| Form | 990 |
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| FOUL | JJU |

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service the 0001 colorsion of a

| AF | For the | e 2021 calendar year, or tax year beginning and | ending | | |
|---------------|--|---|---------------|------------------------------|-------------------------------|
| B c | Check if applicabl | e: C Name of organization | | D Employer identifie | cation number |
| | Address BRIGHTER FUTURES FOUNDATION | | | | |
| | Name Change Doing business as 84-2713 | | | | 50 |
| | Image of the second | | | | r |
| | Final return | | | (630)202 | |
| | termir ated | | | G Gross receipts \$ | 188,965. |
| | Amen return | | | H(a) Is this a group re | eturn |
| | Applic tion | F Name and address of principal officer. 100001 GI10001 | | for subordinates | ? Yes 🗶 No |
| | pendi | ⁹ SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: 🗴 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) (| or 🗌 527 | If "No," attach a | list. See instructions |
| | | te: ► HTTPS: //WWW.BRIGHTERFUTURESUSA.ORG/ | | H(c) Group exemptio | |
| | | organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨 | L Year | of formation: 2019 | A State of legal domicile: IL |
| Pa | art I | Summary | | | |
| đ | 1 | Briefly describe the organization's mission or most significant activities: WE El | | | |
| Governance | | EVERYONE WITH A DESIRE FOR AN EDUCATION | BE IT | ISLAMIC OR | SECULAR |
| srna | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | sets. |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 0 |
| ڻ م | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 |
| Activities & | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 0 |
| viti | | Total number of volunteers (estimate if necessary) | | | 3 |
| \ct i | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | 7b | 0. |
| | | | | Prior Year | Current Year |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 114,370. | 188,965. |
| enu | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Revenue | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| ш | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 114,370. | 188,965. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 85,875. | 160,262. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | L | 0. | 0. |
| - ad x | b | • • • • • • • • • • • • • • • • • • • | 85. | | |
| ш | 1 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 200. | 685. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 86,075. | 160,947. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 28,295. | 28,018. |
| s or | | | Be | ginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 28,295. | 56,313. |
| it As | 21 | Total liabilities (Part X, line 26) | | 0. | 0. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 28,295. | 56,313. |
| | art II | Signature Block | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | | 1 | |

| Sign | Signature of officer | | | Date | | |
|-------------|---|------------------------------------|-------|-----------------------------|--|--|
| Here | YOUSUF GHOUSE, PRESIDE | NT | | | | |
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | | |
| Paid | ARSALAN ASHRAF | ARSALAN ASHRAF | 08/04 | /22 self-employed P01720763 | | |
| Preparer | Firm's name 🕒 ASHRAF ADVISORY | PLLC | | Firm's EIN 🕨 87-3594691 | | |
| Use Only | Firm's address 🖕 450 CENTURY PKWY | | | | | |
| | ALLEN, TX 750138 | 044 | | Phone no. (972) 992-0946 | | |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notic | ce. see the separate instructions. | | Form 990 (2021) | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 990 (2021) BRIGHTER FUTURES FOUNDATION | 84-2713350 Page 2 |
|---------|--|--------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: WE ENVISION A WORLD WHERE EVERYONE WITH A DESIRE FOR AN | EDUCATION BE |
| | IT ISLAMIC OR SECULAR IS ABLE TO ATTAIN ONE, REGARDLESS | |
| | INCOME OR GEOGRAPHIC LOCATION. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| ~ | If "Yes," describe these new services on Schedule O. | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | |
| | revenue, if any, for each program service reported. | |
| 4a | | nue \$) |
| | GIVEN THE LOW COST OF BUILDING AND PURCHASING GOODS IN T | |
| | BEEN ABLE TO MAKE A SIZABLE IMPACT. A MERE 50 USD IS ENC A STUDENT FOR A MONTH. 200 USD IS ENOUGH TO SUPPORT THE | |
| | A STUDENT FOR A MONTH. 200 USD IS ENOUGH TO SUPPORT THE HIFZ TEACHER FOR A MONTH ALONG WITH THEIR WHOLE FAMILY. | SALARI OF ONE |
| | THE TEACHER FOR A MONTH ADONG WITH THEIR WHOLE FAMILIT. | |
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| | | |
| | | |
| 46 | (Code:) (Expenses \$141,563. including grants of \$141,563.) (Reve | |
| 4b | (Code:) (Expenses \$141,563. including grants of \$141,563.) (Reve DISTRIBUTIONS OF FOOD AND CASH TO THOSE IN NEED IN SUB-S | |
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| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reve | nue\$) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | , |
| <u></u> | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 160,262. |) |
| 4e | Total program service expenses 160, 262. | Form 990 (2021) |
| 132002 | 2 12-09-21 | 10111 (2021) |

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3 2021.04012 BRIGHTER FUTURES FOUNDATI BRIGFUT1

| Form 990 (2021) | BRIGHTER ecklist of Required Scheo | | FOUNDATION |
|-----------------|---------------------------------------|--|------------|
| Part IV Ch | dules | | |

| | | | Yes | No |
|--------------|--|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization 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 candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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 | | <u> </u> |
| 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 | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | L_ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| • | Schedule D, Part III | 8 | | |
| 9 | 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 debt negotiation services? | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V | | | - 23 |
| | 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. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. | | | |
| a | | 11a | | x |
| h | Part VI | | | |
| ^D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| 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 foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | |
| 132003 | 12-09-21 | ⊢orm | 330 | (2021) |

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| Form | 990 | (2021) |
|-------|-----|--------|
| FUIII | 330 | 120211 |

| | | | 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 | | |
| | 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 | | |
| Ь | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 254 | | <u> </u> |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | x |
| 06 | Schedule L, Part I | 230 | | |
| 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% | | | x |
| ~- | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | - | | v |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see 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 | | X X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | 37 |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u>x</u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | |
| 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 | | <u>x</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 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 controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Der | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | <u> 1c</u> | 900 | (0001) |
| 132004 | ¹ 12-09-21 5 | ⊢orm | 330 | (2021) |
| | | | | |

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| Form | 990 (2021) BRIGHTER FUTURES FOUNDATION 84-2713 | 350 | Pa | 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 | | |
| | 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 | | Х |
| 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 | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 | | Х |
| 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). | | | |
| a | 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 | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| • | to file Form 8282? | 7c | | Х |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 10 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | _ | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| Ū | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | 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 | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| 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: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 1 2 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | lou | | |
| h | 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 | | | |
| ^ | Enter the amount of reserves on hand | | | |
| 14a | | 14a | | x |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14a | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| 10 | | 15 | | х |
| | excess parachute payment(s) during the year? | 15 | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 47 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | 47 | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| 12000 | If "Yes," complete Form 6069. | Form | 990 | (2021) |
| 132005 | | | | LUCI |

| 13010804 | 162944 | BRIGFUTU |
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| Form 990 | (2021) |
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X

Part 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 on Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | 1 1 | | Yes | INC |
|-----|---|---------------------------|-------------------|------------|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 0 | | |
| | 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 on line 1a, above, who are independent | 1b | 0 | | |
| 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 supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asse | | | | Х |
| 6 | Did the organization have members or stockholders? | | | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | |
| | more members of the governing body? | - | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | | |
| ~ | persons other than the governing body? | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | |
| | The governing body? | | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | | | X | |
| | | | <u>uo</u> | - 21 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | x |
| 200 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | Λ |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue Code.) | | | |
| | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | <u>10a</u> | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before filing the form | ? 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 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 "Y | 'es," describe | | | |
| | on Schedule O how this was done | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | Х |
| | Other officers or key employees of the organization | | 15b | | Х |
| - | 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 arrangem | ent with a | | | |
| | taxable entity during the year? | | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | |
| 5 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | • • | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | | 100 | 1 | |
| | List the states with which a copy of this Form 990 is required to be filed ▶IL | | | | |
| | | d 000 T (contine E01) | $(3) \sim c^{-1}$ | availat | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | ia 990-1 (Section 201(0 | ມເວງຮ oniy) | availat | лe |
| | for public inspection. Indicate how you made these available. Check all that apply. | a : | | | |
| | | on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | nflict of interest policy | , and finan | cial | |
| | 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 boo | ks and records | | | |
| | YOUSUF GHOUSE - 6302026380 | | | | |
| | | | | | |
| | 41 S NAPER BLVD APT 20, NAPERVILLE, IL 60540 | | | 990 | |

| Form | 990 | (2021) |) |
|------|-----|--------|---|
| | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• List all of the organization's **former** officers, key employees, 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.

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-------------------|---------------|--------------------------------|---|---------|--------------|---------------------------------|--------|-----------------|-----------------|---------------|
| Name and title | Average | (do | Position (do not check more than one | | | l than c | ne | Reportable | Reportable | Estimated |
| | hours per | box | . unles | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | ıd a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | · dire | | | | - R | | organization | (W-2/1099-MISC/ | from the |
| | related | ee oi | stee | | | nsat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | al tru | | yee | mpe | | 1099-NEC) | , | and related |
| | below | dual | ution | - | mpla | est co | er | | | organizations |
| | line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | - |
| (1) YOUSUF GHOUSE | 0.00 | | | | | | | | | |
| PRESIDENT | | x | | x | | | | 0. | Ο. | 0. |
| (2) NASEEM GHOUSE | 0.00 | | | | | | | | ••• | |
| SECRETARY | | x | | x | | | | 0. | Ο. | 0. |
| (3) TOOBA GHOUSE | 0.00 | | | - 23 | | | | | | |
| TREASURER | 0.00 | x | | x | | | | 0. | 0. | 0. |
| | | Δ | | ~ | | | | 0. | 0. | 0. |
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| Form 99 | | FUTURES | F | 'OU | ND |)AT | <u>'10</u> | Ν | | 84-27 | 713: | 350 | Pa | age 8 | |
|-------------|--|------------------------|---|-----------------------|---------|---------------|---------------------------------|--------|------------------------------|-------------------|--------|-----------|---------------------|--------------|--|
| Part V | Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | d Hig | ghes | t C | ompensated Employee | s (continued) | | | | | |
| | (A) | (B) | (C) | | | | | | (D) | (E) | | (F) | | | |
| | Name and title | Average | (do | | | ition more | | one | Reportable | Reportable | | Es | timate | ٠d | |
| | | hours per | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | n an | compensation | compensatio | | amount of | | | |
| | | week | | | uau | Tecto | i/irus | lee) | from | from related | | other | | | |
| | | (list any hours for | recto | | | | | | the | organization | | | pensa | | |
| | | related | e or di | ee | | | sated | | organization | (W-2/1099-MIS | SC/ | | om the | | |
| | | organizations | rustee | trus | | ee | npen | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | | • | anizati d relate | | |
| | | below | lual ti | tiona | | yolqr | st cor yee | - | 1000 NEO | | | | nizatio | | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | 0.90 | | | |
| | | | _ | _ | 0 | × | <u> </u> | - | | | | | | | |
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| | | | | | | | | | | | | | | | |
| 1b Su | ıbtotal | | | | | | | | 0. | | 0. | | | 0. | |
| | otal from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. | |
| | otal (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. | |
| | otal number of individuals (including but n | | | | | | | o re | eceived more than \$100, | 000 of reportable | ; | | | | |
| со | ompensation from the organization | | | | | | | | | - | | | | 0 | |
| | | | | | | | | | | | | | Yes | No | |
| 3 Di | d the organization list any former officer, | director, truste | ee, k | ey e | mpl | loye | e, or | hig | hest compensated empl | oyee on | | | | | |
| lin | e 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | - | | - | | 3 | | Х | |
| | or any individual listed on line 1a, is the su | | | | | | | | | | | | | | |
| | nd related organizations greater than \$150 | | | | | | | | | | | 4 | | Х | |
| | d any person listed on line 1a receive or a | | | | | | | | | | | | | | |
| | ndered to the organization? If "Yes." com | | | | | | | | | | | 5 | | Х | |
| | n B. Independent Contractors | | | | | | | | | | | | | | |
| 1 Co | omplete this table for your five highest co | mpensated ind | ере | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of comp | pensat | ion fro | m | | |
| the | e organization. Report compensation for t | the calendar ye | ear e | ndin | ng w | rith c | or wi | thin | the organization's tax y | ear. | | | | | |
| | (A) | | | | | | | | (B) | | | (C | | | |
| | Name and business | address | N | ONE | 2 | | | | Description of s | ervices | С | omper | nsatior | ۱ | |
| | | | | | | | | | | | | | | | |
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| 2 To | otal number of independent contractors (ir | ncluding but no | ot lin | nitec | d to t | _ | | ted | above) who received mo | ore than | | | | | |
| \$1 | 00,000 of compensation from the organiz | zation 🕨 | | | | C |) | | | | | | | | |
| | | | | | | | | | | | | Form | 990 (2 | 2021) | |

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| Ра | rt V | 111 | | | | | | | | |
|---|--------|------|--|-------------|-----------|-----------------------|-----------------------------|-------------------|------------------|--------------------------------------|
| | | | Check if Schedule O c | contains a | respon | se or note to any lir | ne in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| <i>(</i>) <i>(</i>) | 4 | _ | Federated compains | | 4. | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | | • • • • • | | 1a 1b | | - | | | |
| D C L | | | | | 10 1c | | 1 | | | |
| fts, r Ar | | | Fundraising events | | 1d | | - | | | |
| , Gi Jilai | | | Government grants (contri | | 1e | | 1 | | | |
| Sin | | | All other contributions, gifts, | | | | 1 | | | |
| her | | • | similar amounts not included | | 1f | 188,965. | | | | |
| trib Otl | | g | Noncash contributions included in I | | 1g \$ | 20075000 | 1 | | | |
| Con | | - | Total. Add lines 1a-1f | | | | 188,965. | | | |
| <u> </u> | | | | | | Business Code | | | | |
| Ð | 2 | а | | | | | | | | |
| vic | - | b | | | | | | | | |
| Program Service Revenue | | с | | | | | | | | |
| am eve | | d | | | | | | | | |
| ogr Be | | е | | | | | | | | |
| Pro | | f | All other program service | revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | Investment income (includ | ling divide | ends, int | erest, and | | | | |
| | | | other similar amounts) | | | ► | | | | |
| | 4 | | Income from investment o | of tax-exer | npt bon | d proceeds | | | | |
| | 5 | | Royalties | | | ► | | | | |
| | | | | | (i) Real | (ii) Personal | 1 | | | |
| | 6 | а | Gross rents | 6a | | | - | | | |
| | | b | Less: rental expenses \dots | 6b | | | - | | | |
| | | С | Rental income or (loss) | 6c | | | | | | |
| | | | Net rental income or (loss) | | | > | | | | |
| | 7 | а | Gross amount from sales of | | Securitie | s (ii) Other | 4 | | | |
| | | | assets other than inventory | 7a | | | 4 | | | |
| | | b | Less: cost or other basis | | | | | | | |
| Revenue | | | and sales expenses | 7b | | | - | | | |
| eve | | | Gain or (loss) | 7c | | | | | | |
| r R | | | Net gain or (loss) | | | > | | | | |
| Othe | 8 | а | Gross income from fundraisin | | | | | | | |
| 0 | | | including \$ | | | | | | | |
| | | | contributions reported on | | | 0- | | | | |
| | | L | Part IV, line 18 | | | 8a 8b | 1 | | | |
| | | | Less: direct expenses Net income or (loss) from t | | ····· Ľ | | | | | |
| | | | Gross income from gamin | | т | s | | | | |
| | 5 | a | Part IV, line 19 | | | 9a | | | | |
| | | h | Less: direct expenses | | | 9b | 1 | | | |
| | | | Net income or (loss) from | | | | | | | |
| | | | Gross sales of inventory, le | | Г | | | | | |
| | | - | and allowances | | | 10a | | | | |
| | | b | Less: cost of goods sold | | | 10b | | | | |
| | | | Net income or (loss) from | | | | | | | |
| | | | (, | |] | Business Code | | | | |
| sno | 11 | а | | | | | | | | |
| nee | | b | | | | | | | | |
| eve eve | | с | | | | _ | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | | |
| | 12 | | Total revenue. See instruction | ons | | | 188,965. | 0. | 0. | 0. |
| 13200 | 9 12-0 | 09-; | 21 | | | | | | | Form 990 (2021 |

Form 990 (2021)

Page **9**

84-2713350

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 respons | | his Part IX | | |
|----|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | 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 | 160,262. | 160,262. | | |
| 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 Sch 0.) | | | | |
| 12 | Advertising and promotion | <u> </u> | | | |
| 13 | Office expenses | 685. | | 200. | 485. |
| 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 | | | | | |
| 21 | Payments to affiliates | | | | |
| 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 0.) | | | | |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| | All other expenses | 100 040 | 1.00.000 | | 405 |
| 25 | Total functional expenses. Add lines 1 through 24e | 160,947. | 160,262. | 200. | 485. |
| 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) | | | | |

11

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2021.04012 BRIGHTER FUTURES FOUNDATI BRIGFUT1

Form 990 (2021)

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Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net

| | 4 | Accounts receivable, net | L | | 4 | |
|---------------|-----|--|---------------------|---------|-----|------------------------|
| | 5 | Loans and other receivables from any current or forme | | | | |
| | | trustee, key employee, creator or founder, substantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of these pers | | 5 | | |
| | 6 | Loans and other receivables from other disqualified pe | ersons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in sec | ction 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| | 9 | | | | 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 | | 28,295. | 16 | 56,313. |
| | 17 | Accounts payable and accrued expenses | | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV | | 21 | | |
| ş | 22 | Loans and other payables to any current or former offi | | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial | contributor, or 35% | | | |
| abi | | controlled entity or family member of any of these pers | sons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated th | ird 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 | re 🕨 🗌 | | | |
| Fund Balances | | and complete lines 27, 28, 32, and 33. | | | | |
| lan | 27 | Net assets without donor restrictions | | | 27 | |
| Ba | 28 | Net assets with donor restrictions | | | 28 | |
| pun | | Organizations that do not follow FASB ASC 958, ch | eck here 🕨 🔀 | | | |
| гÐ | | and complete lines 29 through 33. | | | | - |
| ts or | 29 | Capital stock or trust principal, or current funds | | 0. | 29 | 0. |
| sei | 30 | Paid-in or capital surplus, or land, building, or equipme | | 0. | 30 | 0. |
| Net Assets | 31 | Retained earnings, endowment, accumulated income, | | 28,295. | 31 | 56,313. |
| Ne | 32 | Total net assets or fund balances | | 28,295. | 32 | 56,313. |
| | 33 | Total liabilities and net assets/fund balances | | 28,295. | 33 | 56,313. |
| | | | | | | Form 990 (2021) |

(A) Beginning of year

28,295.

1

2

3

84-2713350 Page 11

(B) End of year

56,313.

Form 990 (2021)
Part X Balance Sheet

1

2

| | 990 (2021) BRIGHTER FUTURES FOUNDATION | 84-271 | 3350 | Pag | _{je} 12 |
|----|---|-----------|---------|----------|------------------|
| 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 | 188 | <u> </u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 160 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | <u> </u> | 18. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 28 | 3,29 | 95. |
| 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 | 56 | 5,31 | <u>L3.</u> |
| 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 Cash Corual Conter | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| | 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 | | <u>X</u> |
| | 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 | | | | |
| | 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 Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |
| | | | | | |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(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.

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

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

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Name | me of the organization Employer identification number | | | | | | | | |
|-------|---|---|--------------------------------|--|------------------|------------------|-----------------|--------------|----------------------------|
| _ | _ | BRIG | HTER FUTURI | ES FOUNDATION | 1 | | | | 4-2713350 |
| Par | tl | Reason for Public C | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The o | rgan | ization is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only | one box.) | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | 1 990).) | | | | |
| 3 | | A hospital or a cooperative | • • | | | | - | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, |
| _ | | city, and state: | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | |
| _ | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 [| | A federal, state, or local gov | vernment or governm | ental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 [| X | An organization that normal | lly receives a substar | ntial part of its support fr | om a gove | ernmental (| unit or from th | ie general p | oublic described in |
| - | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 [| | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Parl | t II.) | | | | |
| 9 | | An agricultural research org | | | | | | - | - |
| | | or university or a non-land-g | grant college of agricu | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| г | _ | university: | | | | | | | |
| 10 [| | An organization that normal | | ••• | | | | • | • |
| | | activities related to its exem | | - | | | | | - |
| | | income and unrelated busir | | (less section 511 tax) fro | m busines | ses acquir | red by the org | anization a | Ifter June 30, 1975. |
| г | | See section 509(a)(2). (Cor | . , | | | | | | |
| 11 | | An organization organized a | • | | • | | | | |
| 12 | | An organization organized a | • | • | • | | | • | • • |
| | | more publicly supported or | - | | | | | | Check the box on |
| | | lines 12a through 12d that o | | | | | | - | |
| а | | Type I. A supporting orga | | - | • • • • | - | | | |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority c | of the direc | tors or trustee | es of the su | Ipporting |
| | _ | organization. You must c | complete Part IV, Se | ctions A and B. | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | ion with it | s supporte | d organizatio | n(s), by hav | ving |
| | | control or management of | f the supporting orga | anization vested in the sa | ame perso | ns that cor | ntrol or manag | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | ind functional | ly integrate | ed with, |
| | | its supported organization | | - | | | | | |
| d | | Type III non-functionally | | | | | | - | |
| | | that is not functionally inte | | | • | | | an attentiv | /eness |
| | | requirement (see instructi | ions). You must con | plete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this box if the orga | | | | | Type I, Type I | I, Type III | |
| | | functionally integrated, or | 51 | nally integrated supporting | ng organiz | ation. | | | - |
| | | er the number of supported o | • | | | | | | |
| g | | vide the following information i) Name of supported | about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monetany | (vi) Amount of other |
| | (| organization | | (described on lines 1-10 | in your governi | ng document? | support (see in | , | support (see instructions) |
| | | | | above (see instructions)) | Yes | No | | , | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | L | | |

| Schedule A | (Form | 990 | 202 |
|------------|-------|-----|------|
| | | 000 | 1202 |

Part II

BRIGHTER FUTURES FOUNDATION

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|----------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | 114,370. | 188,965. | 303,335. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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. | 188,965. | 303,335. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 303,335. |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | 114,370. | 188,965. | 303,335. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 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 | | | | | | 303,335. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| _ | organization, check this box and stop | ohere | - | | | | ►X |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2021 (I | | • | | | 14 | % |
| | Public support percentage from 2020 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2021. If the o | | | | 14 is 33 1/3% or m | ore, check this bo> | and |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2020. If the o | | | | d line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | • • • • | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets th | | | | | | . — |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2021 |

132022 01-04-22

| Schedule A (Form 990) 2021 Part III Support Schedu | | | FOUNDATION | 21 |
|--|---------------------|--------------|------------|----------|
| Fall III Support Scheuu | ne ioi organizatioi | 12 Describer | | <u> </u> |

(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.)

| Section A. Public Support | | | - | | | |
|--|----------------------------|----------------------------|----------------------|---------------------|------------------|-----------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 per- formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization'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.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| c 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, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organi | zation, |
| check this box and stop here | <u></u> | | | | | |
| Section C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 Public support percentage for 2021 (li | ne 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | <u> </u> | |
| 17 Investment income percentage for 20 | 21 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | 2020 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 33 1/3%, and lir | ne 17 is not |
| more than 33 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly | supported organiza | ation | |
| b 33 1/3% support tests - 2020. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3 | %, and |
| line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | anization qualifies | as a publicly supp | orted organizat | on ► |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| 132023 01-04-22 | | | | | Schedu | ıle A (Form 990) 2021 |
| | | 16 | 5 | | | |

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1

Yes No

Part IV | Supporting Organizations

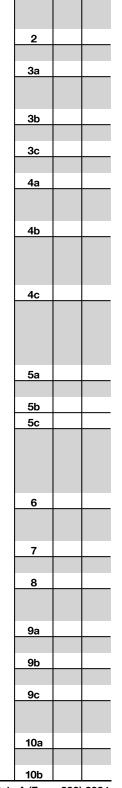
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

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2

Yes No

Yes No

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|--------------------------|--|-----|-----|----|
| | | | | Yes | No |
| 11 | Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fam | nily member of a person described on line 11a above? | 11b | | |
| с | A 359 | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | more direct effect | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported inization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | 0 | including declarge management of the second se | 1 | | |

| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year |
|---|---|
| 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. | |
|--|--|
| Section C. Type II Supporting Organizations | |

| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | |
|-----|--|---|
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | |
| | the supported organization(s). | 1 |
| Sec | tion D. All Type III Supporting Organizations | |

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| c | | The organization supported a governmental entity | Describe in Part VI how you supported a governmental entity (see instructions) |). |
|---|--|--|--|----|
|---|--|--|--|----|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (Form 990) 2021

13010804 162944 BRIGFUTU

| | Schedule A (| Form | 990 |) 202 |
|--|--------------|------|-----|-------|
|--|--------------|------|-----|-------|

| Schedule A | (Form 990) | 2021 | BRIGHTER | FUTURES | FOUNDATION | |
|------------|------------|--------|-----------------------|--------------|------------------|----------|
| Part V | Type III | Non-Fu | Inctionally Integrate | ed 509(a)(3) | Supporting Organ | izations |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
|----------|---|----|-----------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations must | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| <u>a</u> | 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 | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990) 2021

132026 01-04-22

| 1 | Amounts paid to supported organizations to accomplish exem | pt purposes | | 1 | | | |
|----|---|-------------|------|----|--|--|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | |
| 5 | 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | | | | | | |
| 6 | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | |
| 8 | 8 Distributions to attentive supported organizations to which the organization is responsive | | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | |
| 9 | • | | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | |
| | | (i) | (ii) | | | | |

| | | | 0 | | |
|----------|---|-----------------------------|---------------------------------------|----|---|
| 9 | Distributable amount for 2021 from Section C, line 6 | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | 1 | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | ıs | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| <u>a</u> | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| C | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |
| | | | | ~ | |

Schedule A (Form 990) 2021

Current Year

132027 01-04-22

Schedule A (Form 990) 2021

Section D - Distributions

| Schedule A | (Form 990) 2021 | | | FOUNDATION | 84-2713350 Page |
|---------------|-----------------------------------|--|---|--|--|
| Part VI | line 1; Part IV, Section A, lines | 1, 2, 3b, 3c, 4b, 4c , lines 2 and 3; Par | , 5a, 6, 9a, 9b, 9c t IV, Section E, lir | c, 11a, 11b, and 11c; Part IV nes 1c, 2a, 2b, 3a, and 3b; F | ; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, 2art V, line 1; Part V, Section B, line 1e; Part V, part for any additional information. |
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| 32028 01-04-2 | 2 | | | | Schedule A (Form 990) 202 |
| | | | | 21 | |

| | | contractors in the region | recipients located in the region) | of service(s) in the region | in the region |
|---|--------------|------------------------------|-----------------------------------|-----------------------------|---------------|
| | | | | | |
| | | | | | |
| SUB-SAHARAN AFRICA | 0 | 1 | PROGRAM SERVICES | MEDICAL | 160,262 |
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| 3 a Subtotal | 0 | 1 | | | 160,262 |
| b Total from continuation sheets to Part I | 0 | 0 | | | C |
| c Totals (add lines 3a | | | | | |
| and 3b) | 0 | 1 | | | 160,262 |
| HA For Paperwork Reduction A | ct Notice, s | see the Instruct | ions for Form 990. | Schedule F (| Form 990) 202 |
| | | | | | |
| 32071 12-20-21 | | | | | |
| | | | 22 | TER FUTURES FOUNDA | |

| 2 | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the |
|---|---|
| | United States. |

(c) Number of (d) Activities conducted in the region

(by type) (such as, fundraising, pro-

gram services, investments, grants to

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

employees, agents, and

independent

(b) Number of

offices

in the region

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. |
|--|--|
| Name of the organizatior | |

BRIGHTER FUTURES FOUNDATION

Form 990, Part IV, line 14b.

SCHEDULE F (Form 990)

(a) Region

Part I

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Open to Public Inspection

OMB No. 1545-0047

Yes X No

(f) Total

expenditures

for and

investments

| Employer | identification | number |
|----------|----------------|--------|
| | aomanoaaom | |

84-2713350

(e) If activity listed in (d)

is a program service,

describe specific type

Schedule F (Form 990) 2021

BRIGHTER FUTURES FOUNDATION

84-2713350

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) N | lame 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 | WELFARE SERVICES | 160,262. | CASH | ٥. | | |
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| 2 | Enter total number of | l recipient organization | I ns listed above that are r | l recognized as charities by the f | l oreian country | l recognized as a tax | | | <u> </u> |
| | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | |
| | Enter total number of other organizations or entities | | | | | | | | |

Schedule F (Form 990) 2021

| BRIGHTER | FUTURES | FOUN | IDATION |
|----------|---------|------|---------|
| | | | |

84-2713350

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) 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) |
|---------------------------------|-------------------|--------------------------|---------------------------------|--|---|---------------------------------------|---|
| | | | | | | | |
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Schedule F (Form 990) 2021

| Part IV | Foreign Form | S | | |
|------------|-----------------|----------|---------|------------|
| Schedule F | (Form 990) 2021 | BRIGHTER | FUTURES | FOUNDATION |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021 BRIGHTER FUTURES FOUNDATION 84-2 Part V 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.

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 F (Form 990) 2021

132075 12-20-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2 Ľ **Open to Public** Inspection Employer identification number

BRIGHTER FUTURES FOUNDATION

84-2713350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IS ABLE TO ATTAIN ONE, REGARDLESS OF THEIR INCOME OR GEOGRAPHIC

LOCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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

IRS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Brighter Futures Foundation 41 S NAPER BLVD APT 20 Naperville, IL 60540

Prepared By:

ASHRAF ADVISORY PLLC 450 CENTURY PKWY ALLEN, TX 750138044

Amount of Tax:

Balance due of \$115

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

August 29, 2022

Special Instructions:

The report should be signed and dated by an authorized individual(s).

| For Off | fice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL | | | Form AG990-IL Revised 1/19 |
|-----------------|---|---------------------------------|--|--|
| PMT | | - | | |
| | Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601 | pn C | | 72445767 |
| | | | | all items attached: |
| AMT | | | | f IRS Return d Financial Statements |
| | | Make Checks 🕒 Payable to 🛛 🗌 | | f Form IFC |
| INIT | | the Illinois | | Annual Report Filing Fee |
| | | | | 0 Late Report Filing Fee |
| Feder | al ID # 84-2713350 MO DAY YR | | | MO DAY YR |
| Are co | · · · · · · · · · · · · · · · · · · · | ganization was cre | eated: | 08/26/2019 |
| | | Year-end | | |
| | NAME BRIGHTER FUTURES FOUNDATION | amounts A) ASSETS | A) \$ | 56,313. |
| | MAIL DDRESS 41 S NAPER BLVD APT 20 | B) LIABILITIES | A) \$ B) \$ | <u> </u> |
| | , STATE NAPERVILLE, IL | C) NET ASSETS | C) \$ | 56,313. |
| | IP CODE 60540 | -, | -/ + | |
| ١. | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: | PERCENTAGE | | AMOUNT |
| | D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | 100.000 | | 188,965. |
| | E) GOVERNMENT GRANTS & MEMBERSHIP DUES | | % E) \$ | |
| | F) OTHER REVENUES | C | % F)\$ | |
| | | 100 9 | % G)\$ | 188,965. |
| п. | G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR: | 100 5 | % μ)ψ | 100,903. |
| | H) OPERATING CHARITABLE PROGRAM EXPENSE | Q | % H) \$ | |
| | ., | | ··· ·· · · · · · · · · · · · · · · · · | |
| | I) EDUCATION PROGRAM SERVICE EXPENSE | a | % I) \$ | |
| | | | | <u>^</u> |
| | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | C | %J)\$ | 0. |
| | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): | | | |
| | $\frac{1}{2}$ | | | |
| | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS | 99.574 | % К)\$ | 160,262. |
| | | | | |
| | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) | 99.574 | % L) \$ | 160,262. |
| | | 0 1 2 4 | | 200 |
| | M) MANAGEMENT AND GENERAL EXPENSE | 0.124 | % M)\$ | 200. |
| | N) FUNDRAISING EXPENSE | 0.301 | % N)\$ | 485. |
| | | 00001 | <u>/σ Ν/φ</u> | |
| | 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) | 100 % | % 0)\$ | 160,947. |
| ш. | SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: | | | |
| | (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) | | | |
| | PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS | 100 0 | % P) \$ | 0. |
| | P) TOTAL AMOUNT RAISED BT PAID PROFESSIONAL FUNDRAISERS | 100 % | % Γ)ψ | 0. |
| | Q) TOTAL FUNDRAISERS FEES AND EXPENSES | a | % Q)\$ | |
| | -, | | , , | |
| | R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) | a | % R)\$ | |
| | PROFESSIONAL FUNDRAISING CONSULTANTS: | | | - |
| N / | S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS | ND. | S) \$ | 0. |
| 1. | COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEA | NR : | T) \$ | |
| | T) NAME, TITLE: U) NAME, TITLE: | | U) \$ | |
| | V) NAME, TITLE: | | V) \$ | |
| v. | CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES |)) | List o | n back side of instructions |
| | | | | CODE |
| 198091 04-01-21 | W) DESCRIPTION: | | W)# | |
| 98091 | X) DESCRIPTION: Y) DESCRIPTION: | | X) # Y) # | |
| 1 🕀 👘 | Y) DESCRIPTION: | | T) # | |

| IF | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | | YES | NO |
|-----|---|-----------------|-----|----|
| | | | 163 | |
| 1. | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? | . 1. | | Х |
| 2. | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY | | | |
| | COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | 2. | | X |
| 3. | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE | | | |
| | ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | . 3. | | Х |
| 4. | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | . 4. | | X |
| 5. | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON | | | |
| | OR ORGANIZATION? | 5. | | Х |
| 6. | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | 6. | | X |
| 7a. | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS | | | |
| | BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | . 7. | | Х |
| 7b. | IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$; | | | |
| 8. | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | 8. | | X |
| 9. | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR | | | |
| | REVOKED BY ANY GOVERNMENTAL AGENCY? | . 9. | | Х |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, | 10 | | x |
| | COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | . 10 . [| | |
| 11. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: | | | |
| | CHASE BANK | | | |
| | 1455 N NAPER BLVD | | | |
| | NAPERVILLE, IL 60563 | | | |
| | | | | |
| 12. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: YOUSUF GHOUSE - 6302026380 | | | |

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

| BE SURE TO INCLUDE ALL FEES DUE: | YOUSUF GHOUSE | | | | | |
|--|-----------------------------------|-----------|------|--|--|--|
| 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. | PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE | | | |
| 2.) FOR FEES DUE SEE INSTRUCTIONS. | TOOBA GHOUSE | | | | | |
| 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. | TREASURER OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE | | | |
| • | ARSALAN ASHRAF | | | | | |
| 198101 04-01-21 | PREPARER (PRINT NAME) | SIGNATURE | DATE | | | |