## Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

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

2022 Open to Public Inspection

A	For th	he 2022 calendar year, or tax year begi	nning , and ending	ic lucest information.		mapection
В		applicable: C Name of organization			D Employer	identification number
	Address	change <b>FUT</b> (	JRE CHAMPIONS FOUNDATION IN	C	1	
	Name ch	Doing business as		<u> </u>	83-21	.73802
1	Initial retu	Number and street (or P.O. box if mail urn 4421 CREEKSIDE DE	is not delivered to street address)	Room/suite	E Telephone	number
	Final retu				616-5	02-0653
[]	terminate	WHITEHALL				
	Amended	F Name and address of principal officer:	MI 49461		G Gross receip	ots \$ 33,281
	Application	on pending ADAM JASICK		H(a) Is this a gro	oun return for eub	ordinates? Yes X No
		4421 CREEKSIDE	DRITTE	ļ		i i di di di
		WHITEHALL		H(b) Are all sub		* ! !, !
	Tay ava	[	MI 49461	If "No."	" attach a list. Se	e instructions
<u> </u>	Wobsite	/	) (insert no.) 4947(a)(1) or 5	527		
<u>.                                    </u>				H(c) Group exe		<del></del>
Î	art I	organization: A Corporation Trust A  Summary	Association Other	L Year of formation: 2	018 k	State of legal domicile:
<u> </u>	T					
A.	] ' '	Briefly describe the organization's mission	or most significant activities:			
ű	·	EDUCATION IN SOME OF TH	USTAIN SCHOOLS CREATING OPP HE POOREST COMMUNITIES IN T	ORTUNITIES THRO	OUGH	
īna		The source of the	E FOOREST COMMONITIES IN T	HE WORLD.		
Governance	, ,	Check this hav	positioned its apposition and its			
Ŏ	3	Number of voting members of the governing	continued its operations or disposed of more	than 25% of its net asset	1 1	F
SS		Number of independent voting members of			3	5
įį		Total number of individuals employed in c				0
Activities &		Total number of volunteers (estimate if ne			5	0
•		Total unrelated business revenue from Pa			6	<u> </u>
		Net unrelated business taxable income fro		$\boldsymbol{v}_{i,j} = (\boldsymbol{v}_i, \boldsymbol{v}_i, \boldsymbol{v}_i$	7a	0
			The state of the s	Prior Yea	. 7b	Current Year
ē		Contributions and grants (Part VIII, line 1h			1,032	33,281
e L	9 F	Program service revenue (Part VIII, line 2	g)	· · · · · · · · · · · · · · · · · · ·		0
Revenue		Investment income (Part VIII, column (A),				0
ш.		Other revenue (Part VIII, column (A), lines				0
	12	Total revenue – add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12)	44	1,032	33,281
		Grants and similar amounts paid (Part IX,				0
		Benefits paid to or for members (Part IX, o		<u> </u>		0
es		Salaries, other compensation, employee b				0
xpenses		Professional fundraising fees (Part IX, col				0
Exp		Total fundraising expenses (Part IX, colun				
ш		Other expenses (Part IX, column (A), lines			5,025	34,758
		Total expenses. Add lines 13–17 (must ed			,025	34,758
- X	19 F	Revenue less expenses. Subtract line 18	from line 12		),993	-1,477
Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)		Beginning of Curi		End of Year
Ass	21 7	Total liabilities (Part X, line 26)		7	907	3,430
E S	22 N	Net assets or fund balances. Subtract line	21 from line 20	···· · <del> </del>	1,907	3,430
	art II	Signature Block	2) Horr and 20	<u></u>	1,301	3,430
-			d this return, including accompanying schedules an	d statements, and to the he	of of my know	dades and balist it is
tru	ie, corre	ect, and complete Deglaration of preparer (other	er than officer) is based on all information of which	preparer has any knowledge	escontry know ⊋.	riedge and belief, it is
		Melop				
Sig	n	Signature of officer			Date	0/ /- 01
Hei		ADAM JASÍCK	DIRECT	OR	7	H2112021
		Type or print name and title				<del>' / - ` /                               </del>
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid		Dylan T. Brennan	Dylan T. Brennan	06/18/	24 self-emplo	. 1
	parer	Firm's name Brennan &		<u> </u>	rm's EIN	33-0887052
Use	Only	73302 High	nway 111		,	
		Firm's address Palm Deser		Pr	none no	760-346-1487
		S discuss this return with the preparer shi				Yes No
For I	Paperw	ork Reduction Act Notice, see the separate	instructions.			Form <b>990</b> (2022)

		S FOUNDATION INC	83-2173802	Page 2
		ervice Accomplishments	Salatia Para III	$ \mathbf{X} $
	be the organization's mission:	ins a response or note to any line	In this Part III	<u>[Aj</u>
EFFORTS	TO BUILD AND S	USTAIN SCHOOLS CREAT HE POOREST COMMUNITI	ING OPPORTUNITIES THROUGES IN THE WORLD.	Н
2 Did the organ	nization undertake any significa	ant program services during the year which	th were not listed on the	
prior Form 99	20 or 990-E72			Yes X No
services?		nake significant changes in how it conduc		Yes X No
	cribe these changes on Sched		argest program services, as measured by	
expenses. Se	ection 501(c)(3) and 501(c)(4)		mount of grants and allocations to others,	
		including grants of \$ USTAIN SCHOOLS CREAT HE POOREST COMMUNITI	) (Revenue \$ ING OPPORTUNITIES THROUG ES IN THE WORLD.	H
the second second				
4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	The second second second			
		in all alian annuals of C	) (Payerus \$	
c (Code: N/A	) (Expenses \$	including grants of \$	) (Revenue \$	··· · · · · · · · · · · · · · · · · ·
4d Other progra	ım services (Describe on Sche	idule O.)		
(Expenses S		including grants of \$	) (Revenue \$	)
4e Total program	m service expenses	34,758		- 000
)AA				Form <b>990</b> (2022

Form 990 (2022) FUTURE CHAMPIONS FOUNDATION INC 83-2173802 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C. Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes." complete Schedule D. Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D. Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х 12h "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate Х 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes." complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

Page 4

******			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		ļ	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	2.0.1.1	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L.			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L. Part IV	28a	ļ	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1		
	"Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del> -	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	ļ <u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	1	<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1.		1,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	
	or IV, and Part V, line 1	34	<del> </del>	X
35a		35a	<del> </del> -	
b			Ì	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 20	1	x
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	+-	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	+	+
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38		X
*	19? Note: All Form 990 filers are required to complete Schedule O.	30	J. —	
P	art 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	· · · · · · · · · · · · · · · · · · ·	Yes	No
	Fotor the number reported in box 3 of Form 1096. Enter -0- if not applicable		1.00	
1a	Eliter the number reported in box 5 or 1 orni 1000. Eliter 5 in hot approach	7		
b	Enter the number of Forms vv-2G included on line 1a. Enter -0- if not applicable	1		
С		10		X
	reportable gaming (gambling) winnings to prize winners?		orm <b>99</b>	0 (2022)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	red)	1000000000000	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	18?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	113513514	<u> </u>
þ	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		1999/95/14	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		<u>X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	9	c-		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	,	- 6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or	6b		l
_	gifts were not tax deductible?		0.0		
7	Organizations that may receive deductible contributions under section 170(c).	node			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	000S	7a	Milanya:	
	and services provided to the payor?		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1.5		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa required to file Form 8282?	3	7c		
- 1	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · ·	30.004	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	are steat to 10	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		75		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<del></del>
10	Section 501(c)(7) organizations. Enter:		2750 e		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		100		
ř.	Note: See the instructions for additional information the organization must report on Schedule O.				
р	Enter the amount of reserves the organization is required to maintain by the states in which	13b			
_	the organization is licensed to issue qualified health plans	13c			
140	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X
14a b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
. •	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	vities	1		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	and the second of the second o	17	g germa	Heriotak
	If "Yes," complete Form 6069.			1	1
	<del></del> _ : <del></del> :		Fo	orm <b>99</b>	0 (2022)

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

Sect	tion A. Governing Body and Management				· <del>-</del> -		
		] 1a	ı	5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	la.	+	<u>-</u>			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar	ŀ					
	committee, explain on Schedule O.	1b		0			
b	Enter the number of voting members included on line 1a, above, who are independent			<u> </u>	<del></del>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				2	Par Jeone	X
	any other officer, director, trustee, or key employee?					<del>                                     </del>	<del> </del>
3	Did the organization delegate control over management duties customarily performed by or under the direct				3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?				4	<del> </del>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed				5	<del>                                     </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				6		X
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				7.0		x
	one or more members of the governing body?				7a		+
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				7.		x
	stockholders, or persons other than the governing body?		4la a		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by	tne	OHOWII		X	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	<u> </u>	+
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at				1		x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		Codo \	<u> </u>	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	mai	Re	venue	Code./	7	
					40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?				10a	<del> </del>	- A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ig the	tori	m?	11a		- A
þ	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40-		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				128	_	+^
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to	con	THCTS ?	128	<u>'</u>	+
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				40.	. 1	
	describe on Schedule O how this was done				120	1	X
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14	83185,384	<b>→^</b>
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	?					
а	The organization's CEO, Executive Director, or top management official				158		X   X
b	Other officers or key employees of the organization				15	)   	- -^-
	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?				16	3   	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				39-10	84 - 74	
	organization's exempt status with respect to such arrangements?		<u></u>		16	0	
Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	sectio	n 5	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	pol	icy,			
	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 re	cords					
	DAM JASICK 4421 CREEKSIDE DRIVE						
	MI 49	61			616-5		
						Form S	90 (202

# 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 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations	bo	x, unle icer ar	ss per	ition more rson i	than the Highest compensated the semployee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)		(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ADAM JASICK	0.00	stee	rustee		(T)	ensated					
DIRECTOR	0.00		_	X	<u> </u>	<b>  </b>			0	0	
(2)											
(3)		<del>                                     </del>	•								
· · · · · · · · · · · · · · · · · · ·					ļ				ļ		
(4)						1			ļ		
							L.				
(5)											
(6)											
(7)			Ţ								
(8)		ļ									
(9)											1
(10)											
		<u> </u>			$\perp$		_				
(11)											
(x,y,y) = (x,y,y) + (x,y		•									Form 990 /2

(A) Name and title	(B) Average hours per week	Average box, unless person is both hours officer and a director/trust per week						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
			:							
1b Subtotal c Total from continuation she d Total (add lines 1b and 1c)		Sect	ion A	• • • • • • • • • • • • • • • • • • •						
2 Total number of individuals (in reportable compensation from			d to 0	thos	e lis	ted a	bov	re) who received more than	\$100,000 of	
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,</li> <li>For any individual listed on line organization and related organization and related organization of the organization is presented in the organization of the organization and related organization.</li> <li>Did any person listed on line of for services rendered to the organization.</li> </ul>	"complete Schede 1a, is the sum nizations greater	dule of re than rue	J for eport 5 \$15 comp	suc able 50,00	h ind com 00? i	dividi npens f "Ye	sations," o	on and other compensation complete Schedule J for su	from the	yes No
Section B. Independent Contracto	ors									
Complete this table for your fit compensation from the organ	ization. Report c	ensa	ensa	tion	for t	he ca	conti alend T	dar year ending with or with	nin the organization's tax ye	ear. (C)
Name and	(A) d business address					·,	-	Descrip	(B) slion of services	(C) Compensation
				···-						
2 Total number of independent received more than \$100,000	contractors (incl of compensation	uding n froi	but m the	not e org	limit janiz	ed to	tho	ose listed above) who	0	Form <b>990</b> (20

Pa	rt V			f Revenue	ins a	a response or note	e to any line in thi	s Part VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ह ध	1a	Federated camp	paigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership du	-	•	1b		1			
S, E		Fundraising eve			1c		1			
# E		Related organiz			1d		1			
S,E		Government grants (co			1e		1			
		All other contributions,	gifts, gra	nts.		22 201	1			
텵	g	and similar amounts no Noncash contributions			1f	33,281	4			
들임	ä	lines 1a-1f			1g	<b>s</b>				
<u> </u>	h	Total. Add lines					33,281			
						Business Code	)			
Program Service Revenue	2a b c									
ram leve	d									
500	е									
^	f	All other program								
	g	Total. Add lines	2a-2f							
	3	Investment inco	me (in	cluding dividend	s, inte	erest, and				
		other similar am	iounts)	·						
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds				
	5	Royalties	<del></del>	<u> </u>						
			]	(ı) Real		(ii) Personal	_			
ļ	6a	Gross rents	6a				_			
	þ	Less. rental expenses	6b				_			
İ	C	Rental inc. or (loss)	6c	<u></u>						
	d Net rental income or (loss)  7a Gross amount from		<u></u>							
	' a	sales of assets		(i) Securities		(ii) Other	_			
		other than inventory	7a				_			
<u>ع</u> ا	þ	Less: cost or other								
ner Revenue		basis and sales exps.	7b			<del></del>	-			
8		Gain or (loss)	7c			1				
		Net gain or (los:	•			<u> </u>				
ŏ	8a	Gross income from		ising events						
		(not including \$								
		of contributions re		on line	_					
		1c). See Part IV, li			8a		1			
		Less: direct exp			8b					
ļ		Net income or (		-	events	1				
	уa	Gross income fi	-			İ				
		activities. See F			9a					
		Less: direct exp			9b	l			[	
		Net income or ( Gross sales of i			5					
	IVA	returns and allo		-	10a					
	h	Less: cost of go			10b					
Ì		Net income or (			<u> </u>	<del></del>	<u> </u>			
		. tot moonie of (	.550) 11			Business Code				
Miscellaneous Revenue	11a									
ane	b									
eve	c									
Ais.	q	All other revenu								
2		Total. Add lines								
		Total revenue.					33,281	. 0	C	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	X
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	i	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		VAPOVICE S	general expensus	expanses ,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		***		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal		·		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	34,758	34,758		
12	Advertising and promotion	-			
13	Office expenses				
14	Information technology				
15	Royalties		- " " " " " " " " " " " " " " " " " " "		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	. "			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	34,758	34,758	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2022)

Form 990 (2022) FUTURE CHAMPIONS FOUNDATION INC 83-2173802
Part X Balance Sheet

Pa	t X	Balance Sheet	to any line in this Dort V		
•		Check if Schedule O contains a response or note	to any line in this Part A	(A) Beginning of year	(B) End of year
		Cash—non-interest-bearing		4,907	3,430
	,	Savings and temporary cash investments			2
		Pledges and grants receivable, net			B
ļ		Accounts receivable, net  Loans and other receivables from any current or former	officer director		
	5	trustee, key employee, creator or founder, substantial co	ontributor or 35%		
					5
İ		controlled entity or family member of any of these person	eone (se defined		
ļ	6	Loans and other receivables from other disqualified per- under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(R)	edec tosted tosted resources and a second se	5 <u> </u>
ets					7
Assets	7				8
٩	8				9
1	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other	100		
1		basis. Complete Part VI of Schedule D	10a	1	Oc
	b	Less: accumulated depreciation	100		11
Ì	11		and the second second second second		12
ļ	12				13
	13	Investments—program-related. See Part IV, line 11			14
ļ	14	Intangible assets			15
	15	Other assets. See Part IV, line 11		4 000	3,430
	16	Total assets. Add lines 1 through 15 (must equal line 3			17
	17	Accounts payable and accrued expenses			18
	18	Grants payable			19
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities			21
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21
S)	22	Loans and other payables to any current or former office	cer, director,		
Liabilities		trustee, key employee, creator or founder, substantial			22
ap		controlled entity or family member of any of these pers	ons		23
	23	Secured mortgages and notes payable to unrelated thi			24
	24	Unsecured notes and loans payable to unrelated third	parties		24
	25	Other liabilities (including federal income tax, payables	s to related third	ļ	
	1	parties, and other liabilities not included on lines 17-24	). Complete Part X		25
	l	of Schedule D	and the second second second second second	0	26 0
	26		· · · · · · · · · · · · · · · · · · ·		
		Organizations that follow FASB ASC 958, check he	ere X		
es		and complete lines 27, 28, 32, and 33.		4,907	3,430
ă	27			4,307	28
Ba	28	Net assets with donor restrictions			20
pu	1	Organizations that do not follow FASB ASC 958, c	heck here		
Ţ	}	and complete lines 29 through 33.	•		29
ō	29			-	30
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund		31
Net Assets or Fund Balances	31				32 3,430
ŧ	32	Total net assets or fund balances	and the second second second second second	4,907	33 3,430
Z	33	Total liabilities and net assets/fund balances		4,307	Form <b>990</b> (2022

orm	990 (2022) FUTURE CHAMPIONS FOUNDATION INC 83-2173802		Pag	e 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		ľ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,2	81
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,7	58
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,4	<u> 177</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,9	<del>}</del> 07
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32. column (B))	10	3,4	130
Рa	it XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Accounting method used to prepare the Form 990: Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		$^-$	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?		2b	X
~	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:			
	Separate basis			44
c	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?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		gennens asigssenskas kolk	a December of
νa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	
<b>.</b>	If "Ves " did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

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

FUTURE CHAMPIONS FOUNDATION INC

Employer identification number 83 - 2173802

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization (i) Name of supported other support (see listed in your governing support (see (described on lines 1-10 organization instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990) 2022 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

83-2173802

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

Sect	on A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			88,010	44,032	33,281	165,323
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					22.701	165,323
4	Total. Add lines 1 through 3			88,010	44,032	33,281	165,323
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
c	Public support. Subtract line 5 from line 4						165,323
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			88,010	44,032	33,281	165,323
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						165,323
11	Total support. Add lines 7 through 10			<u>                                     </u>		12	103,523
12	Gross receipts from related activities, etc	. (see instructions)		() (50)		<del> </del>	
13	First 5 years. If the Form 990 is for the o		second, third, four	th, or tifth tax year	as a section burit	)(3)	_
	organization, check this box and stop he	re	tago	<u> </u>			·
Sec	tion C. Computation of Public S	upport Percer	itage			14	100,00%
14	Public support percentage for 2022 (line	6, column (f) alviae	ea by line 11, colui	THE (1))	4 · · · · · · · · · · · · · · · · · · ·	15	100.00%
15	Public support percentage from 2021 Sci 33 1/3% support test—2022. If the orga	nedule A, Part II, II	ne 14 nek the boy on line	13 and line 14 is		check this	
16a	33 1/3% support test—2022. If the orga	nization did not ch	supported organiz	eation	00 1/0/0 00		X
	box and stop here. The organization qua 33 1/3% support test—2021. If the orga	nines as a publicly	supported organiz	3 or 16a and line	15 is 33 1/3% or m	ore, check	
b	this box and stop here. The organization	mzation did not on	ticly supported or	anization	, •		. [
4	10%-facts-and-circumstances test—20	122 If the organiza	ition did not check	a box on line 13, 1	6a, or 16b, and line	e 14 is	
17a	10%-racts-and-circumstances test—20 10% or more, and if the organization me	ots the facts-and-c	ircumstances test.	check this box and	d stop here. Expla	in in	
	Part VI how the organization meets the f	acts-and-circumsta	ances test. The org	ganization qualifies	as a publicly supp	οπεα	
b	15 is 10% or more, and if the organization in Part VI how the organization meets the	021, If the organiza on meets the facts- e facts-and-circum	ation did not check and-circumstance estances test. The	a box on line 13, 1 s test, check this bo organization qualifi	ox and <b>stop here.</b> es as a publicly su	Explain pported	t.
18	organization  Private foundation. If the organization	did not check a bo	x on line 13, 16a,	160, 17a, or 17b, cr	IECK IIIIS DOX and s		i
	instructions		and the second			Sahodul	e A (Form 990) 202

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

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

Sec	tion A. Public Support			•	•	•	
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						<u>98</u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-,, -	(=, == : :	(-,	(=, ===	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,7,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First 5 years. If the Form 990 is for the or	rganization's first	second third fourt	h or fifth tay year	as a section 501/c	)(3)	
14	organization, check this box and stop her		secona, ama, idali	n, or mor tax year	as a section so t(c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sec	tion C. Computation of Public S		tage	<u> </u>	<u></u>	<u></u>	
15	Public support percentage for 2022 (line 8			nn (f))	,,,	1:	5 %
16	Public support percentage from 2021 Sch		· · · · · · · · · · · · · · · · · · ·			10	%
	tion D. Computation of Investme				_		
17	Investment income percentage for 2022 (			3, column (f))		1	7%
18	Investment income percentage from 2021					1:	8 %_
19a	33 1/3% support tests—2022. If the orga			e 14, and line 15 is	s more than 33 1/3	%, and line	e in
	17 is not more than 33 1/3%, check this b	oox and stop here.	The organization	qualifies as a publ	icly supported orga	anization	LJ
þ	33 1/3% support tests—2021. If the orga						
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	id not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	tions	

**Supporting Organizations** Part IV

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

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

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Part	IV Supporting Organizations (continued)			
, constants		politica de la constanta de la	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	81 (1911) 		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	100000		
-	provide detail in Part VI.	11c	L	<u>.</u>
Secti	on B. Type I Supporting Organizations			
		<del></del>	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			Ölük (örüle)
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1394000		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
<u> </u>	A		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	200.00	31.000	
		1		
Conti	the supported organization(s). ion D. All Type III Supporting Organizations			
Secti	IOII D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	800.00		
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
	the organization maintained a close and continuous working relationship with the supported organizations have			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	110 120 20,000		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	00 10 10 10 10 10 10	
C4	supported organizations played in this regard.		<u> </u>	
	ion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons).		
1	The organization satisfied the Activities Test. Complete line 2 below.	•		
a	Complete line 2 holow			
b	The organization is the parent of each of its supported organizations. Compute mile a solution of the parent of each of its supported organization.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see its supported organization).	nstruction	s).	
C			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2t		545 <b>1</b> 11400000000
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	9.		. 1987 (1987) (1987)
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	38		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	31	:03:00:00 •	*** <b>!</b> \$700 \$100 \$
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Schedul		n 990) 20
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instructions. All other Type III non-functionally integrated supporting organizate	ions must compl	ete Sections A through E.	
ection A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	_6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		··-
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		1

Schedul	e A (Form 990) 2022 FUTURE CHAMPIONS I	OUNDATION INC	83-21	<u>73</u>	802 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)		
Secti	on D – Distributions				Current Year
1					
2					
	2				
3	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4	
	Qualified set-aside amounts (prior IRS approval required—provide deta	nils in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		8	
-	(provide details in Part VI). See instructions.			-	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a simulation of the same and the same an	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	S	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		F16-2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
đ	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years		·		
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h			×	000000000000000000000000000000000000000
6	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022			2000	

Schedule A (For	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### **SCHEDULE O** (Form 990)

### 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.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

lame of the organization			<u> </u>	Employer identifica	ation number
FUTURE	CHAMPIONS FOU	NDATION INC		83-21738	02
Form 990, Part II	II, Line 4d - A	all Other Acc	complishments	3	
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EDUCATION IN SOME	E OF THE POORES	T COMMUNITIE	S IN THE WO	RLD.	
Form 990, Part VI	I, Line 11b - 0	rganization'	s Process to	Review Fo	rm 990
No review was or	will be conduc	ted.			
Form 990, Part VI	I, Line 19 - Go	verning Docu	ments Disclo	osure Expla	nation
No documents avai	ilable to the p	oublic			
				4 44 4	
Form 990, Part IX	K, Line 11g - O	ther Fees fo	or Services		
Description					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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