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Short Form Return of Organization Exempt From Income Tax

2015

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning, 2015, and ending, 20

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: BRIGHTER FUTURE INC
Number and street (or P O box, if mail is not delivered to street address): 2521 BROADWAY
City or town, state or province, country, and ZIP or foreign postal code: Houston, TX 77012

D Employer identification number

76-0488351

E Telephone number

(713) 283-0249

F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website:

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue and Expenses. Revenue items include contributions, program service revenue, membership dues, investment income, and gaming events. Expense items include grants paid, salaries, professional fees, and other expenses. Total revenue is 10,730 and total expenses is 10,730, resulting in a deficit of 10,730.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

Handwritten signature and date: 20 [Signature]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here

BRIGHT IHEZUE
Signature of officer *Bright Ihezue* Date *8-8-16*

BRIGHT IHEZUE, ADMINISTRATOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name EDWARD K. APENTEN	Preparer's signature <i>E Apenten</i>	Date 08-08-2016	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01588526
Firm's name EDWARD K. APENTEN CPA PC		Firm's EIN		
Firm's address 14702 RAVENSCROFT WAY Houston TX 77083		Phone no 832-351-3111		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the Organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

BRIGHTER FUTURE INC

Employer identification number
76-0488351

01. General explanation attachment

*BRIGHTER FUTURE INC PROVIDES EDUCATIONAL, PRE VOCATIONAL, JOB PLACEMENT SERVICES AND
OTHER SERVICES TO LOW INCOME INDIVIDUALS AND FAMILIES.

*MOST OF THE INCOME CAME FROM PRIVATE TUITIONS FROM VOCATIONAL AND DRIVERS EDUCATION
CLASSES.

02. Description of other expenses (Part I, line 16)

Description	Amount
RENT	5,400
INSURANCE	300
ADVERTISING	200
REPAIRS AND MAINTENANCE	3,000
TELEPHONE	230
UTILITIES	750
RENEWAL FEES	850