554	
	rt 1 Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	<del></del>	te if the
	organization answered "Yes" to Form 990, Part I		,	
		(a) Donor advised funds	(b) Funds and other	er accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			·
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	it the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	_	_	
	only for charitable purposes and not for the benefit of the donor or don	• •		
	conferring impermissible private benefit?		[	Yes No
Pa	rt II Conservation Easements. Complete if the orga	inization answered "Yes" to Form	990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area	
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		<del></del>	
			Held at the E	nd of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	eluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	/06, and not on a	1 1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiza	tion during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	Г	
_	violations, and enforcement of the conservation easements it holds?		L	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	concentration excements during the year		
′	S	conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	the regulrements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?		ſ	Yes No
9	In Part XIV, describe how the organization reports conservation easer	nents in its revenue and expense stateme	nt. and	
•	balance sheet, and include, if applicable, the text of the footnote to the	•		
	organization's accounting for conservation easements			
P	art III Organizations Maintaining Collections of Art		Similar Assets.	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of	
	public service, provide, in Part XIV, the text of the footnote to its finan			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),			
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	•
	(ii) Assets included in Form 990, Part X		▶ \$	•
2	If the organization received or held works of art, historical treasures, of	- · · · · · · · · · · · · · · · · · · ·	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958	) relating to these items:	<b>.</b> -	
	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
h	Assets included in Form 990, Part X		<b>&gt;</b> \$	

	dule D (Form 990) 2011 AMERICAN	FUTURE FU	ND			<u> 26-0</u>	620554	Page 2
Pa	式間 Organizations Maintainin	g Collections of	Art, Histori	cal Tr	easures,	or Othe	r Similar Asset	s (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	ion, and other record	s, check any of	the foll	owing that ar	e a signifi	cant use of its	
а	Public exhibition	d 🗍	Loan or exchan	ge prog	grams			
b	Scholarly research	e	Other		•			
С	Preservation for future generations						•	
4	Provide a description of the organization's continuous	ollections and explain	n how they furth	er the c	organization's	s exempt į	ourpose in Part	
	XIV						·	
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasur	es, or other s	sımılar		
	assets to be sold to raise funds rather than t	o be maintained as p	oart of the organ	izatıon'	's collection?	•		Yes No
Pa	# IV Escrow and Custodial Ar	rangements. Co	mplete if the	organ	ization and	swered '	"Yes" to Form 99	90, Part IV,
	line 9, or reported an amou	nt on Form 990,	Part X, line 2	1				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribu	tions o	r other asset	s not		
	included on Form 990, Part X?						•	Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table					
								Amount
C	Beginning balance	, ,,					1c	······································
d	Additions during the year						. 1d	
е	Distributions during the year						1e	
f	Ending balance						. <u>1f</u>	
	Did the organization include an amount on F	·	21?					Yes No
	If "Yes," explain the arrangement in Part XIV		·····					
Pa	rt V Endowment Funds. Comp	lete if the organi	zation answe	red "\	es" to For	m 990,	Part IV, line 10	
	<u> </u>	(a) Current year	(b) Prior ye	ar	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	<del></del>			<del></del>			
b	Contributions				<del></del>			
C	Net investment earnings, gains, and		1					
	losses							- Limited and the second
	Grants or scholarships							
е	Other expenditures for facilities and							1. 1. 1. 1. 1. 1.
	programs							31, 11, 11, 13, 1
f	Administrative expenses		<del></del>					- Marine Marine
9	End of year balance	······································	<u> </u>					<u> </u>
2	Provide the estimated percentage of the cur		æ (line 1g, colur	nn (a))	held as			
а	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
_	The percentages in lines 2a, 2b, and 2c sho	-						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	ld and	administered	for the		[1
	organization by							Yes No
	(i) unrelated organizations						•	3a(ı)
	(ii) related organizations					•		3a(li)
	If "Yes" to 3a(ii), are the related organization	•						3b
4	Describe in Part XIV the intended uses of the inten	<del></del>		V line	10			,
_ F-6					ther basis	4-1.4		(d) Dealers I
	Description of property	(a) Cost or other (investment)	' '	othe)			Accumulated epreciation	(d) Book value
4-	Land	(mirosurierit)	<u> </u>	(0016	,	ue.	predation	
	Land .		<del></del>			<del></del>		
	Buildings	ļ		-				
	Leasehold improvements							
	Equipment		<del> </del>					
	Other	ogual Form 000 Da	t V . column (D)	line 40				
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Pai	LA, column (B),	iine 10	J(C) )	<u></u>	<u></u>	

Part VII	Investments—Other Securities. See Form 990	Part X. line 12	ZU-UUZUJJI Page 3
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		,
(2) Closely-h	eld equity interests		
(3) Other			
(A)	•		
(B)	•		
(C)	•		
(D)	•		
(E)	·		
(F)	, ,		
(G)	• • •		
(H)			
(I)	•		
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments—Program Related. See Form 99	0, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)		_	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets. See Form 990, Part X, line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X	Other Liabilities. See Form 990, Part X, line 25		
1.	(a) Description of liability	(b) Book value	
(1) Federa	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
	in (b) must equal Form 990, Part X, col (B) line 25)		
	SC 740) Footnote In Part XIV, provide the text of the footnote t	o the organization's fina	ncial statements that reports the
	liability for uncertain tax positions under FIN 48 (ASC 740).		

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV - Supplemental Financial Information

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

The Organization's financial statements are currently being audited by an independent accountant. However, the audit will not be complete by the due date for filing the Form 990. Upon receiving the audited financial statements, Page 4 of Schedule D will be reviewed to determine if additional information needs to be provided to the Internal Revenue Service.

3,637,462

b Other (Describe in Part XIV)c Add lines 4a and 4b

Part XIV Supplemental Information

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

General Information on Grants and Assistance

Parti

AMERICAN FUTURE FUND

OMB No 1545-0047

Open to Public Inspection 2011

> Employer identification number 26-0620554

**2** □ Schedule I (Form 990) (2011) Program Services Program Services Program Services Program Services Program Services (h) Purpose of grant High Tech Forum or assistance X Yes to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" (1 4 non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 203,700 40,000 102,500 270,000 300,000 97,500 the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV Control of Cont (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(c) (c) IRC section f applicable 501 (c) 501 (c) 501(c) 501 (c) Part II can be duplicated if additional space is needed (p) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations listed in the line 1 table 50312 17013 58501 22309 VA 22182 VA 22207 (a) Name and address of organization 4225 Fleur Drive, Suite 134 8320 Old Courthouse Road IA B PA (4) Invest In North Dakota (1) Iowa Progress Project 8519 Bound Brook Lane 314 E. Thayer Avenue (2) All Votes Matter 417 South Street 4118 Lee Highway (5) MediaFreedom.org (3) Digital Society (6) The MITA Group Alexandria Des Moines Arlington Carlisle Bismarck Vienna 2 ~ 6 8 6

Schedule I (Form 990) (2011) AMERICAN FUTURE FUND

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 can be duplicated if additional space is needed Part III

	(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)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
- 6						
9 4						
LG						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to	plete this part to prov	ide the information re	equired in Part I, line	provide the information required in Part I, line 2, and any other additional information.	information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

:

Organization researches organizations that receive grants and

continues to monitor their activities through all available public records.

¥

#### SCHEDULE O.

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service
Name of the organization

AMERICAN FUTURE FUND

Employer Identification number 26-0620554

Form 990, Part I, Line 6

Volunteers perform services that are related to the Organization's exempt purpose. They are closely monitored by supervisors in their activities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is prepared by an independent certified public accountant. During the preparation & review of the return, the accountant consults with management and attorneys in regard to the information being provided on the Form 990. After an extensive preparation & review process, the Form 990 is presented to the governing body for review.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The written conflict of interest policy is reviewed by officers and directors on an annual basis.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The organization does not compensate officers or directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The organization does not compensate officers nor does it have employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Forms available for public inspection are made available upon request.

AMERICAN FUTURE FUND

Employer identification number 26-0620554

Form 990, Part XII, Line 2c - Change in Financial Review Process

The organization's financial statements are currently being audited by an independent accountant. However, the audit will not be complete by the due date of filing the Form 990. The independent accountant preparing the Form 990 along with independent attorneys & management assume responsibility for the oversight of the audit.

Form 8868 (R	ev. 1-2012)					Page 2
If you are	filing for an Additional (Not Automatic) 3-Month Ex	ktension, co	mplete only Part II and check this box	:	_	► X
•	mplete Part II if you have already been granted an au		, ,	m 8868	•	_
<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month Ex	<u>xtension</u>				
			Enter filer	<u>Identifyi</u>	ng number, see	instructions
Type or	Name of exempt organization or other filer, see ins	structions.		Employ	er identification nun	nber (EIN) or
print	AMEDICAN ELECTRE BIRTO			FF 0.5	0600554	
File by the	AMERICAN FUTURE FUND	<del></del>			-0620554	
due date for	Number, street, and room or suite no If a P O. box 4225 FLEUR DRIVE, SUITE	•	ctions.	Social	secunty number (SS	N)
filing your return See	City, town or post office, state, and ZIP code. For		cation for each return)  pplication s For  com 1041-A com 4720 com 5227 com 6069			
instructions	The state of the s	50312	•			
	Dao norman	1 30312			<del></del>	
Enter the Ret	urn code for the return that this application is for (file	a separate a	polication for each return)			01
				• • •		( <u></u>
Application	1	Return	Application			Return
<u>Is For</u>		Code	ls For			Code
Form 990		01	July Burger & Garage	1357		
Form 990-E	BL	02	Form 1041-A			- 08
Form 990-E	<u> </u>	01	Form 4720			09
Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069						10
Form 990-T (sec 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870						11
						12
STOPI Do no	ot complete Part II if you were not already granted	an automat	tic 3-month extension on a previousi	y filed Fo	rm 8868.	
for the whole  list with the n  4 I reque  5 For calc  6 If the te  7 State in	ames and EINs of all members the extension is for.  st an additional 3-month extension of time until 11 endar year 2011, or other tax year beginning ax year entered in line 5 is for less than 12 months, cl change in accounting period a detail why you need the extension	rt of the grou /15/12 g heck reason.	p, check this box  and  and  and  and  initial return  Final return	attach a		
cowi	itional time is needed to plete and accurate tax ret	urn.		hich	to prepa	re a
_	application is for Form 990-BL, 990-PF, 990-T, 4720, undable credits. See instructions.	or 6069, ent	er the tentative tax, less any	8a	\$	<del></del>
	application is for Form 990-PF, 990-T, 4720, or 6069,	-			\$	
	ted tax payments made Include any prior year overp	ayment allov	ved as a credit and any	F	1.	
	t paid previously with Form 8868			8b	<del>  \$</del>	
	ce due. Subtract line 8b from line 8a Include your pa onic Federal Tax Payment System). See instructions		nis form, if required, by using EF IPS	8c	5	
			int he completed for Deat II			
	signature and verifi les of perjury, I declare that I have examined this form nd belief, it is true, correct, and complete, and that I a	m, including		•	the best of my	
Signature >	Salmed a. Kelaic)		tite ▶ CPA			8/07/12
	•				Form 88	68 (Rev 1-2012)

(Rev. January 2012)

#### Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Type or Employer identification number (EIN) or print AMERICAN FUTURE FUND X 26-0620554 File by the due date for Number, street, and room or suite no. If a P O box, see instructions. Social security number (SSN) filing your 4225 FLEUR DRIVE, SUITE 142 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions, instructions DES MOINES IA 50312 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 01 ٥7 Form 990-BL Form 1041-A Form 990-E2 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 American Future Fund 4225 Fleur Drive, Suite 142 The books are in the care of ▶ DES MOINES 50312 Telephone No ► 515-720-5250 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/12, to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2011 or ► | tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason. Initial return 2 Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions