

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection



Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Future Forward USA Action. Doing business as: . . . . . Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 3458 Kenneth Dr 600 . . . . . City or town, state or province, country, and ZIP or foreign postal code: Palo Alto, CA 94303

D Employer identification number: 82-4170762. E Telephone number: (202) 552-0221. G Gross receipts \$ 13,185,535

F Name and address of principal officer: Chauncey McLean, 3458 Kenneth Dr 600, Palo Alto, CA 94303

H(a) Is this a group return for subordinates? [ ] Yes [x] No. H(b) Are all subordinates included? [ ] Yes [ ] No. H(c) Group exemption number

I Tax-exempt status: [ ] 501(c)(3) [x] 501(c)(4) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: https://www.futureforwardusa.org/

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2018. M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Future Forward USA Action has the mission to create a stronger American democracy and advocate for common sense solutions. 2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Summary table with 7 rows and 2 columns.

Table with 3 main sections: Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Each section has columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer: Chauncey McLean President. Date: 2022-11-23

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN P02375316, Firm's name: MBA Consulting Group, Firm's EIN: 47-1028527, Firm's address: 611 Pennsylvania Ave SE Num 143, Washington, DC 20003, Phone no. (202) 552-0221

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Future Forward USA Action has the mission to create a stronger American democracy and advocate for common sense solutions.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **15,314,140** including grants of \$ ) (Revenue \$ )  
Conducted quantitative and qualitative research on issues of national importance then ran media campaigns informed by that research.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **15,314,140**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|  |                   |            |  |  |           |
|--|-------------------|------------|--|--|-----------|
| <p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>   | <p><b>2a</b></p>  | <p>29</p>  |  |  |           |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br/><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>                      | <p><b>2b</b></p>  | <p>Yes</p> |  |  |           |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>   | <p><b>3a</b></p>  | <p>Yes</p> |  |  |           |
| <p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>  | <p><b>3b</b></p>  | <p>Yes</p> |  |  |           |
| <p><b>4a</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)?</p>              | <p><b>4a</b></p>  |            |  |  | <p>No</p> |
| <p><b>b</b> Enter the name of the foreign country: _____<br/>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>   |                   |            |  |  |           |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>   | <p><b>5a</b></p>  |            |  |  | <p>No</p> |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>   | <p><b>5b</b></p>  |            |  |  | <p>No</p> |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>   | <p><b>5c</b></p>  |            |  |  |           |
| <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>                                       | <p><b>6a</b></p>  | <p>Yes</p> |  |  |           |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>  | <p><b>6b</b></p>  | <p>Yes</p> |  |  |           |
| <p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>  |                   |            |  |  |           |
| <p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>  | <p><b>7a</b></p>  |            |  |  |           |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>  | <p><b>7b</b></p>  |            |  |  |           |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>   | <p><b>7c</b></p>  |            |  |  |           |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>  | <p><b>7d</b></p>  |            |  |  |           |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>  | <p><b>7e</b></p>  |            |  |  |           |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>   | <p><b>7f</b></p>  |            |  |  |           |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>   | <p><b>7g</b></p>  |            |  |  |           |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>   | <p><b>7h</b></p>  |            |  |  |           |
| <p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>  | <p><b>8</b></p>   |            |  |  |           |
| <p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>  |                   |            |  |  |           |
| <p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>   | <p><b>9a</b></p>  |            |  |  |           |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>  | <p><b>9b</b></p>  |            |  |  |           |
| <p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>   |                   |            |  |  |           |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>   | <p><b>10a</b></p> |            |  |  |           |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>  | <p><b>10b</b></p> |            |  |  |           |
| <p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>  |                   |            |  |  |           |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>  | <p><b>11a</b></p> |            |  |  |           |
| <p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>  | <p><b>11b</b></p> |            |  |  |           |
| <p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>   |                   |            |  |  |           |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>   | <p><b>12b</b></p> |            |  |  |           |
| <p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>  |                   |            |  |  |           |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br/><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>  | <p><b>13a</b></p> |            |  |  |           |
| <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>  | <p><b>13b</b></p> |            |  |  |           |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>   | <p><b>13c</b></p> |            |  |  |           |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>   | <p><b>14a</b></p> |            |  |  | <p>No</p> |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>  | <p><b>14b</b></p> |            |  |  |           |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</p>  | <p><b>15</b></p>  |            |  |  | <p>No</p> |
| <p><b>16</b> If the organization is a trust, did it file Form 720, Schedule D, to report the section 4968 excise tax on net investment income?<br/><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>          | <p><b>16</b></p>  |            |  |  | <p>No</p> |
| <p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br/>If "Yes," complete Form 6069.</p> | <p><b>17</b></p>  |            |  |  |           |

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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 [ ] Other (explain in Schedule O)
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, address, and telephone number of the person who possesses the organization's books and records:
MBA Consulting Group 611 Pennsylvania Ave SE Num 143 Washington, D C 20003 (202) 552-0221

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Joshua Lipschultz<br>Data Engineer     | 35.00<br>5.00  |   |                       |         |              |                              |        | 241,094   | 0  | 4,314   |
| (2) Chauncey McLean<br>President           | 35.00<br>5.00  | X   |                       | X       |              |                              |        | 235,466   | 0  | 5,423   |
| (3) Jon Fromowitz<br>Secretary             | 35.00<br>5.00  | X   |                       | X       |              |                              |        | 232,427   | 0  | 6,101   |
| (4) Lauren Dyson<br>Data Engineer          | 35.00<br>5.00  |   |                       |         |              |                              |        | 215,205   | 0  | 4,301   |
| (5) Paul Welle<br>Data Engineer            | 35.00<br>5.00  |   |                       |         |              |                              |        | 200,877   | 0  | 4,787   |
| (6) David Shor<br>Lead Data Analyst        | 35.00<br>5.00  |   |                       |         |              |                              |        | 199,984   | 0  | 3,708   |
| (7) Jesse Stinebring<br>Dir of Engineering | 35.00<br>5.00  |   |                       |         |              |                              |        | 196,695   | 0  | 4,205   |
| (8) Gaurav Shirole<br>Treasurer            | 5.00<br>1.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |



**Part VIII Statement of Revenue**

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

|   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Amt Similar Amounts                                   |                      |  |   |  |
| <b>1a</b> Federated campaigns . . . . .   |                      |  |   |  |
| <b>b</b> Membership dues . . . . .  |                      |  |   |  |
| <b>c</b> Fundraising events . . . . .   |                      |  |   |  |
| <b>d</b> Related organizations  |                      |  |   |  |
| <b>e</b> Government grants (contributions)  |                      |  |   |  |
| <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above |                      |  | 12,608,066                              |  |
| <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$                                |                      |  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |  |   | 12,608,066   |

| Program Service Revenue                     |  | Business Code | (A)     | (B)     | (C)     | (D) |
|---|--|---------------|---------|---------|---------|-----|
|   |  |               |         |         |         |     |
| <b>2a</b> Polling & Surveys                 |  | 541900        | 577,469 | 465,469 | 112,000 |     |
| <b>b</b>                                    |  |               |         |         |         |     |
| <b>c</b>                                    |  |               |         |         |         |     |
| <b>d</b>                                    |  |               |         |         |         |     |
| <b>e</b>                                    |  |               |         |         |         |     |
| <b>f</b> All other program service revenue. |  |               |         |         |         |     |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               | 577,469 |         |         |     |

|   |  |   |            |         |         |  |  |
|---|--|---|------------|---------|---------|--|--|
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |   | 0          |         |         |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |   | 0          |         |         |  |  |
|   | <b>5</b> Royalties . . . . .   |   | 0          |         |         |  |  |
|   | <b>6a</b> Gross rents  | (i) Real  |            |         |         |  |  |
|   |  | (ii) Personal   |            |         |         |  |  |
|   |  | <b>6b</b> Less: rental expenses                                 |            |         |         |  |  |
|   |  | <b>6c</b> Rental income or (loss)                               |            | 0       |         |  |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |            |         |         |  |  |
|   |  | (ii) Other  |            |         |         |  |  |
|   |  | <b>7b</b> Less: cost or other basis and sales expenses          |            |         |         |  |  |
|   |  | <b>7c</b> Gain or (loss)  |            | 0       |         |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |   | 0          |         |         |  |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . |   |            |         |         |  |  |
|   |  | <b>8b</b> Less: direct expenses                                 |            |         |         |  |  |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . |            | 0       |         |  |  |
|   | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  |   |            |         |         |  |  |
|   |  | <b>9b</b> Less: direct expenses                                 |            |         |         |  |  |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |            | 0       |         |  |  |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   |   |            |         |         |  |  |
|   |  | <b>10b</b> Less: cost of goods sold                             |            |         |         |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . |  |   | 0          |         |         |  |  |
| Miscellaneous Revenue   | Business Code  |   |            |         |         |  |  |
| <b>11a</b>  |  |   |            |         |         |  |  |
| <b>b</b>  |  |   |            |         |         |  |  |
| <b>c</b>  |  |   |            |         |         |  |  |
| <b>d</b> All other revenue . . . . .                            |  |   |            |         |         |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                     |  |   | 0          |         |         |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .             |  |   | 13,185,535 | 465,469 | 112,000 |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 6,153,400             | 6,153,400                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 467,893               | 372,382                         | 85,895                                 | 9,616                       |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 3,177,147             | 2,520,681                       | 587,582                                | 68,884                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 0                     |                                 |  |                             |
| <b>9</b> Other employee benefits  | 97,857                | 77,622                          | 18,049                                 | 2,186                       |
| <b>10</b> Payroll taxes   | 253,672               | 200,858                         | 47,803                                 | 5,011                       |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management   | 0                     |                                 |  |                             |
| <b>b</b> Legal  | 178,035               |                                 | 178,035                                |                             |
| <b>c</b> Accounting   | 73,750                |                                 | 73,750                                 |                             |
| <b>d</b> Lobbying   | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees   | 0                     |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 2,987,022             | 2,840,178                       | 103,397                                | 43,447                      |
| <b>12</b> Advertising and promotion   | 3,141,704             | 3,141,704                       |  |                             |
| <b>13</b> Office expenses   | 39,591                | 46                              | 39,545                                 |                             |
| <b>14</b> Information technology  | 153,956               |                                 | 153,956                                |                             |
| <b>15</b> Royalties   | 0                     |                                 |  |                             |
| <b>16</b> Occupancy   | 4,880                 |                                 | 4,880                                  |                             |
| <b>17</b> Travel  | 2,805                 | 1,962                           | 843                                    |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 11,734                |                                 | 11,734                                 |                             |
| <b>20</b> Interest  | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates  | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 0                     |                                 |  |                             |
| <b>23</b> Insurance   | 31,307                |                                 | 31,307                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| <b>a</b> Banking & Merchant Fees  | 7,216                 | 5,247                           | 1,313                                  | 656                         |
| <b>b</b> Taxes & Fees   | 465                   | 60                              | 405                                    |                             |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   | 0                     |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 16,782,434            | 15,314,140                      | 1,338,494                              | 129,800                     |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 6,864,152                | <b>1</b>  | 3,267,253          |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 289                      | <b>2</b>  | 289                |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>  | 0                  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>5</b>  | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>  | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>  | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>  | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>  | 0                  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b>               |           |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b>               |           | <b>10c</b> 0       |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b> | 0                  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b> | 0                  |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b> | 0                  |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b> | 0                  |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .   | 6,864,441  | <b>16</b>                | 3,267,542 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b> |                    |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b> |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b> |                    |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . . |  | <b>25</b>                |           |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 0  | <b>26</b>                | 0         |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |           |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 6,864,441                | <b>27</b> | 3,267,542          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b> |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |           |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b> |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 6,864,441                | <b>32</b> | 3,267,542          |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .  | 6,864,441  | <b>33</b>                | 3,267,542 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 13,185,535 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 16,782,434 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,596,899 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 6,864,441  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 3,267,542  |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | No |
| <b>2c</b> | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

**Additional Data**

[Return to Form](#)

**Software ID:** 21013485

**Software Version:** 2021v4.1

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization  
Future Forward USA Action

**Employer identification number**

82-4170762

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2** Political campaign activity expenditures. See instructions ..... ▶ \$ 4,604,454
- 3** Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a** Was a correction made? .....  Yes  No
- b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ 1,219,454
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ 3,385,000
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ 4,604,454
- 4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name   | (b) Address                                     | (c) EIN    | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|------------|---|------------|---|--|
| (1) FF PAC | 611 Pennsylvania Ave SE<br>Washington, DC 20003 | 83-0791921 |   | 3,385,000  |
| 2          |   |            |   |  |
| 3          |   |            |   |  |
| 4          |   |            |   |  |
| 5          |   |            |   |  |
| 6          |   |            |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                            |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....  | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference   | Explanation  |
|--|--|
| Part I-A, Line 1 - Direct and Indirect Political Campaign Activities | Produced and disseminated paid advertisements supporting or opposing candidates for public office and made contributions to political organizations. |

## **Additional Data**

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**Software ID:** 21013485

**Software Version:** 2021v4.1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
Future Forward USA Action

**Employer identification number**

82-4170762

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Building Back Together<br>900 New York Ave NW Ste 530<br>Washington, DC 20001 | 86-2447747 | 501(c)(4)                       | 2,250,000                | 0                                 | Cash Donation   |                                       | Primary Purpose                    |
| (2) Campaign to End Covid Now<br>611 Penn Ave SE Ste143<br>Washington, DC 20003   | 87-3086499 | 501(c)(4)                       | 126,500                  | 0                                 | Cash Donation   |                                       | Primary Purpose                    |
| (3) Care in Action<br>45 Broadway Suite 320<br>New York, NY 10006                 | 46-4605470 | 501(c)(4)                       | 101,850                  | 0                                 | Cash Donation   |                                       | Primary Purpose                    |
| (4) Center for Civic Information<br>1305 Barnard Street 571<br>Savannah, GA 31401 | 85-4150799 | 501(c)(4)                       | 214,050                  | 0                                 | Cash Donation   |                                       | Primary Purpose                    |
| (5) Social Good Fund<br>12651-5473 San Pablo Ave<br>Richmond, CA 94805            | 46-1323531 | 501(c)(3)                       | 76,000                   | 0                                 | Cash Donation   |                                       | Primary Purpose                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3** Enter total number of other organizations listed in the line 1 table 4

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

## Additional Data

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**Software ID:** 21013485

**Software Version:** 2021v4.1

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Future Forward USA Action

Employer identification number

82-4170762

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

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

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

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

| (A) Name and Title                              |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> Chauncey McLean<br>President           | (i)  | 235,466   |                                     |                                     |  | 5,423                   | 240,889                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>2</b> David Shor<br>Lead Data Analyst        | (i)  | 199,984   |                                     |                                     |  | 3,708                   | 203,692                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>3</b> Jesse Stinebring<br>Dir of Engineering | (i)  | 196,695   |                                     |                                     |  | 4,205                   | 200,900                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>4</b> Jon Fromowitz<br>Secretary             | (i)  | 232,427   |                                     |                                     |  | 6,101                   | 238,528                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>5</b> Joshua Lipschultz<br>Data Engineer     | (i)  | 241,094   |                                     |                                     |  | 4,314                   | 245,408                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>6</b> Lauren Dyson<br>Data Engineer          | (i)  | 215,205   |                                     |                                     |  | 4,301                   | 219,506                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
| <b>7</b> Paul Welle<br>Data Engineer            | (i)  | 200,877   |                                     |                                     |  | 4,787                   | 205,664                         |   |
|   | (ii) | -----   | -----                               | -----                               | ---  | -----                   | -----                           | ---   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

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**Software ID:** 21013485

**Software Version:** 2021v4.1

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
Future Forward USA Action**Employer identification number**

82-4170762

| Return Reference   | Explanation   |
|--|---|
| Form 990,<br>Part VI, Line<br>11b: Form<br>990 Review<br>Process   | Form 990 is provided to the governing body and outside counsel for review prior to filing.                      |
| Form 990,<br>Part VI, Line<br>12c:<br>Explanation<br>of Monitoring<br>and<br>Enforcement<br>of Conflicts | Organization inquires annually to the directors, officers, and key employees regarding any potential conflicts. |
| Form 990,<br>Part VI, Line<br>19: Other<br>Organization<br>Documents<br>Publicly<br>Available            | The organization's governing documents and conflict of interest policy are made available upon request.         |

## **Additional Data**

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**Software ID:** 21013485

**Software Version:** 2021v4.1

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Future Forward USA Action

**Employer identification number**  
82-4170762

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1)FF PAC<br>611 Pennsylvania Ave SE Num 143<br><br>Washington, DC 20003<br>83-0791921 | Political Committee     | DC   | 527                        |   | N/A                              |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
| <b>1o</b> | Yes |    |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> FF PAC                   | b                             | 15,340,836             | Cash   |
| <b>(2)</b> FF PAC                   | n                             | 198,831                | Employee Time                                |
| <b>(3)</b> FF PAC                   | o                             | 175,739                | Employee Time                                |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

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