# **Short Form**

OMB No. 1545-0047 2022

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form, as it may be made public.

**Open to Public** 

A For the 2022 calendary year, or tax year beginning       10(01/2022       and ending       09/30/2023         Detext is appriciste       O Name of organization       D Employment Methodical International Control (Control (Contro) (Contro) (C	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.						Inspection		
B       Other angleastic       C       Namber and street of PIOL Sox if mail is not delivered to street address)       D Employer identification number         Prior and street of PIOL Sox if mail is not delivered to street address)       Room/fuulte       E Telephone number         Prior and street of PIOL Sox if mail is not delivered to street address)       Room/fuulte       E Telephone number         Other and street of PIOL Soc Soc       DES MOINES, IA S0303       F Group Exemption         Number and street of PIOL Soc Soc       DES MOINES, IA S0303       P OF Soc         Other addressing and the Soc       Des MOINES, IA S0303       P Of Cock       F Group Exemption         Number and street of PIOL Soc       Des MOINES, IA S0303       Des MOINES, IA S0303       P Of Cock       F Group Exemption         Number and street of PIOL Soc       Des MOINES, IA S0303       Description II (The organization is not received).       P OF Cock       F Group Soc       P OF Cock         Vehalts:       HTTPS://WWW.INVESTING/NUMFUTURE.OR/C       Use Soc       Street of the description of runt       Association       Other       Street of Soc	AF	A For the 2022 calendar year, or tax year beginning 10/01/2022 and ending 00				09	/30/20	23	_
Image         Image         Number and street of P.O. Dox if mail is not delivered to street address)         Romminuter         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room of againzation used of more time for anti-stress         It is an anti-stress         It is anti-stress <th< td=""><td>Bc</td><td>heck if ap</td><td>oplicable:</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Bc	heck if ap	oplicable:						
Image         Image         Number and street of P.O. Dox if mail is not delivered to street address)         Romminuter         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room/suite         For anti-stress         State of P.O. Dox if mail is not delivered to street address)         Room of againzation used of more time for anti-stress         It is an anti-stress         It is anti-stress <th< td=""><td></td><td>Address c</td><td>change</td><td colspan="3"></td><td colspan="3">27-3864691</td></th<>		Address c	change				27-3864691		
Instantionmentation         DV BDA 652         D15-94/1422           Amendation precising         DCS MONES, IA 50303         F Group Exemption           Analysian precising         DCS MONES, IA 50303         H Check II the organization is not required to attach Schedule B           Coccurring Montherd:         DC Sat MONES, IA 50303         H Check II the organization is not required to attach Schedule B           I are exempl status (heck only one)         DC So for provide to attach Schedule B         Form of organization:         Corporting Monther Monther Schedule B           I are exempl status (heck only one)         DC for provide to attach Schedule B         Form of organization used Schedule D to respond to any question in this Part I         S 100.337           Part II, columned Biar 8300,000 or more, the Form 990-EX         1         S 100.337         S 100.337           Part II, columned Biar 8300,000 or more, the Form 990-EX         1         93.010         2         Program service revenue including government fees and contracts         3         0           1         Contributions, gifts, grants, and sales expenses         5b         0         5c         0           5         Gross income from gaming (attach Schedule G if greater than stisto.000         0         o of contributions from control service reverse of the run structure service reverse of the rundraising events         6d         0         0           6 <td></td> <td></td> <td>-</td> <td></td> <td>Room/suite</td> <td>E Telep</td> <td></td> <td></td> <td></td>			-		Room/suite	E Telep			
Participation       City or tww, state or province, country, and ZP or foreign postal code       F Group Exemption         Anamode relation       DES MOINES, IA 50303       Number         C Accounting Wethod:       C Cash       Account       Method:       C Cash         1 Website:       HTTPS://WWW.INVESTINGIANNYFUTURE_ORG/       H Check if the organization is not required to attach Schedule B       (mm 990).         K Form of organization:       C Corporation       Trust       Association       Other         2 Add lines 50, cond 7b to line 9 to determine proses receipts.       Association       Other       \$ 100.337         Charle, if the organization used Schedule O to respond to any question in this Part I       .       .       .         1 Contributions, gifts, grants, and similar amounts received.       1       2.       5,740         3 Membership dues and assessments       .       .       .       .       .         6 Gaming and fundraising events       .       .       .       .       .       .       .         6 Gross income from fundraising events       .       .       .       .       .       .       .         6 Gross income form fundraising events       .       .       .       .       .       .       .       .       .       . <td><u> </u></td> <td>nitial retu</td> <td>rn</td> <td></td> <td></td> <td colspan="3"></td> <td></td>	<u> </u>	nitial retu	rn						
Operation       DES MOINES, IA 50303       Number         © Accounting Method:       © Cash       Accrual       Other (specify):       I       I       If the organization is not required to attach Schedule B (form 990).         If Accutation provided in the Status (check only one)       © B01(e)(2)       © B01(e)(2)       @ B01(e)(2)       B01(e)(2)       @ B01(e)(2)       @ B						F Grou			
G Accounting Method:       Cash       Aconual       Other (specify):       H       H Check       if the organization is not required to attach Schedule B         I Webstie:       HTTPS://WWW.INVESTINGIAWY/FUTURE.ORG/       H       Check       if the organization is not required to attach Schedule B         I accessengi table (incheck on emposition)       Organization:       Corporation       Trust       Association       Other:         L Add lines 50, cand 7 to filme 9 to determine gross receipts. If gross receipts at gross receipts. If g							•	mption	
U Website:         HTTPS://WWW.INVESTING/IMMYFUTURECORC/         required to attach Schedule B           J Tax-exempt status (check only one) - [ \$ 501(c)( ] (solic)   (aset no.)         4947(a)(1) or [ 527         Form of organization:         Corporation         Trust         Association         Other:         Image: Corporation         Trust         Association         Image: Corporation         Trust         Image: Corporation         Trust         Image: Corporation         Trust         Image: Corporation         Image: Corporation         Trust         Image: Corporation					u			organization is <b>not</b>	
J Tax-exempt status (beck only one) - Ø 501(c)(3) 501(c) ( ) (inset no.)         4947(a)(1) or         527         (Form 990).           K Form of organization:         Ø Conservation         Tust           Association         Other;           L Add lines 5b, 6c, and 7b to line 91 to determine gross receipts. If gross receipts are \$200.000 or more, or if total assets         \$100.337           P2TLI         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part I					<sup>n</sup>			-	
K       Form of organization:       Corporation       Trust       Association       Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, for if total assets       \$100,337         P2111       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Check if the organization used Schedule 0 to respond to any question in this Part I       I       Contributions, gifts, grants, and similar amounts received       1       99000         1       Contributions, gifts, grants, and similar amounts received       1       1, 99,010         2       Program service revenue including government fees and contracts       2       5,740         3       0       4       1,9800       4       1,9800         4       Investment income       4       1,587       5       0         5       Garos amount from sale of assets other than inventory       5a       0       6       0         6       Garo (loss) from sale of assets other than inventory       5a       0       6       0         6       Garos income from gaming (attach Schedule G if greater than \$15,000)       6a       0       0         7       Cores sales of inventory, less returns and allowances       7a       0       0       0         7					or 527				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, of I total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2. \$ 100,337 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any guestion in this Part I						(1 0111 00			
(Part II)       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part I						lassets			
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       .							. ¢	100.2	
Check if the organization used Schedule O to respond to any question in this Part I       .	-				ices (see the	instruc	Ψ nons		31
I       Contributions, gifts, grants, and similar amounts received.       1       93,000         Program service revenue including government fees and contracts       3       0         Investment income       4       1,587         Gross amount from sale of assets other than inventory       5a       0         Gross income from brais and sales expenses       5b       0         C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0       6         B Gross income from gaming and fundraising events (not including \$       0       of contributions from gaming and fundraising events       6d       0         C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0       7a       7c       0         C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0       0         C Gratt revenue (describe in Schedule O)       10       0       0       10       0         1       Gratts and similar amounts paid (list in Schedule O)       11       0       0       11       0         1       Gross income compensation, and employee benefits       12       0       11									
2       Program service revenue including government fees and contracts       2       5,740         3       Membership dues and assessments       3       0         4       Investment income       4       1,587         5a       Gross amount from sale of assets other than inventory       5a       0         5a       Gross amount from sale of assets other than inventory (subtract line 5b       0       5c       0         6       Gaming and fundraising events:       a Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0       0         b       Gross sincome from fundraising events (not including \$       0       of ocontributions from fundraising events (not including \$       0       of ocontributions from fundraising events (not including \$       0       of ocontributions from fundraising events (not including \$       0       0       of contributions from fundraising events (not including \$       0 <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1							
3       Membership dues and assessments       3       0         4       Investment income       4       1,587         5a       cross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       o       fc       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       .       .       fc       a         b       Gross income from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from sales of inventory (subtract line 6a and 6b and subtract line 6c)       0         c       Less: cost of goods sold       .       .       .       .       .         c       Gross sales of inventory, less returns and allowances       .       .       .       .       .         d       Net income or (loss) from sales of inventory (subtract line 7b from line 7a)       .       .       .       .       .       .       .       . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
4       Investment income       4       1,587         5a       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Garning and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than sits,000)       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       0       of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       0         c       Less: cost of goods sold        7a       0       0       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0       0         d       Other revenue (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337       10       0         11       Do       D       0       0       0       11       0       12			•			• •		5,1	
Sa       Gross amount from sale of assets other than inventory       5a       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       0         c       Less: clirect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sloed inventory, less returns and allowances       7a       0       7c       0         a       Other revenue (describe in Schedule O)       8       0       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100, 37       11       0         12       Salaries, other compensation, and employee benefits       11       0       11       0         13       O       Otherevenues, Add lines 10 through 16       5e <td></td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td>-</td> <td>1 6</td> <td>-</td>						• •	-	1 6	-
b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0         b       Gross income from fundraising events (not including \$       0       of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       7c       0         b       Less: cost of goods sold       7c       0       7c       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100, 30       0       0         10       Grants and similar amounts paid (list in Schedule O)       10       0       0       11       0         12       0       13       Professional fees and other payments to independent contractors       13       0       15       433         13       O Occupancy, rent, utilities, and maintenance       14       0       15		_			 		4	0,1	187
c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       of contributions         b       Gross income from fundraising events (not including \$0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6d       0         c       Less: direct expenses from gaming and fundraising events       6d       0         d       Net income or (loss) from gaming and fundraising events       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue. Add lines 1, 2, 3, 4, 5, 6d, 7c, and 8       9       100, 337         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       13       0         13       Occupancy, rent, utilities, and maintenance <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       o of contributions         b       Gross income from fundraising events (not including \$       0       of contributions       0       of contributions         b       Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337         10       Grants and similar amounts paid (list in Schedule O)       11       0         11       0       11       0         12       0       11       0         13       0       12       0         14       0       15       433         15       13		-		50		0			
a       Gross income from gaming (attach Schedule G if greater than \$15,000)				50		0			
Second State       Second State       Second State       Second State         8       0       0       0       0       0         9       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0       0         0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0         0		-	•						
sum of such gross income and contributions exceeds \$15,000)	ē	a			- I				
sum of such gross income and contributions exceeds \$15,000)	nue	h				-			
sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	eve	D				0115			
c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         b       Less: cost of goods sold       7a       0       7b       0       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0       0         9       Total revenue (describe in Schedule 0)        7c       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337       10       0       0         11       0       0       11       0       0       11       0         12       0       10       0       11       0       0         12       0       Salaries, other compensation, and employee benefits       13       0       0         13       0       Ccupancy, rent, utilities, and maintenance       13       0       15       433         16       Other expenses (describe in Schedule 0)       See Schedule 0, Statement 1       16       89,511     <	£								
d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         b       Less: cost of goods sold       7b       0       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       8       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       0       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       433         16       Other expenses (describe in Schedule 0)       See Schedule 0, Statement 1       17       89,944         18       Excess or (deficit) for the year (subtract line 17 from line 9) <td< td=""><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td></td<>						0			
line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       0       0       7c       0         9       Total revenue (describe in Schedule 0)       7c, and 8       9       100,337         10       Grants and similar amounts paid (list in Schedule 0)       10       0       0         11       Benefits paid to or for members       11       0       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       433         16       Other expenses (describe in Schedule 0)       See Schedule 0, Statement 1       16       89,511         17       Total expenses. Add lines 10 through 16       17       89,944       16       10,393         18       Excess or (deficit) for the year (subtract lin					-	btract			
7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       0       0       0       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       15       433         16       Other expenses (describe in Schedule 0)		ŭ		e or (1033) from garning and randraising events (add lines of a		Diraci	64		•
bLess: cost of goods sold7b0cGross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c08Other revenue (describe in Schedule O)809Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 89100,33710Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members10012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance1543316Other expenses (describe in Schedule O)		70	,		 .		ou		0
cGross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c00009100,33710Grants and similar amounts paid (list in Schedule O)1011012013141401513160171518101716181017161810191810111810,39319Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)14191320021148,682									
8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       100,337         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       See Schedule O, Statement 1       15       433         16       Other expenses. Add lines 10 through 16       See Schedule O, Statement 1       18       10,393         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       10,393         19       138,289       20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Other changes in net assets or fund balances (explain in Schedule O)       20       0       21         21       148,682		-		<u> </u>	-	0	70		•
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 89100,33710Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits11013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1543316Other expenses (describe in Schedule O)See Schedule O, Statement 11617Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)181819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19138,28920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 2021148,682			•			• •			-
Interference of the second of							-	100.2	
811Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shippingSee Schedule 0, Statement 11516Other expenses (describe in Schedule 0)See Schedule 0, Statement 11617Total expenses. Add lines 10 through 16See Schedule 0, Statement 11718Excess or (deficit) for the year (subtract line 17 from line 9)1810,39319Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19138,28920Other changes in net assets or fund balances (explain in Schedule 0)20021Net assets or fund balances at end of year. Combine lines 18 through 2021148,682		-					•	100,3	
812Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance13014001514001400140014000140014000168918Excess or (deficit) for the year (subtract line 17 from line 9)118Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1913820001113818181819138,289200 <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr<>									
Image: Professional fees and other payments to independent contractorsImage: Image: Image	S								
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       89,511         17       Total expenses. Add lines 10 through 16       17       89,944         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       10,393         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       138,289         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       148,682	ISe								
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       89,511         17       Total expenses. Add lines 10 through 16       17       89,944         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       10,393         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       138,289         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       148,682	Den								
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       89,511         17       Total expenses. Add lines 10 through 16       17       89,944         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       10,393         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       138,289         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       148,682	Ä							л	
17Total expenses. Add lines 10 through 161789,94489,94418Excess or (deficit) for the year (subtract line 17 from line 9)1810,39319Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1810,39320Other changes in net assets or fund balances (explain in Schedule O)2020021Net assets or fund balances at end of year. Combine lines 18 through 2021148,682	_								
18Excess or (deficit) for the year (subtract line 17 from line 9)1810,39319Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1810,39320Other changes in net assets or fund balances (explain in Schedule O)19138,28920Net assets or fund balances at end of year. Combine lines 18 through 2020021Net assets or fund balances at end of year. Combine lines 18 through 2021148,682									
19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19138,28920Other changes in net assets or fund balances (explain in Schedule O)									
21     Net assets of fund balances at end of year. Combine lines to through 20	ets						10	10,3	73
21     Net assets of fund balances at end of year. Combine lines to through 20	SS						19	120 2	200
21     Net assets of fund balances at end of year. Combine lines to through 20	ìt ⊿	20						130,2	
	ž							1/9 4	
	For								

	990-EZ (2022)					Page 2
Pa		•				_
	Check if the organization used Schedule	O to respond to ar	ny question in this		•	· · · · · · ·
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			142,939		
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<u> </u>		24	
25	Total assets			142,939	25	148,982
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	2	4,650	26	300
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	138,289	27	148,682
Par	····· · · · · · · · · · · · · · · · ·					
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III  . 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 3		``	equired for section 1(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest p	rogram services		ganizations; optional for
as m	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				ners.)
28	HISTORICALLY BLACK COLLEGES AND UNIVERSIT		NG IN MY FUTURE H	OSTS AN		
	ANNUAL TOUR OF HISTORICALLY BLACK COLLEG					
	(Continued on Schedule O, Statement 4)					
		includes foreign gra	nts check here	$\Box$	28	a 37,640
29	IOWA COLLEGES AND UNIVERSITIES TOUR - INVES				20	u 37,040
25	OF COLLEGES AND UNIVERSITIES IN THE STATE O					
	(Continued on Schedule O, Statement 5)	FIOWA FOR HIGH 3	CHOOL STODENTS	WHO		
		includes foreign gra	nta abaak bara		29	2 2.074
20		<u> </u>			23	a 2,876
30	S.T.E.A.M. AND STUDENT SUCCESS WORKSHOPS					
	KEY TO SUCCESS IS PROPER PREPARATION FOR	HIGHER EDUCATION	I. WE ASSIST STUDE	INTS		
	(Continued on Schedule O, Statement 6)	in a boole of four form and			~~	-
~ .		includes foreign gra			30	a 8,549
31	Other program services (describe in Schedule O)					
~~		includes foreign gra			31	
1	Total program service expenses (add lines 28a t				32	
Par					nstr	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this		•	· · · · · <u> </u>
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ- benefit plans, and deferred compensation		e) Estimated amount of other compensation
MAR	Y L WELLS	10.00	0		0	0
PRE	SIDENT					
SYE	FA N GLANTON	10.00	0		0	0
VICE	PRESIDENT & GENERAL COUNSEL					
VIVI	AN HAYASHI	10.00	0		0	0
SEC	RETARY		-			
	HONY BANNASCH-RUZICKA	10.00	0		0	0
	ASURER		_		-	
	ALD BUTLER	5.00	C		0	0
	NCIAL SECRETARY	0.00	, i i i i i i i i i i i i i i i i i i i		Ĭ	Ŭ
	(A Y ROLAND	5.00	C		0	0
	I SCHOOL PROGRAMS CHAIR	5.00			<b>°</b>	U
		5.00	0		0	0
		5.00			0	0
	DLE SCHOOL PROGRAMS CHAIR	F 00				
		5.00	0		0	0
	MENTARY SCHOOL PROGRAMS CHAIR		-			-
	Y LYNNE JONES	5.00	0		0	0
	ERNTAIVE EDUCATION PROGRAMS CHAIR				_	
	HICA BANKS	5.00	0		0	0
	A.M. PROGRAMS CHAIR				+	
(Con	tinued on Schedule O, Statement 7)	1				

Form 99	90-EZ (2022)		Р	age <b>3</b>
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		e	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	,	~
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41 42a	List the states with which a copy of this return is filed: The organization's books are in care of: <u>ANTHONY BANNASCH-RUZICKA</u> Telephone no.	989-30	6-4080	)
_	Located at: PO BOX 652, DES MOINES, IA 50303 ZIP + 4	503		
b	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)? If "Yes," enter the name of the foreign country:	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>~</b>
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			·
	Form 990-EZ. See instructions	45b		<ul> <li>✓</li> </ul>

Form 990-EZ (2022)

Page 4

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		V

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

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
= 0				

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and kee
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None	-	
	-	
	_	
<b>d</b> Total number of other independent contractors each receiving	over \$100.000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A . . . . . . . . . . . . . . . . 🗹 Yes 🗌 No . . . . . . . . .

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

Sign Here	Signature of officer Anthony Bannasch-Ruzicka, Treasurer			Date					
	Type or print name and title								
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN			
Use Only	Firm's name	Firm's EIN							
	Firm's address	Phone no.							
May the IRS discuss this return with the preparer shown above? See instructions									

SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
<b>Open to Public</b>
Inspection

# Name of the organization

Employer identification number

27-3864691

INVESTING IN MY FUTUR		

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . .
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

# Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1		1	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re				ear as a sectio	
<u>3ecu</u> 14	Public support percentage for 2022 (line 6	-		11 column (f))		14	%
14	Public support percentage from 2022 (inter Public support percentage from 2021 Sch					15	<u> </u>
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2022.</b> If the organization qua	ization did not	check the box	k on line 13, ai	nd line 14 is 3	3 <sup>1</sup> /3% or more,	check this
b	<b>331</b> /3% <b>support test—2021.</b> If the organi this box and <b>stop here</b> . The organization						
17a	<b>10%-facts-and-circumstances test</b> - <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu	mstances test,	, check this bo	ox and stop he	<b>re</b> . Explain
18	Private foundation. If the organization of instructions						x and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			<i>, picace co</i>	inploto i alti	••)	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	56,159	53,803	82,184	83,311	93,010	368,467
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,440	4,746	0	6,313	5,740	37,239
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	76,599	58,549	82,184	89,624	98,750	405,706
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						405,706
	on B. Total Support	() 22/2	<u> </u>	( )	( )) 000 (	()	(0
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	76,599	58,549	82,184	89,624	98,750	<u>405,706</u> 1,699
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					1,007	1,077
С	Add lines 10a and 10b	15	30	19	48	1,587	1,699
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	76,614	58,579	82,203	89,672	100,337	407,405
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second	, third, fourth,	or fifth tax ye		1 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	•		3, column (f))		15	99.58 %
16	Public support percentage from 2021 Sch	nedule A, Part I	II, line 15 .			16	<b>99.96</b> %
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (			-		17	0.42 %
18	Investment income percentage from <b>2021</b>					18	0.04 %
19a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> - <b>2022.</b> If the organ 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	and <b>stop here</b> .	The organization	on qualifies as a	publicly suppo	orted organizatio	on 🔽
b	<b>331</b> /3% support tests – 2021. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	-	-	-		and see instruc	tions .
						Schedule A	(Form 990) 2022

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·	
	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7 8	<b>Total annual distributions.</b> Add lines 1 through 6.	h the everesimetics is use	7	
0	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)


## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



Inspection Employer identification number

27-3864691

#### **INVESTING IN MY FUTURE INC**


#### Schedule O, Statement 1

Form: Form 990-EZ (2022)

Page: 1

#### **INVESTING IN MY FUTURE INC**

EIN: 27-3864691

Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Advertising and Community Relations	4,644
Annual Program Planning Expenses	3,450
Bank Charges	157
Dues and Memberships	110
Gifts	117
Insurance	2,883
Miscellaneous Expense	546
Office Supplies	171
Rent	2,966
Software	1,791
Taxes and Licenses	5
Website Hosting	386
HBCU Tour Program Expense	37,640
State College Tour Program Expense	2,876
High School Programs Expense	4,288
Middle School Programs Expense	4,262
Senior Recognition Program Expense	15,644
Scholarship Program Expense	7,350
General Program Supplies	225
Total:	89,511

Schedule O, Statement 2	INVESTING IN MY FUTURE INC
Form: Form 990-EZ (2022)	EIN: 27-3864691
Page: <b>2</b>	Part II, Line 26
Other Liabilities Structured Explanation	
Description	EOY Amount
Prepaid Board Dues	300

300

Total:

Page: 2

#### **INVESTING IN MY FUTURE INC**

EIN: 27-3864691

Part III

**Primary Exempt Purpose** 

#### **Primary Exempt Purpose**

INVESTING IN MY FUTURE ASSISTS STUDENTS AND PARENTS TO PREPARE FOR LIFE BEYOND HIGH SCHOOL BY EQUIPPING AND EMPOWERING THEM WITH TOOLS THAT HELP THEM NAVIGATE POST-SECONDARY EDUCATION AND CAREER PATHWAYS.

Page: 2

EIN: 27-3864691

Part III, Line 28

#### First Program Service Accomplishments Description

#### Description

STUDENTS WHO APPLY AND COMPLETE THE REQUIREMENTS TO ATTEND. REQUIREMENTS INCLUDE: 1. A COMPLETED APPLICATION 2. TWO (2) LETTERS OF RECOMMENDATION 3. ATTENDANCE AT A MINIMUM OF FIVE (5) STUDENT SUCCESS WORKSHOPS HOSTED BY INVESTING IN MY FUTURE 4. ONE (1) FULL-LENGTH ESSAY WRITTEN ON A TOPIC CHOSEN BY THE COLLEGE TOUR COMMITTEE

Page: 2

EIN: 27-3864691

Part III, Line 29

#### Second Program Service Accomplishments Description

#### Description

APPLY AND COMPLETE THE REQUIREMENTS TO ATTEND. REQUIREMENTS INCLUDE: 1. A COMPLETED APPLICATION 2. ONE (1) LETTERS OF RECOMMENDATION 3. ONE (1) FULL-LENGTH ESSAY WRITTEN ON A TOPIC CHOSEN BY THE COLLEGE TOUR COMMITTEE

Page: 2

EIN: 27-3864691

Part III, Line 30

#### Third Program Service Accomplishments Description

#### Description

WITH A VARIETY OF PREPARATION TOOLS, WHICH INCLUDE WORKSHOPS SUCH AS RESUME BUILDING, ESSAY WRITING, AND FINANCIAL LITERACY. WE ALSO BELIEVE THAT THE FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATHEMATICS (S.T.E.A.M) ARE A FOCUS OF THE FUTURE. WE HOST TWO FULL-DAY WORKSHOPS DURING THE SCHOOL YEAR FOCUSED ON S.T.E.A.M. CAREERS WHERE PRESENTERS AND SPEAKERS ARE INVITED TO ENGAGE WITH STUDENTS IN CAREERS THAT FOLLOWING A S.T.E.A.M. CURRICULUM CAN OFFER.

#### Schedule O, Statement 7

Form: Form 990-EZ (2022)

Page: 2

EIN: 27-3864691

Part IV

#### Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name Title	BRENNEN SMITH-HARGROVE ALUMNI PROGRAMS CHAIR	5.00	0	0	0
Name Title	SHARIK JOSEPH COMMUNICATIONS CHAIR	5.00	0	0	0
Name Title	AKOSUA DOSU COMMUNITY RELATIONS CHAIR	5.00	0	0	0