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Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΔF	or the	2015 calendar year, or tax year beginning January / , 2015, a	nd ending	Dece		r 3/ ,20/5
_	heck if ap					entification number
_	Address c			47	- 39	57693
	lame cha		Room/suite	E Teler		
=	nıtıal retur			20	1/-9	7/3-/33/
= '	inal retun Imended	City or town, state or province, country, and ZIP or foreign postal code		F Gro	Jр Ехе	mption
=		return Teaneck, New Jersey 07666			nber I	•
-		ing Method: ☐ Cash ☐ Accrual Other (specify) ►	Н	Check	▶ □	f the organization is not
	/ebsite					ach Schedule B
J Ta	ex-exen	npt status (check only one) — \$\overline{\subset} 501(c)(3)\$ \$\overline{\subset} 501(c)(\$\overline{\chi}\$\$ (insert no) \$\overline{\subset} 4947(a)(1)\$ or	<u></u>	(Form 9	90, 99	0-EZ, or 990-PF).
KF	orm of	organization: Corporation Trust Association Other	•	_		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total	assets		
(Par	t II, coli	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ		•	▶ \$	i
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instru	ctions	for Part I)
		Check if the organization used Schedule O to respond to any question in	this Part I			<u>.</u> 🗹
	1	Contributions, gifts, grants, and similar amounts received			1	56782
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	Ø
	4	Investment income			4	<u> </u>
	5a	Gross amount from sale of assets other than inventory 5a	· · · · ·		J	
	b	Less: cost or other basis and sales expenses			القديث	
	Ċ	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)		5c	
	6	Gaming and fundraising events			7 14	
Revenue	а	Gross income from gaming (attach Schedule G if greater than \$15,000)				
Ę.	b	Gross income from fundraising events (not including $$/78$ of	contribution	ıs	1 ' ' '	
Re		from fundraising events reported on line 1) (attach Schedule G if the				
_		sum of such gross income and contributions exceeds \$15,000) 6b	351]_	
	C	Less: direct expenses from gaming and fundraising events . 6c	0		, ,	
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and	6b and sul	otract		
		line 6c)			6d	351
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	<u> </u>
	8	Other revenue (describe in Schedule O)			8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · ·	<u>. Þ</u>	9	57133
	10	Grants and similar-amounts-paid (list in Schedule O)			10	40.426
	11	Benefit 56 6 by for Dembers			11	
es	12	Salanes, other compensation and employee benefits			12	0
o penses	13	Salanes, other compensation and employee benefits			13	2497
Z Ž	14	Gecupatricy, rent, utilities, and maintenance			14	0
Э	15	Printing, publications, postage, and shipping			15	942
2	16	Other@@@ses telescribe in Schedule O)			16	1891
<u></u>	17	Total expenses. Add lines 10 through 16		. •	17	45756
jĸ	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	11 377
Assets	פו	Net assets or fund balances at beginning of year (from line 27, column (A)) end-of-year figure reported on prior year's return)				_
et A	00				19	0
Net Assets Expe	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
<i></i>	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .	<u> </u>	<u>. P</u>	21	11377

Pai	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		• • • • •		22	11377
23	Land and buildings			<u> </u>	23	<u> </u>
24 25	Other assets (describe in Schedule O) Total assets		• • • • • • •	<u> </u>	25	0 11 377
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column		<u>-</u>	Ö	27	11377
Par				Part III)	,	
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗹		Expenses
What	is the organization's primary exempt purpose?					uired for section (3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the sch program title.	services provided	d, the number of	orgar other	nizations, optional for s)
28	Teaneck Packathon for Hair					
	(See Schedule O)					
	(Granta \$ 24 (00) \ If this amount	includes foreign gra	unte check have		28a	38855
29	(Grants \$ 35, 100) If this amount	includes foreign gra	ints, check here .	· · · · · ·	200	3,100
_0	Support for Trois Mares, Ha (See Schedule O)	ìH				
	(See Schedule O)					
	(Grants \$ 4/26) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	4126
30		·				
	Support for Chapottin, Hai	ti				
	(See Schedule O)				20-	1200
31	(Grants \$ / 200) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	7200
31		includes foreign gra			31a	1575
32	Total program service expenses (add lines 28a t	through 31a)		· · · · ▶	32	45.756
Par					nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a				🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	'ee (e) i	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
	Kay 4 Rosaga President		(ii not para, cintar o)	deterred compensation	"	
	Kay H. Roseen, President	20	0	0		0
	Joyce F. Baynes, Treasurer					_
		12	0	0		0
	Bonnie Larson, Secretary	.,,				^
		4	D	0		
	Deborah R Frisby		0			\circ
	Jennifer Inish			 	+	
	Jenni yer IVISA	2	0	0		0
	Jessica Rodgers	· · · · · ·	_		+	
	<u> </u>	2	0			0
			<u> </u>	<u> </u>	<u> </u>	
		:				
				1	\top	· · · · · · · · · · · · · · · · · · ·
		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	ļ		
b 38a	Did the organization file Form 1120-POL for this year?	37b		IV.
ooa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	,		
39	Section 501(c)(7) organizations. Enter:	44	1	, ~ ?
а	Initiation fees and capital contributions included on line 9	_		
b 40a	Gross receipts, included on line 9, for public use of club facilities	┥, .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		-	S. P.C.
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			*.
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	1,50		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ New Jersey			
42a	The organization's books are in care of ▶ Dr. Joyce F. Baynes Telephone no. ▶ 20			
b	Located at ► /44 Hami/fon RI Teaneck NT ZIP + 4 ► 07 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	666	Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	110
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	_V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.0	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	-	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

	•	
		age 4
-	Yes	No
46		
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es te	or line	es
	Yes	No
47		
47 48		
49a		<u>/</u>
49b		
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ived	more	than
		
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Form 99	90-EZ (2	015)							F	Page (
•									Yes	No
46		ne organization engage, directly or inc								
	to ca	ndidates for public office? If "Yes," co	mplete Schedule C	, Part I				46		~
Part	VI	Section 501(c)(3) organizations	only					*		
		All section 501(c)(3) organizations	must answer que	stions 47-49b and	52, and	complete t	he tal	bles f	or lin	es
		50 and 51.	•		•	•				
		Check if the organization used Scho	edule O to respond	l to any question in	this Part	VI				. г
	-	<u></u>		,					Yes	No
47	Did t	he organization engage in lobbying a	ectivities or have a	section 501(h) elect	on in effe	ct during th	e tax		1	1
•••		If "Yes," complete Schedule C, Part						47		_ ا
40	•	organization a school as described in						48	 -	\ <u>\</u>
48		-					•	49a		V
49a		ne organization make any transfers to	=	_						<u> </u>
p		es," was the related organization a sec olete this table for the organization's t						49b		<u> </u>
50		oyees) who each received more than								
	empi	byees) who each received more than	\$100,000 or comper	T T T T T T T T T T T T T T T T T T T			me, er	iler iv	ione.	
	4_3	At a second Address of a second assessment	(b) Average	(c) Reportable		ealth benefits, ions to employe	e (e) E	stimate	ed amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	benefit pl	ans, and deferre		her con		
				()	cor	npensation				
	N	910								
							_			
							}			
				 			1			
				1			ļ.			
f	Total	number of other employees paid ove	r \$100.000	. None						
51		plete this table for the organization's			t contrac	 tors who ea	ch rec	eived:	more	tha
•	\$100	,000 of compensation from the organ	ization. If there is no	one, enter "None."						
	4-1			A) T			/-\ C			
	(a)	Name and business address of each independe	nt contractor	(b) Type of se	Irvice	1	(c) Com	pensau	on	
	Λ.	lone								
				1		İ				
										
						- 1				
										
				 						
						1				
		•••••		1						
	T · ·									
		number of other independent contract	J			ne				
52		the organization complete Schedul	e A'? Note: All se					1.		
		oleted Schedule A	· · · · · · · ·	· · · · · · ·	• • •			✓ Yes		No
		of perjury, I declare that I have examined this re ad complete. Declaration of preparer (other than					knowle	dge and	i belief,	, it is
aue, cc	orect, ar	o complete. Declaration of preparer (other than	omeer) is based on all Init	ormation of writin prepare	r nasany f(T)	Owieuge	,	- / /		
~ :		I force Typaper	<u> </u>			May	2 ره	0/6	<u> </u>	
Sign		Signature of officer	7			Date /				
Here	•	Joyce F. Bay,	nes, reasi	irer						
		Type or print name and title								
Paid	}	Print/Type preparer's name	Preparer's signature	1	Date	Check	if	PTIN		
	Darer					self-em				
•	Only	Firm's name ▶				Firm's EIN ▶				
- 30	J. 11.y	Firm's address ▶				Phone no.				
May t	he IRS	discuss this return with the preparer	shown above? See	instructions			▶ [Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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name c	it the organization	? // // ~				Linployer identification	· · · · · · · · · · · · · · · · · · ·
	Future Forward f					47-39576	
Part							ons.
	ganization is not a private founda		· ·		-	•	
	A church, convention of churcl						
	A school described in section		•			• •	
	A hospital or a cooperative hos						GIA Entor the
	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).		college or university	owned o	r operate	ed by a government	al unit described in
	 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its supp				n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
40							
	 An organization organized and An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi I organizations d	vely for the benefit of, escribed in section 5 0	to perfor 09(a)(1) o	m the fun r <mark>section</mark>	ctions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must corr) the power to re	gularly appoint or ele	-			
b	□ Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	janization vested in th			-	
С	☐ Type III functionally integrated its supported organization(s)						y integrated with,
đ	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
e	Check this box if the organiz						I, Type III
	functionally integrated, or Ty	•	onally integrated supp	orting or	ganizatio	n.	
f	Enter the number of supported of						
<u>g</u>	Provide the following information (i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the d listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . revenues levied Tax for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. The portion of total contributions by each person (other than unit publicly governmental 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. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 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.)

0	17 the organization rails to quality	under the te	010 110104 2011	,	inpicto i ait i	,			
	on A. Public Support	1) 0044	4 > 0040	() 0010	(1) 0044	4) 5045	(A.T.)		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A	N/A	N/A	NA	11111	11104		
2	Gross receipts from admissions, merchandise	NIFI	70/71	70/ 11	10//	56604	56604		
-	sold or services performed, or facilities		_	_	J				
	furnished in any activity that is related to the	N/A))		529	529		
3	organization's tax-exempt purpose	70//1	 /		/	32/			
J	unrelated trade or business under section 513	N/A	/ /			0	٥		
4	Tax revenues levied for the	10//	 						
7	organization's benefit and either paid		(
	to or expended on its behalf	NA		/)	0	D		
5	The value of services or facilities)						
	furnished by a governmental unit to the	,		/					
	organization without charge	N/A	l /	[[0	O		
6	Total. Add lines 1 through 5	N/A N/A			(57133	57133		
7a	Amounts included on lines 1, 2, and 3		1						
	received from disqualified persons .	NA))	0	0		
b	Amounts included on lines 2 and 3	•							
	received from other than disqualified		7		/				
	persons that exceed the greater of \$5,000	N/A	/	\	/		•		
	or 1% of the amount on line 13 for the year	_	/		(/	0	0		
	Add lines 7a and 7b	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	<u> </u>	0	0		
8	Public support. (Subtract line 7c from	Contract Contract			The state of the s		57133		
Socti	on B. Total Support	1 st 2 days a william	Rate State of State	13. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		, w	3773		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9	Amounts from line 6	N/A	N/A-	N/A-	N/A-	57133	57/33		
10a	Gross income from interest, dividends,	MA	N/A-	N/A	~/~	5/135	37/33		
.04	payments received on securities loans, rents,			~					
	royalties and income from similar sources .	NA)		0	0		
b	Unrelated business taxable income (less	•		1					
	section 511 taxes) from businesses	./.	/				_		
	acquired after June 30, 1975	N/A	/			0	0		
C	Add lines 10a and 10b	N/A	1			0	0		
11	Net income from unrelated business)					
	activities not included in line 10b, whether	.1/0		/		ļ	•		
	or not the business is regularly carried on	N/A	(0	<u> </u>		
12	Other income. Do not include gain or			/	/				
	loss from the sale of capital assets	N/A	/		(0	0		
40	(Explain in Part VI.)	10/A	(- \ 					
13	Total support. (Add lines 9, 10c, 11, and 12.)	NA		11	\	57/33	57/33		
14	•		n's first secon	d tkird fourth	or afth tax v				
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
							/		
Secti	organization, check this box and stop he	re					▶ ☑		
Secti 15	organization, check this box and stop he on C. Computation of Public Suppo	re rt Percentag	 je		. /	15	▶ ☑		
	organization, check this box and stop he	re rt Percentag 8, column (f) d		3, column (f))			/		
15 16	organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2015 (line	rt Percentag 8, column (f) d hedule A, Part	je Ivided by line 1 III, line 15	3, column (f))		15	▶ ☑		
15 16	organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2015 (line Public support percentage from 2014 Science)	rt Percentag 8, column (f) d hedule A, Part come Perce	ie Ivided by line 1 III, line 15 Intage	3, column (f))		15	▶ ☑		
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <i>Part VI</i> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	NO
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 <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	1 5,	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <i>Part VI</i> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	-;',	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	46	1 146	3
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a	3	
ь с 6	designated in the organization's organizing document?	5b 5c		2
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	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 <i>Part VI</i> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <i>Part VI</i> .	9b		
C	Did a disqualified person (as defined in 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 .	9c		
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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		Τ	

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
i art	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	1
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	40
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <i>Part</i>			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ļ	
Section	on C. Type II Supporting Organizations	·	h	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <i>Part VI</i> how control	,- ,	74,)1	, 93
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<u> </u>		
Section	on D. All Type III Supporting Organizations	1	<u> </u>	
OCCLIN	on b. Air Type in 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		1	1 41
	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 <i>Part VI</i> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		2	
	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	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
а	\square The organization satisfied the Activities Test. Complete <i>line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <i>Part VI</i> the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ļ
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain			
Section 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		
Section 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):			
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in 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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		3 July 2 3 July 3	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ur.	
2 Enter 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-functional instructions).	y-in	tegrated Type III supporti	ng organization (see

Part		S) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exc	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	ponsiv e	
9	Distributable amount for 2015 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		1 4	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	1 35 90 35 15 15	44 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a				
<u>_</u>		THE PROPERTY OF THE PARTY OF TH	在被从在澳加克·	
d	From 2013	170 1 8 14 12 3	4475 (1 7 - 13) - 16	
	From 2014			
1	Total of lines 3a through e	 	The Market Wall State	
g	Applied to underdistributions of prior years	2		
h	Applied to 2015 distributable amount		حياتها والمستعددا	
i	Carryover from 2010 not applied (see instructions)		28 1. 2. 3. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			1. (1.4)
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	11.17.17.11.11.11.11.11.11.11.11.11.11.1		A CARL SA ME
b	Applied to 2015 distributable amount	7 37 12. 3 7 3.		
c	Remainder. Subtract lines 4a and 4b from 4.	 	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:		1. 71.2	
<u>_</u>				
b	the same of the sa			
	Excess from 2013			
ď	Excess from 2014			
	Excess from 2015		 	
				<u></u>

	orm 990 or 990-EZ) 2015	Page 8
Part VI	Supplemental Information. Provide the explanations requi III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section I 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, S lines 2, 5, and 6. Also complete this part for any additional in	5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, Section D, lines 5, 6, and 8; and Part V, Section E.

		**

SCHEDULE 0 (Fòrm 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Future Forward for Haiti, Inc	Employer identification number 47-3957693
Part I line 10 \$40,426 spent in followix	(manner
35,100 - meals for school children	
3,261 - Salaries for staff in Trois Mares	
1,200 - Salaries for staff in Chapottin	
665 - textbooks for students	
200 - adult literacy teacher	
line 16 \$ 1891 spent in follow	ixy manner
850 - 50/c(3) application fee to IRS	
351 - purchase of t-shirts sold at Packathon event	
335 - rental of forklift	
250 - meals for workers at Packathon	
60 - Charities registration fee to state	
45 - bank fees	
Part II	
Primary exempt purpose: Support of	education, nutrition
and health in Light and Peace Mission Schools and villages	
in Trois Mares and Chapottin, Haiti	
Line 18 Teaneck Packathon for Haiti # 35,100	
November 14, 2015 - 125,058 meals packed for children	
in Haiti by 700 volunteers	
350 school children will benefit	
from these meals for a 50-week	
Year in 2016	