	00			Determ						- <b>-</b>			OMB	No. 1545-	0047			
-orm	99	<i>1</i> 0		Retur	n of Org	anizati	on Exem	pt From I	ncom		ax			2020				
			Under s	ection 501(c	), 527, or 494	47(a)(1) of t	he Internal Re	venue Code (	except p	rivate	foundat	ions)		2020				
Denart	ment of t	he Treasury		Do not	enter social	security nu	Imbers on this	form as it ma	y be ma	de pu	blic.		Ope	n to Pub	olic			
		ue Service		🕨 Go to	o www.irs.go	v/Form990	for instruction	ns and the late	st inforn	natior	n.		In	spection				
A F	or the	2020 calenda	ar year, or t	tax year begi	inning			, 202	0, and e	nding	<u> </u>		, 2	20				
<b>B</b> c	heck if a	pplicable:	C Nam	e of organization	BRIGHTER	FUTURES	5 FOUNDATI	ON				D Emp	loyer identific	ation num	ber			
X A	ddress c	hange	Doin	g business as									84-27	84-2713350				
N	lame cha	inge	Num	ber and street (or	r P.O. box if mail i	is not delivered	to street address)		Roon	n/suite		E Telep	ohone number					
lr	nitial retu	m	41 S	NAPER B	LVD APT	20							(630)	(630)202-6380				
F	inal retur	rn/terminated		or town, state or		, and ZIP or for	eign postal code					G Gros	ss receipts					
A	mended	return		rville,								\$		114	,370			
A	pplication	n pending		e and address of		YOUSUF	GHOUSE						for subordinates		X No			
				as Cab				<b>—</b>		— Н	.,		tes included?	Yes	No			
			501(c)(3)	501(c) (	) 🗲 (insert	, _	4947(a)(1) or	527		—			ist. See instruc	tions				
	Vebsite:		-	w.bright		1 .	g/our-v				(c) Group e							
k ⊦ Pai		rganization: X		Trust	Association	Other 🏲		L Year of for	mation: 2	2019	M S	state of le	gal domicile:	IL				
1 01	1	Briefly descri		nization's mis	cion or most	cignificant c	activitios: T			1 <i>-</i> i	h							
		-	-			•	-	Ve envisio					-					
Governance							c or secul	<u>ar - 1s a</u>	ble to	o at	tain c	one,	regardi	ess oi	<u> </u>			
naı		<u>uneir in</u>		geograp														
vel	2	Check this bo	ox ▶ 🗌 if f	the organizati	on discontinu	ied its opera	ations or dispos	ed of more tha	n 25% of	its ne	et assets							
ບິ	3			ers of the gov		•						3	1		1			
ς δο	4		0	0	0 ,	<b>`</b>	y (Part VI, line 1	b)				4			1			
itie	5		•	•	•	• •						5			0			
Activities &	6	Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5         Total number of volunteers (estimate if necessary)       6												3				
Ă	7a	Total unrelate			.,	olumn (C), lii	ne 12 • • •					7a			0			
	b	Net unrelated	d business t	taxable incom	e from Form	990-T, Part	I, line 11 •					7b			0			
											Prior Year		Cu	rrent Year				
	8	Contributions	and grants	s (Part VIII, lin	ne 1h) •••				🗌					114	370			
nue	9	Program serv	gram service revenue (Part VIII, line 2g)												0			
Revenue	10	Investment in	nent income (Part VIII, column (A), lines 3, 4, and 7d)											0				
Re	11	Other revenu	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)															
	12	Total revenue	e - add lines	s 8 through 11	(must equal	Part VIII, co	olumn (A), line '	12) • • • •	•••						,370			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)												85	,875			
	14	•		embers (Part		,. ,			•••						0			
ŝ	15		•			-	umn (A), lines 5	-10) • •	•••						0			
Expenses		Professional	0			,			· · ·						0			
xpe		Total fundrais				-		10	00									
ш		Other expense	`			. ,	(A) line (25)		· · ·						200			
		Total expense					(A), IINE 25)		· · ·						5,075			
្ត	-	iverenue less	a evhenses.			. 12				loging	ng of Curre	nt Voor		28 d of Year	,295			
Net Assets or Fund Balances	20	Total assets (	(Part X line	. 16)					⊢	/egii1111	ng of Curre	nt redf			3,295			
Asse Bal	21	Total liabilities		,										20	0			
Net /	22	Net assets or	<b>`</b>	,	t line 21 from	line 20			⊢					28	3,295			
Pai			re Block										I		7255			
Unde	r penaltie	es of perjury, I dec	lare that I have	e examined this re			chedules and state			nowledg	ge and belief	f, it is						
true,	correct, a	and complete. Dec	claration of prep	parer (other than	officer) is based	on all information	on of which prepare	r has any knowled	ge.									
		YOUS	UF GHOU	SE														
Sigi	n	Signatur	e of officer									Da	ate					
Her	e	YOUS	UF GHOU	SE, PRES	IDENT													
		Type or p	print name and	title														
_		Print/Type pre	eparer's name		Preparer's s	signature		Date			Check	if	PTIN					
Paic		Arsalan	Ashraf		Arsala	n Ashraf	E	06-21-	2022		self-emp	oloyed	P017	20763				
	parer		•	Ashraf	Advisor	y PLLC				Firm	i's EIN 🕨							
Use	Only	Firm's address	s 🕨	450 Ce:	ntury Pk	wy Ste 2	250-289			Pho	ne no.							
					TX 75013							972-	992-094		_			
Mav t	the IRS	S discuss this r	return with t	the preparer s	shown above	? (see instru	uctions)						x	Yes	No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2020)		URES FOUNDATION			84-2713350	Page 2
Pa	rt III S	statement of Prog	gram Service Accon	nplishments			
	С	heck if Schedule O cor	ntains a response or note to	any line in this Part III	<u> </u>	<u></u>	🗌
1	Briefly deso	cribe the organization's	mission:				
					education - be it Isla	<u>mic or sec</u>	<u>ular - i</u> s
	<u>able to</u>	attain one, r	egardless of thei	r income or geogra	aphic location.		
	D' L d			and the design of the second states of	and Paterland dee		
2				es during the year which we			x No
		scribe these new service					<u>X</u> NO
3	-			nanges in how it conducts, a	ny program		
Ũ	-			-		🗌 Yes	x No
		scribe these changes of					
4		•		ts for each of its three larges	t program services, as measured by		
				-	nt of grants and allocations to others,		
	the total ex	penses, and revenue, i	f any, for each program ser	vice reported.	-		
		-					
4a	(Code:	) (Expens	es \$ 70,215	including grants of \$	) (Revenue	\$	)
	<u>Given t</u>	he low cost of	building and pur	chasing goods in '	<u>Fogo, we have been able</u>	to make a	sizable
	impact.	A mere 50 USD	is enough to sup	port a student for	r a month. 200 USD is e	nough to s	upport
	the sal	ary of one hif	z teacher for a m	onth along with the	neir whole family.		
4b	(Code:	) (Expens	es \$ 15,660	including grants of \$	) (Revenue	\$	)
	Distrib	utions of food	-	e in need in Sub-			
4c	(Code:	) (Expens	es \$	including grants of \$	) (Revenue	\$	)
70	(0000.	) (Expens	ω		) (Revenue	Ψ	/
4d		ram services (Describe					
	(Expenses		including grants of		) (Revenue \$	)	
4e	Total progra	am service expenses	▶ 85	,875			

_	n 990 (202		84-27133	50	Р	age 3
Pa	rt IV	Checklist of Required Schedules				
					Yes	No
1		ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complet	e Schedule A		1	х	
2	Is the or	ganization required to complete Schedule B, Schedule of Contributors See instructions?		2		x
3	Did the	organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candida	tes for public office? If "Yes," complete Schedule C, Part I		3		x
4	Section	501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election	in effect during the tax year? If "Yes," complete Schedule C, Part II		4		x
5	Is the or	ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessn	nents, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		x
6	Did the	organization maintain any donor advised funds or any similar funds or accounts for which donors				
		right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
		omplete Schedule D, Part I		6		x
7	-	organization receive or hold a conservation easement, including easements to preserve open space,				
		ronment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-		
•		e Schedule D, Part III		8		x
9	•	organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
Ũ		an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
		jotiation services? If "Yes," complete Schedule D, Part IV		9		x
10		organization, directly or through a related organization, hold assets in donor-restricted endowments				
		asi endowments? If "Yes," complete Schedule D, Part V		10		v
11	•	ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				x
		IX, or X as applicable.				
а		brganization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
6		e Schedule D, Part VI		11a		v
h	-	organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		114		x
		al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		v
						x
C		organization report an amount for investments - program related in Part X, line 13, that is 5% or more al assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII		11c		
				TIC		x
C		organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		44.4		
		I in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
e		organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		x
T		organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
40-	-	nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		x
12a		brganization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
		le D, Parts XI and XII		12a		x
b		e organization included in consolidated, independent audited financial statements for the tax year? If				
4.5		nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		X
13		ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a		organization maintain an office, employees, or agents outside of the United States?		14a	х	<u> </u>
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				ĺ
		ing, business, investment, and program service activities outside the United States, or aggregate				ĺ
4-	-	nvestments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b	х	<u> </u>
15		organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				ĺ
		oreign organization? If "Yes," complete Schedule F, Parts II and IV		15	х	
16		organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
		ce to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17		organization report a total of more than \$15,000 of expenses for professional fundraising services on				ĺ
		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		17		x
18		organization report more than \$15,000 total of fundraising event gross income and contributions on				ĺ
		, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				ĺ
		complete Schedule G, Part III		19		x
20 a		brganization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		20a		x
		to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		<b> </b>
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or				ĺ
	domesti	c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		х

	990 (2020) BRIGHTER FUTURES FOUNDATION	84-27133	50	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		~ ~		
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		0.4-		
	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		05-		
	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?		051		
	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%				
07	controlled entity or family member or 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				
	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		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		21		x
28					
2	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
а	"Yes," complete Schedule L, Part IV		28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		x
C	"Yes," complete Schedule L, Part IV		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x x
30	Did the organization receive more than \$23,000 in horecash contributions in <i>Tes, complete Schedule W</i>		25		
50	conservation contributions? If "Yes," complete Schedule M		30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X v
32	Did the organization requirate, terminate, or dissolve and cease operations: " res, complete schedule N, rait r		51		x
<b>J</b> 2	complete Schedule N, Part II		32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		55		x
54	or IV, and Part V, line 1		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		554		x
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		005		X
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		50		X
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		57		x
50	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par				л	
n ai	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u>J</u>			
-	reportable gaming (gambling) winnings to prize winners?		1c		
			-		·

	990 (2020) BRIGHTER FUTURES FOUNDATION 84-2713	350	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • •	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization mave excess business noticings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a ⊾	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10		30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
ь 11	Section 501(c)(12) organizations. Enter:	-		
a h	Gross income from members or shareholders	-		
b	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
12a		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.	40-		
а		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2020)
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Form	990 (2020) BRIGHTER FUTURES FOUNDATION 84-27	1335	0	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI				. x
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••••• <b>1a</b>	1			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
_	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
•	any other officer, director, trustee, or key employee?	· ·  -	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct		2		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	-	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-	4 5		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5 6		x
6 7a	Did the organization have members or stockholders?	•••	0		x
1a	one or more members of the governing body?		7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · · -	14		x
5	stockholders, or persons other than the governing body?		7b	v	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· · -	10	x	
Ū	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Γ			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· • [	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· · [1	11a	х	
b	Describe in 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	· · L	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· • [	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	· ·	12c		
13	Did the organization have a written whistleblower policy?	· ·	13		x
14	Did the organization have a written document retention and destruction policy?	· ·	14		x
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization	•••	15b		x
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		46-		
<b>h</b>		· ·	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16b		
Sec	organization's exempt status with respect to such arrangements?	••	100		
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 Forms 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 ( <i>explain on Schedule O</i> )				
19	Describe on 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				
	YOUSUF GHOUSE (630)202-6380, 41 S NAPER BLVD APT 20, Naperville, IL 60540				
				000 //	2000)

Form 990 (202	D) BRIGHTER FUTURES FOUNDATION	84-2713350	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	pensated Employee	es, 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 th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within th	ne	
organization's t	ax year.		

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

x 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or difficer or difficer or director titution						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	ër	Key employee	Highest compensated employee	ner			related organizations
(1) YOUSUF GHOUSE PRESIDENT		x		x				0	0	0
<u>(2)</u>										
<u>(3)</u>										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

-	990 (2020) BRIGHTER FUTURES	FOUNDATI	ON							84	4-2713	350	Р	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees, a	nd H			Comp	ensa	ated Employees (c	ontinued)	I			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Po: eck m ss pei	rson is	han one s both a /trustee employee	n )	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensa from rela organiza (W-2/1099-I	able ation ated tions	cor fi orga	(F) ated am of other npensati rom the nization d organiz	ion and
(15)							ed							
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
<u>(24)</u>														
(25)														
1b	Subtotal			• •	• •	• •		• •						
С	Total from continuation sheets to Part VII, Section		• • •	• •	•••	•••	• • •	• ►						
d	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those lis	ted abo	ove)	who	rece	eived r	nore	e than \$100,000 of					0
		-											Yes	No
3	Did the organization list any former officer, director	, trustee, kev	employ	/ee.	or hi	ahes	st com	pens	sated					
	employee on line 1a? If "Yes," complete Schedule					-						3		x
4	For any individual listed on line 1a, is the sum of re	portable con	npensa	tion	and	othe	r com	pens	ation from the					
	organization and related organizations greater than	\$150,000? <i>l</i> i	f "Yes,"	' con	nplet	e Sc	hedule	ə J fo	or such					
	individual • • • • • • • • • • • • • • • • • • •											4		х
5	Did any person listed on line 1a receive or accrue						-	nizat	tion or individual					
Section	for services rendered to the organization? If "Yes," of	complete Sch	nedule .	J for	SUC	h pei	rson					5		х
	on B. Independent Contractors	tod indonona		otro		that		u a al i	more then \$100.00	0 of				
1	Complete this table for your five highest compensa compensation from the organization. Report comp										Vear			
	(A)			JIGG	ii yoa				(B)			(C)		
	Name and business addres	s							Description of service	es		Compens	ation	
								<b> </b>						
2	Total number of independent contractors (including	u but not limit	od to th	0000	listo	d ab								
4	Total number of independent contractors (including	y but not infill	ou io if	1026	nole	u du	ove) v	VIIU						

Þ

received more than S	6100 000 of comr	pensation from the organization	on

Form 99					84-27133	50 Page 9
Part V	/111	Statement of Revenue				
		Check if Schedule O contains a response or note to any line	(A) Total revenue Rela	(B) ted or exempt tion revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in       1g         Total. Add lines 1a-1f       2	. • 114,370			
Program Service Revenue		Business C         Business C         All other program service revenue         Total. Add lines 2a-2f				
	3 4 5 6a b c	Investment income (including dividends, interest, and other similar amounts)	. •			
venue	7a b	Net rental income or (loss)				
Other Revenu	8a b	Net gain or (loss)				
	9a b c	Net income or (loss) from fundraising events          Gross income from gaming          activities, See Part IV, line 19       9a         Less: direct expenses       9b         Net income or (loss) from gaming activities          Gross sales of inventory, less returns and allowances       10a	•			
Miscellanous Revenue		Less: cost of goods sold				
Misce Rev	d e	All other revenue	. ▶	0	0	0

## BRIGHTER FUTURES FOUNDATION

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 (D) Do not include amounts reported on lines 6b, 7b, (A) (B) (C) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 85,875 85,875 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 . . . . . . . . . . . . . . Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 Other employee benefits ..... 10 Payroll taxes ..... 11 Fees for services (nonemployees): а b С Accounting d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column q (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion ..... 13 Office expenses 200 100 100 14 Information technology 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 Payments to affiliates ..... 21 22 Depreciation, depletion, and amortization 23 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 Total functional expenses. Add lines 1 through 24e 25 . . 86,075 85,875 100 100 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

. . . . . . . . . .

following SOP 98-2 (ASC 958-720)

	990 (20		8	4-271	L3350 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	28,295
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	28,295
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Sal	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds		31	28,295
Net Assets or Fund Balances	32	Total net assets or fund balances	0	32	28,295
ž	33	Total liabilities and net assets/fund balances	0	33	28,295
	-		0	-	20,255

EEA

Form 990 (2020)

Form	990 (2020) BRIGHTER FUTURES FOUNDATION 84	4-2713	350	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.                                    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		114,	370
2	Total expenses (must equal Part IX, column (A), line 25)	2		86,	075
3	Revenue less expenses. Subtract line 2 from line 1	3		28,	295
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		28,	295
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Carol Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	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				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х
	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 Consolidated basis Both consolidated and separate basis				
С	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.				
3a	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?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
EEA			Form	990 (2	2020)

SCHEDULE A
(Form 990 or 990-EZ)

## **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.

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service <b>Go to www.irs.gov/Form990 for instructions and the latest information.</b>							Inspection		
Name	of the	organization						Employer identification	on number
BRIC	HT		FOUNDATION					84-271335	
Par	tl	Reason	for Public Charit	<b>y Status.</b> (All o	rganizations must c	complete	this par	t.) See instructions	3.
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .								
2	Ц				hedule E (Form 990 or 99				
3	Ц	•		•	escribed in section 170(b				
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the								
-		•	e, city, and state:	<i>a. a u</i>					
5	Ш	0	•	Ũ	iversity owned or operate	ed by a gov	ernmental	unit described in	
•			(1)(A)(iv). (Complete P		described in the second				
6 7	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public</li> </ul>								
7	described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	H					d in coniun	rtion with a	land-grant college	
Ū	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		university:		ge ei eigereante (ee		,		g	
10		· -	n that normally receives	s: (1) more than 33	1/3% of its support from c	ontribution	s, member	ship fees, and gross	
	_	receipts from a	ctivities related to its ex	cempt functions - su	bject to certain exception	s; and (2) r	no more tha	an 33 1/3% of its	
		support from g	ross investment income	e and unrelated bus	iness taxable income (les	s section 5	11 tax) from	m businesses	
		acquired by the	organization after June	e 30, 1975. See <b>sec</b>	tion 509(a)(2). (Complete	Part III.)			
11		An organization	n organized and operate	ed exclusively to test	for public safety. See sec	tion 509(a	)(4).		
12		An organization	n organized and operat	ed exclusively for th	e benefit of, to perform th	e functions	of, or to ca	arry out the purposes	
		of one or more	publicly supported orga	inizations described	in section 509(a)(1) or se	ection 509	( <b>a)(2)</b> . See	section 509(a)(3).	
			-		type of supporting organ		•	•	
	а				d, or controlled by its supp				
			•		appoint or elect a majority	of the dire	ctors or tru	stees of the	
		_ ·· ·	organization. You mus	-				( ) I I I	
	b			•	olled in connection with its		-		
			•		n vested in the same pers	ons that co	ontrol or ma	anage the supported	
	~	_ ·	on(s). You must compl		zation operated in connect	tion with a	nd function	ally integrated with	
	С				nust complete Part IV, Se			any integrated with,	
	d				ganization operated in co			orted organization(s)	
	ŭ	_ ,.	, ,		enerally must satisfy a dist			0 ()	
				• •	Part IV, Sections A and D		•		
	е		· ,	-	letermination from the IRS			pe II, Type III	
		functionally	/ integrated, or Type III	non-functionally inte	egrated supporting organi	zation.			
	f	Enter the numb	per of supported organized	zations					
	g	Provide the foll	owing information abou	it the supported org	anization(s).			1	
	(i	Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	• •	support (see instructions)	other support (see instructions)
									,
						Yes	No		
(A)									
(B)	(B)								
(C)									
(D)									
(D)									
(E)									
Total									

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

	dule A (Form 990 or 990-EZ) 2020 BRIGHTER	FUTURES FOU	JNDATION			84-271335				
Pa	ITT II Support Schedule for Organiza									
	(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.)									
_		o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)				
	ction A. Public Support	1	1	1	1	1 1				
	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
_	include any "unusual grants.")					114,370	114,370			
2	Tax revenues levied for the									
	organization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
4	Total. Add lines 1 through 3					114,370	114,370			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						114,370			
Se	ction B. Total Support									
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4					114,370	114,370			
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties, and income from									
	similar sources									
9	Net income from unrelated business									
	activities, whether or not the business									
	is regularly carried on									
10	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
11	Total support. Add lines 7 through 10						114,370			
	Gross receipts from related activities, etc. (se	ee instructions	;)			12				
	First five years. If the Form 990 is for the org									
	organization, check this box and stop here						· · · · ► 🛛			
Se	ction C. Computation of Public Suppor	rt Percentad	e							
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f))		14	%			
15	Public support percentage from 2019 Sched	ule A. Part II. li	ine 14			15	%			
	33 1/3% support test - 2020. If the organizat					or more. check t				
	box and stop here. The organization qualifie									
k	33 1/3% support test - 2019. If the organizat						_			
	this box and <b>stop here.</b> The organization qua						_			
17a	10%-facts-and-circumstances test - 2020.		• • • •	-						
	10% or more, and if the organization meets the	•								
	Part VI how the organization meets the facts				-	-	l			
	organization			-		• • • •				
ł	10%-facts-and-circumstances test - 2019.									
	15 is 10% or more, and if the organization me	-					n			
	in Part VI how the organization meets the fac									
	organization			-	-					
18	<b>Private foundation.</b> If the organization did no									
10	instructions						🕨 🗆			
							990 or 990-EZ) 2020			
EEA						Schedule A (Form	990 OF 990-EZ) 2020			

Sche		FUTURES FOU				84-2713350	) Page <b>3</b>		
Pa	rt III Support Schedule for Organiz								
	(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.)								
Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
	line 6.)								
_	ction B. Total Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6								
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								
	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in 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,								
	and 12.)								
14	First 5 years. If the Form 990 is for the organ				•		_		
-	organization, check this box and <b>stop here</b>	<u> </u>	<u></u>				► <u> </u>		
	ction C. Computation of Public Suppor								
	Public support percentage for 2020 (line 8, c					15	%		
$\frac{16}{2}$	Public support percentage from 2019 Sched					16	%		
	ction D. Computation of Investment Inc			10 1 (	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
17	Investment income percentage for <b>2020</b> (line					17	%		
18	Investment income percentage from 2019 Sc					18	%		
19a	<b>33 1/3% support tests - 2020.</b> If the organiza								
	17 is not more than 33 1/3%, check this box a								
α	<b>33 1/3% support tests - 2019.</b> If the organization 18 is not more than 23 1/3%, shock this h								
20	line 18 is not more than 33 1/3%, check this b	-	-	-		• •			
20	Private foundation. If the organization did no	JULIEUK A DOX	on line 14, 198	I, UL I SD, CHECK	and social sing s		••• 🕨 📋		

Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	l, com	plete	\$
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	′.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
20	-	-		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		<u> </u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	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 <b>Part VI</b> 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.	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja				
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		<b></b>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b		Uu		
D		9b		
~	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	30		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
1 <b>0</b> a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<b></b>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (Fo	orm 990 (	or 990-E	Z) 2020

BRIGHTER FUTURES FOUNDATION

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Schedule A (Form 990 or 990-EZ) 2020

cnec	Aule A (Form 990 of 990-E2) 2020 BRIGHTER FUTURES FOUNDATION	84-2/13350	Г	aye
Pa	rt IV Supporting Organizations (continued)			
			Yes	Ν
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11	o and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide		
	detail in Part VI.	11c		
ec	ction B. Type I Supporting Organizations			
			Yes	Ν
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	or 🛛		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	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 supporte	d		
	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		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dir	ectors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con	trol		
	or management of the supporting organization was vested in the same persons that controlled or mana	ged		
	the supported organization(s).	1		
ec	ction D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of	f the		

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

## Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

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

2a

2b

3a

3

Yes

No

#### BRIGHTER FUTURES FOUNDATION Schedule A (Form 990 or 990-EZ) 2020

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edule A (Form 990 or 990-EZ) 2020 BRIGHTER FUTURES FOUNDATION art V Type III Non-Functionally Integrated 509(a)(3) Supporting O		tions	.3350 Pag			
Check here if the organization satisfied the Integral Part Test as a qualifying						
instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sections	(B) Current Yea			
ection A - Adjusted Net Income		(A) Prior Year	(optional)			
Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
B Other gross income (see instructions)	3					
Add lines 1 through 3.	4					
Depreciation and depletion	5					
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					
Other expenses (see instructions)	7					
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount (A) Prior Year						
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					
e Discount claimed for blockage or other factors						
(explain in detail in <b>Part VI</b> ):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
Subtract line 2 from line 1d.	3					
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
see instructions).	4					
Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
Multiply line 5 by 0.035.	6					
Recoveries of prior-year distributions	7					
Minimum Asset Amount (add line 7 to line 6)	8					
ection C - Distributable Amount			Current Year			
Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 0.85 of line 1.	2					
Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
Enter greater of line 2 or line 3.	4					
income tax imposed in prior year	5					
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
<ul> <li>Check here if the current year is the organization's first as a non-functional</li> </ul>	-	ted Type III supporting	organization			

EEA

Schedule A (Form 990 or 990-EZ) 2020

Type III Non-Functionally Integrated 509(a)(3         D - Distributions         Dunts paid to supported organizations to accomplish exert points paid to perform activity that directly furthers exempted anizations, in excess of income from activity         Ininistrative expenses paid to accomplish exempt purpose points paid to acquire exempt-use assets         alified set-aside amounts (prior IRS approval required) - prior er distributions (describe in Part VI). See instructions.         al annual distributions. Add lines 1 through 6.         wributions to attentive supported organizations to which the point details in Part VI). See instructions.         aributions to attentive supported organizations to which the point details in Part VI). See instructions.         ributable amount for 2020 from Section C, line 6         a amount divided by line 9 amount         E - Distribution Allocations (see instructions)         ributable amount for 2020 from Section C, line 6         lerdistributions, if any, for years prior to 2020         asonable cause required - explain in Part VI). See         ructions.         ess distributions carryover, if any, to 2020         m 2015       m 2015	npt purposes t purposes of supported es of supported organizat rovide details in <b>Part VI</b> )	ions	1 2 3 4 5 6 7 8 9 9 10	Current Year (iii) Distributable Amount for 2020
<ul> <li>bunts paid to supported organizations to accomplish exerption paid to perform activity that directly furthers exemption anizations, in excess of income from activity</li> <li>bunts paid to access of income from activity</li> <li>bunts paid to acquire exempt-use assets</li> <li>bunts paid to acquire exempt purpose</li> <li>bunts paid to acquire exempt purpose</li> <li>bunts to attentive supported organizations to which the paid details in <b>Part VI</b>. See instructions</li> <li>bunts the amount for 2020 from Section C, line 6</li> <li>bunts the amount for 2020 from Section C, line 6</li> <li>bunts the amount for 2020 from Section C, line 6</li> <li>bunts the amount for 2020 from section C, line 6</li> <li>bun</li></ul>	t purposes of supported es of supported organizat rovide details in <b>Part VI</b> ) e organization is respons (i)	ive (ii) Underdistributi	2 3 4 5 6 7 8 9 10	(iii) Distributable
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m 2018				
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al of lines 3a through 3e				
lied to underdistributions of prior years				
lied to 2020 distributable amount				
ryover from 2015 not applied (see instructions)				
nainder. Subtract lines 3g, 3h, and 3i from line 3f.				
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n 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subtract lines 3g and 4a from line 2. For result ter than zero, <i>explain in Part VI</i> . See instructions. aining underdistributions for 2020. Subtract lines 3h 4b from line 1. For result greater than zero, <i>explain in</i> <i>VI</i> . See instructions. <b>Ess distributions carryover to 2021</b> . Add lines 3j 4c. kdown of line 7:	Subtract lines 3g and 4a from line 2. For result ter than zero, <i>explain in Part VI</i> . See instructions. aining underdistributions for 2020. Subtract lines 3h 4b from line 1. For result greater than zero, <i>explain in</i> <i>VI</i> . See instructions. <b>Pass distributions carryover to 2021</b> . Add lines 3j 4c. kdown of line 7: ass from 2016 ass from 2017	Subtract lines 3g and 4a from line 2. For result         ter than zero, explain in Part VI. See instructions.         aining underdistributions for 2020. Subtract lines 3h         4b from line 1. For result greater than zero, explain in         VI. See instructions.         ess distributions carryover to 2021. Add lines 3j         4c.         kdown of line 7:         ess from 2016         ess from 2017         ess from 2018	Subtract lines 3g and 4a from line 2. For result         ter than zero, explain in Part VI. See instructions.         aining underdistributions for 2020. Subtract lines 3h         4b from line 1. For result greater than zero, explain in         VI. See instructions.         ess distributions carryover to 2021. Add lines 3j         4c.         kdown of line 7:         ess from 2016         ess from 2017         ess from 2018

Oshashila A (Ess	n 990 or 990-EZ) 2020 Page 8
Part VI	Page 8 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.)

SCHEDULE C	I	Political Campaign an	OMB No. 1545-0047						
(Form 990 or 990-EZ)	E					2020			
		Organizations Exempt From Income Ta		.,					
Department of the Treasury Internal Revenue Service	Complet	<ul> <li>e if the organization is described below</li> <li>Go to www.irs.gov/Form990 for in:</li> </ul>			or Form 990-EZ. tion.	Open to Public Inspection			
	vered "Yes," o	n Form 990, Part IV, line 3, or Form 990	D-EZ, Part V, line 46	(Political Can	npaign Activities),				
	-	omplete Parts I-A and B. Do not complete							
		501(c)(3)) organizations: Complete Parts	I-A and C below. Do	not complete	Part I-B.				
<ul> <li>Section 527 organiz</li> <li>If the organization answ</li> </ul>	•	n Form 990, Part IV, line 4, or Form 990	)-EZ. Part VI. line 47	(Lobbving A	ctivities). then				
-		at have filed Form 5768 (election under se				art II-B.			
	-	at have NOT filed Form 5768 (election un	. ,,	•	•				
If the organization answ Tax) (see separate instru-		n Form 990, Part IV, line 5 (Proxy Tax)	(see separate instru	ictions) or Fo	rm 990-EZ, Part V,	line 35c (Proxy			
• Section 501(c)(4), (5		izations: Complete Part III.							
Name of organization					Employer identific	ation number			
BRIGHTER FUTURE			contion E01(a)		84-271				
-		organization is exempt under	,			nization.			
1 Provide a description definition of "politica	0	nization's direct and indirect political camp	aign activities in Part	IV. (See Instri	uctions for				
					<b>⊳</b> \$				
1 0	, ,								
		organization is exempt under							
1 Enter the amount of	of any excise ta	x incurred by the organization under sect	ion 4955		· · · · ▶ \$				
2 Enter the amount of	of any excise ta	x incurred by organization managers und	er section 4955		· · · · ▶ \$				
5		ion 4955 tax, did it file Form 4720 for this	)						
4a Was a correction m	nade? •••					· Yes No			
b If "Yes," describe in									
•	Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).								
	• •	ed by the filing organization for section 52	•						
					· · · · ▶ \$				
		anization's funds contributed to other orga			► ¢				
•		es. Add lines 1 and 2. Enter here and on F			· · · · · • • •				
	•				• \$				
						. Yes No			
		employer identification number (EIN) of a							
organization made	payments. For	each organization listed, enter the amou	nt paid from the filing	organization's	s funds. Also enter				
		ns received that were promptly and direct							
as a separate segr	egated fund or	a political action committee (PAC). If add	litional space is need	ed, provide inf	ormation in Part IV.				
(a) Name		(b) Address	(c) EIN	(d) Amou	nt paid from	(e) Amount of political			
(u) Namo			(0) 2			contributions received and			
				funds. If no	one, enter -0	promptly and directly delivered to a separate			
						political organization.			
						If none, enter -0			
(1)									
(2)									
(3)									
(4)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2020

EEA

-	dule C (Form 990 or 990-EZ) 2020 BRIGHTER FUTUR		84-27133						
Pa		s exempt under section 501(c)(3) and filed	Form 5768 (elec	tion under					
	section 501(h)).								
Α	Check 🕨 🗌 if the filing organization belongs to an	affiliated group (and list in Part IV each affiliated group mem	iber's name,						
	address, EIN, expenses, and share of excess lobbying expenditures).								
В	Check 🕨 🗌 if the filing organization checked box A	and "limited control" provisions apply.							
	Limits on Lobbyir	ng Expenditures	(a) Filing	(b) Affiliated					
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals					
1a	Total lobbying expenditures to influence public opinio	n (grassroots lobbying)							
b	Total lobbying expenditures to influence a legislative l	body (direct lobbying)							
c	Total lobbying expenditures (add lines 1a and 1b)								
d	Other exempt purpose expenditures								
е	Total exempt purpose expenditures (add lines 1c and	1d)							
f	Lobbying nontaxable amount. Enter the amount from	the following table in both							
	columns.								
	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.							
g	Grassroots nontaxable amount (enter 25% of line 1f)								
h	Subtract line 1g from line 1a. If zero or less, enter -0-								
i	Subtract line 1f from line 1c. If zero or less, enter -0-								
j	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?			Yes 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.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)		<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

EEA

Schedule C (Form 990 or 990-EZ) 2020

_	ule C (Form 990 or 990-EZ) 2020 BRIGHTER FUTURES FOUNDATION rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find the organization (election under section 501(h)).	84- iled F	-2713 orm {	350 5768	P	age 3			
		(	a)		(b)				
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	o Amoun		:			
1	During the year, did the filing organization attempt to influence foreign, national, state or local								
	legislation, including any attempt to influence public opinion on a legislative matter or								
	referendum, through the use of:								
а	Volunteers?								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?								
С	Media advertisements?								
d	Mailings to members, legislators, or the public?								
е	Publications, or published or broadcast statements?								
f	Grants to other organizations for lobbying purposes?								
g	Direct contact with legislators, their staffs, government officials, or a legislative body?								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?								
i	Other activities?								
j	Total. Add lines 1c through 1i								
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?								
b	If "Yes," enter the amount of any tax incurred under section 4912								
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912								
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?								
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), (	or sec	tion					
	501(c)(6).								
					Yes	No			
1	Were substantially all (90% or more) dues received nondeductible by members?			1					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • •		2					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	• •		3					
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c				_	_			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O	R (b)	Part I	II-A, li	ne 3	, is			
	answered "Yes."								
1	Dues, assessments and similar amounts from members	••	1						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of								
	political expenses for which the section 527(f) tax was paid).								
а	Current year	••	2a						
b	Carryover from last year	••	2b						
С	Total	•••	2c						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3						
4									
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying								
	and political expenditure next year?								
5	Taxable amount of lobbying and political expenditures (See instructions)	• •	5						
	rt IV Supplemental Information								
Prov	de 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, line	s 1 and	l						

2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE F (Form 990)	s	OMB No. 1545-0047								
(F0III 990)	► Compl	ete if the orga	nization answer	red "Yes" on Form 990, Part I	V. line 14b. 15. or 16	s.	2020			
Department of the Treasury	► Attach to Form 990									
Internal Revenue Service	▶	Go to www.i	rs.gov/Form990	for instructions and the lates	t information.		Inspection			
Name of the organization						Employer	identification number			
BRIGHTER FUTURE				mited Ctates Complete if t	he execution of	84-271				
	90, Part IV, line		Outside the U	nited States. Complete if t	ne organization ar	iswered	res on			
			n records to subs	stantiate the amount of its grants	and					
•	0			ce, and the selection criteria us						
	ts or assistance?						. 🗙 Yes 🗌 No			
•		rt V the organiz	ation's procedure	es for monitoring the use of its g	rants and other assist	tance				
outside the Unit	ted States.									
2 Activitics por D	agian (The followin	a a Dant Llina 2		liceted if additional analysis a						
3 Activities per Ro (a) Region	•	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity lister	d in (d) is	(f) Total			
		of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program se describe specific service(s) in the	type of	expenditures for and investments in the region			
(1)Sub-Saharan	Africa		1	Program services	Medical		85,875			
(2)										
(3)										
(4)										
(5)										
(6)										
_(7)										
(8)										
(9)										

(10)				
(11)				
<u>(12)</u>				
<u>(13)</u>				
<u>(14)</u>				
(15)				
(16)				
(17)				
3a	Subtotal	1		85,875
b	Total from continuation			
C	Totals (add lines 3a and 3b)	1		85,875

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

Schedule F (Form 990) 2020 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

#### BRIGHTER FUTURES FOUNDATION

#### 84-2713350

Page 2

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
)		Sub-Saharan Africa		15,660	CASH			
)								
)								
)								
)								
)								
)								
)								
)								
0)								
1)								
2)								
3)								
4)								
5)								
6)								
2 Enter total number of re-		above that are recognized as charitie nich the grantee or counsel has provid			1	•	I	1
		s						

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

Part III

BRIGHTER FUTURES FOUNDATION Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

84-2713350

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Page 3

EEA	s	chedu	le F (Fo	orm 990)	2020
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X I	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	Foreign Partnerships (see Instructions for Form 8865)		Yes	хI	No
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	_		_	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
		_		_	
	Fund (see Instructions for Form 8621)		Yes	хI	No
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
	Certain Foreign Corporations (see Instructions for Form 5471)		Yes	<u>x</u> I	No
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To			<u>ل</u> ا	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
2	Did the exercited terms on expression interact in a fareign correction during the terr year? If "V "				
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	П	Yes	хI	No
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	_		_	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and				
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may				
	Corporation (see Instructions for Form 926)	Π	Yes	x I	No
•	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"				

Schedule F (Form 990) 2020

Schedule F (Fo	orm 990) 2020
Part V	Supp

#### BRIGHTER FUTURES FOUNDATION

**Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

84-2713350

Page 5

#### 01. Use of grant monitoring procedures (Part I, line 2)

#### THE ORGANIZATION UTILIZES STANDARD ACCOUNTING PROCEDURES TO MAINTAIN RECORDS OF THE

#### AMOUNT OF ASSISTANCE PROVIDED. THE ORGANIZATION'S OFFICERS AND OTHER VOLUNTEERS

#### PROVIDE DIRECT MEDICAL ASSISTANCE TO THOSE IN NEED, AND ALL EXPENSES INCURRED ARE FOR

#### PROVIDING THAT ASSISTANCE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

### BRIGHTER FUTURES FOUNDATION

84-2713350

## 01. Governing body decisions (Part VI, line 7b)

THE Bright Futures Foundation IS A PARTNERSHIP OF BELIEVERS ON A GLOBAL MISSION TO SPREAD

GOD'S WORD BY HELPING OTHERS IN NEED. WITH A FOCUS ON MEDICAL OUTREACH, WE PROVIDE HOPE

THROUGH HEALING, SUCCESS THROUGH SACRIFICE, AND FAITH THROUGH FRIENDSHIP TO GAIN A BETTER

UNDERSTANDING OF WHAT IT TRULY MEANS TO SERVE.

## 02. Form 990 governing body review (Part VI, line 11)

THE ORGANIZATION'S PRESIDENT REVIEWED THE RETURN BEFORE FILING WITH THE IRS.

## 03. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE AVAILABLE UPON REQUEST.