

Form **990**

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. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIGHT BEGINNINGS, INC.		D Employer identification number 52-1697917
	Doing business as		E Telephone number (202) 842-9090
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,371,217.
	3418 4TH STREET, SE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20032		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ERIN FISHER SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BBIDC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1990 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOUSING INSTABILITY WITH A SAFE, NURTURING EDUCATIONAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	30
	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	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,426,041.	Current Year 7,147,039.
	9 Program service revenue (Part VIII, line 2g)	2,331,716.	2,098,780.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,869.	100,313.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,547.	316.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,885,173.	9,346,448.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,260,627.	5,078,144.
16a Professional fundraising fees (Part IX, column (A), line 11e)		97,595.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		430,175.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,917,304.	2,526,646.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,275,526.	7,604,790.	
19 Revenue less expenses. Subtract line 18 from line 12	1,609,647.	1,741,658.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,062,510.	End of Year 12,885,067.
	21 Total liabilities (Part X, line 26)	1,127,946.	1,208,845.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,934,564.	11,676,222.

Part II Signature Block

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	Signature of officer		Date	
	ERIN FISHER, INTERIM EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KAY VOLLANS, CPA	Preparer's signature 	Date 08/04/2022	Check if self-employed <input type="checkbox"/> PTIN P01404047
	Firm's name RUBINO AND COMPANY, CHARTERED	Firm's EIN 52-1186096	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300 BETHESDA, MD 20817-1818	
			Phone no. 301-564-3636	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOUSING INSTABILITY WITH A SAFE, NURTURING EDUCATIONAL ENVIRONMENT TO ENSURE CHILDREN ENTER KINDERGARTEN READY TO LEARN AND PARENTS BECOME SELF-SUFFICIENT.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,316,707. including grants of \$) (Revenue \$ 1,697,046.) BRIGHT BEGINNINGS, INC. CENTER-BASED PROGRAM IS A YEAR-ROUND PROGRAM FOR CHILDREN SIX WEEKS TO FIVE YEARS OLD WHO ARE EXPERIENCING HOUSING INSTABILITY. THE PROGRAM SUPPORTS CHILDREN'S PROGRESS AND DEVELOPMENT THROUGH COMPREHENSIVE SERVICES FOR CHILDREN AND FAMILIES IN THE AREA OF EARLY LEARNING, HEALTH, AND FAMILY WELL-BEING. THE OVERALL GOAL OF BRIGHT BEGINNINGS, INC. IS TO PROVIDE CHILDREN WITH A LEARNING ENVIRONMENT THAT HELPS THEM DEVELOP SOCIALLY, EMOTIONALLY, PHYSICALLY, AND COGNITIVELY TOWARDS SCHOOL READINESS DURING THEIR PROGRAM ENROLLMENT. BBI'S PROGRAM COMPONENTS INCLUDE:

EDUCATION - BRIGHT BEGINNINGS' EDUCATION PROGRAM EQUIPS CHILDREN WITH LEARNING OPPORTUNITIES THAT BUILD LITERACY SKILLS AND PREPARE THEM TO

4b (Code:) (Expenses \$ 509,348. including grants of \$) (Revenue \$) HEALTH & WELLNESS - BRIGHT BEGINNINGS KNOWS THAT HEALTH AND WELLNESS ARE CRITICAL IN PREPARING CHILDREN TO LEARN AND HELPING PARENTS ACHIEVE THEIR EDUCATIONAL AND CAREER GOALS IN ORDER TO TRANSITION OUT OF POVERTY. THUS, BRIGHT BEGINNINGS OFFERS A COMPREHENSIVE HEALTH AND WELLNESS PROGRAM THAT FOCUSES ON ENSURING THAT THE FAMILIES WE SERVE ARE IN THE BEST POSITION POSSIBLE TO LEARN, ACHIEVE, AND THRIVE. NURSES PROVIDE SCREENINGS TO ALL ENROLLED CHILDREN WHETHER THEY ARE IN OUR HOME-BASED OR CENTER-BASED PROGRAM. THESE SCREENINGS EVALUATE CHILDREN'S HEARING AND VISION, MEASURE HEMOGLOBIN LEVELS AND MONITOR GROWTH AND DEVELOPMENT. NURSES REVIEW EACH CHILD'S HEALTH DOCUMENTATION AND PROVIDE ONE-ON-ONE CONSULTATIONS TO PARENTS REGARDING ANY MEDICAL CONCERNS. THEY ALSO TRAIN PARENTS ON HOW TO PROPERLY ADMINISTER

4c (Code:) (Expenses \$ 474,304. including grants of \$) (Revenue \$) FAMILY SERVICES - BRIGHT BEGINNINGS REGULARLY HOSTS PARENT EVENTS, WORKSHOPS, AND CLASSES THAT COVER A WIDE RANGE OF TOPICS. BRIGHT BEGINNINGS OFFERS PHYSICAL AND MENTAL HEALTH AND WELLNESS PROGRAMS, FAMILY FORUM MEETINGS, PARENTING CLASSES, A MOTHERS-ONLY SUPPORT GROUP, A FATHERHOOD PROGRAM, WIC CLUB, A DOMESTIC VIOLENCE SUPPORT GROUP, AND MORE.

BRIGHT BEGINNINGS' FAMILY SERVICES AND EVENTS KEEP PARENTS ENGAGED IN OUR EXTENSIVE PROGRAMMING. PARENTS ARE ENCOURAGED TO VOLUNTEER IN THE CLASSROOMS AND SERVE AS CHAPERONES ON FIELD TRIPS. THEY ALSO SERVE ON OUR PARENT POLICY COUNCIL, WHICH REVIEWS AND APPROVES ALL PROGRAMS AND OPERATING BUDGETS, AND INTERVIEWS KEY PERSONNEL. THROUGH ITS FAMILY

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,505,997. including grants of \$) (Revenue \$ 401,734.)

4e Total program service expenses 5,806,356.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ERIN FISHER - (202) 842-9090 3418 4TH STREET, SE, WASHINGTON, DC 20032

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MARLA DEAN EXECUTIVE DIRECTOR	40.00 1.00			X				178,472.	0.	1,517.
(2) MARIA ESTEFANIA PRESIDENT	1.00	X		X				0.	0.	0.
(3) QUINCY BOOTH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) NANCY REGISTER TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) AIMEE SOLLER SECRETARY	1.00	X		X				0.	0.	0.
(6) HENRY BERMAN DIRECTOR	1.00	X						0.	0.	0.
(7) CYNTHIA BOOTH DIRECTOR	1.00	X						0.	0.	0.
(8) SURAYYAH COLBERT DIRECTOR	1.00	X						0.	0.	0.
(9) STEVE GLAUDE DIRECTOR	1.00	X						0.	0.	0.
(10) MELLANIE LASSITER DIRECTOR	1.00	X						0.	0.	0.
(11) GAIL LOUIS DIRECTOR	1.00	X						0.	0.	0.
(12) SELERYA MOORE DIRECTOR	1.00	X						0.	0.	0.
(13) CAMERON NORMAND DIRECTOR	1.00	X						0.	0.	0.
(14) CYNTHIA PRENTISS DIRECTOR	1.00	X						0.	0.	0.
(15) LAUREN SHARPLESS-ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(16) SHEILA STINSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) NICOLE STREETER DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 32,322.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 4,314,151.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,800,566.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 92,832.				
	h	Total. Add lines 1a-1f		7,147,039.			
Program Service Revenue	2 a	CHILD HEALTH SERVICES	Business Code 624410	2,098,780.	2,098,780.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,098,780.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		125,082.		125,082.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		24,769.			
7 c	Gain or (loss)		-24,769.				
d	Net gain or (loss)		-24,769.		-24,769.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	316.		316.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		316.			
12	Total revenue. See instructions		9,346,448.	2,098,780.	0.	100,629.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,142.	155,520.	24,068.	5,554.
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	4,027,968.	3,411,551.	398,450.	217,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	486,912.	414,484.	60,963.	11,465.
10 Payroll taxes	378,122.	322,803.	34,766.	20,553.
11 Fees for services (nonemployees):				
a Management				
b Legal	95,159.		95,159.	
c Accounting	234,360.		234,360.	
d Lobbying				
e 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 O.)	423,251.	223,494.	112,827.	86,930.
12 Advertising and promotion				
13 Office expenses	393,328.	313,831.	58,906.	20,591.
14 Information technology	87,335.	58,401.	12,260.	16,674.
15 Royalties				
16 Occupancy	732,547.	424,623.	290,906.	17,018.
17 Travel	571.	403.	124.	44.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,450.	34,668.	23,766.	29,016.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,542.	32,810.	5,334.	1,398.
23 Insurance	85,972.	71,216.	11,791.	2,965.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLASSROOM EXPENSES	263,514.	261,029.	2,485.	
b FAMILY SERVICES	79,913.	79,871.	42.	
c BAD DEBT	2,052.		2,052.	
d HOME BASED SERVICES	1,652.	1,652.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,604,790.	5,806,356.	1,368,259.	430,175.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,705,252.	1	4,076,224.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,031,576.	3	433,489.	
	4 Accounts receivable, net	148,612.	4	145,000.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net	1,186,597.	7	1,190,197.	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	55,777.	9	129,384.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	370,433.			
	b Less: accumulated depreciation	153,360.			
		210,324.	10c	217,073.	
	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	6,724,372.	15	6,693,700.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,062,510.	16	12,885,067.		
Liabilities	17 Accounts payable and accrued expenses	880,946.	17	1,208,845.	
	18 Grants payable		18		
	19 Deferred revenue	12,000.	19	0.	
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties	235,000.	24	0.	
	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	1,127,946.	26	1,208,845.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	9,462,785.	27	11,079,248.	
	28 Net assets with donor restrictions	471,779.	28	596,974.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds			29	
	30 Paid-in or capital surplus, or land, building, or equipment fund			30	
	31 Retained earnings, endowment, accumulated income, or other funds			31	
	32 Total net assets or fund balances	9,934,564.	32	11,676,222.	
	33 Total liabilities and net assets/fund balances	11,062,510.	33	12,885,067.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 9,346,448. Line 2: Total expenses 7,604,790. Line 3: Revenue less expenses 1,741,658. Line 4: Net assets at beginning 9,934,564. Line 10: Net assets at end 11,676,222.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Contains 'X' marks for 'Yes' in rows 2a, 2b, 2c, 3a, and 3b.

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: BRIGHT BEGINNINGS, INC. Employer identification number: 52-1697917

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II 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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 97.29%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 97.89%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10% -facts-and-circumstances test - 2020. 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 organization []; 17b 10% -facts-and-circumstances test - 2019. 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 supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Blank lined area for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization: BRIGHT BEGINNINGS, INC. Employer identification number: 52-1697917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Description, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii)...

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Row (1) LEVERAGE LOAN TO WF INVEST FUND with value 6,693,700. Total row also shows 6,693,700.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 (1) Federal income taxes. Total row at the bottom.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AND IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

NO PROVISION FOR INCOME TAXES IS REQUIRED FOR 2021 OR 2020. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. INCOME TAX RETURNS FOR THE YEARS ENDED SEPTEMBER 30, 2020, 2019 AND 2018 REMAIN OPEN TO

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number

52-1697917

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 4a Receive a severance payment or change-of-control payment?
4b Participate in or receive payment from a supplemental nonqualified retirement plan?
4c Participate in or receive payment from an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- 5a The organization?
5b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- 6a The organization?
6b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question, Yes, No. Rows 1a-9 with 'X' marks in the Yes/No columns.

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. MARLA DEAN EXECUTIVE DIRECTOR	(i)	178,472.	0.	0.	0.	1,517.	179,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

A COMPENSATION COMMITTEE OF BOARD LEADERSHIP CONTRACTED FOR AN INDEPENDENT CONSULTANT TO PROVIDE COMPARISON DATA. AFTER STUDYING IT, THE COMPENSATION COMMITTEE MADE A RECOMMENDATION ON ANNUAL SALARY TREATMENT FOR OUR CEO TO THE FULL BOARD IN EXECUTIVE SESSION. THE DECISION MADE BY THE FULL BOARD WAS DOCUMENTED IN EXECUTIVE SESSION NOTES. 2021 COLA WAS ADDED IN MID-MARCH AT THE SAME TIME THE COLA WAS APPROVED BY THE BOARD FOR THE REST OF THE STAFF.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BRIGHT BEGINNINGS, INC.** Employer identification number **52-1697917**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,610.	FAIR MARKET VALUE
5 Clothing and household goods	X		14,327.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	1,995.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	75.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	1	700.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURNITURE)	X	1	70,935.	FAIR MARKET VALUE
26 Other ▶ (GIFT CARDS)	X	3	2,190.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number

52-1697917

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

**ENVIRONMENT TO ENSURE CHILDREN ENTER KINDERGARTEN READY TO LEARN AND
PARENTS BECOME SELF-SUFFICIENT.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**ENTER KINDERGARTEN READY-TO-LEARN AND ON PAR WITH THEIR
HIGHER-RESOURCED PEERS. RESEARCH SHOWS THAT CHILDREN EXPERIENCING
HOUSING INSTABILITY ARE MORE LIKELY TO FALL BEHIND IN SCHOOL, REPEAT A
GRADE, REQUIRE SPECIAL EDUCATION SERVICES, AND ARE LESS LIKELY TO
DEMONSTRATE ACADEMIC PROFICIENCY OR GRADUATE FROM HIGH SCHOOL.**

**BRIGHT BEGINNINGS LARGELY CONCENTRATES ON EARLY LITERACY, AS WELL AS
TEACHING CHILDREN HOW TO RECOGNIZE LETTERS, NUMBERS, STORY THEMES, AND
MORE. WE USE THE EVIDENCE-BASED HIGHSOPE CURRICULUM TO FOSTER SKILLS
AND QUALITIES SUCH AS CURIOSITY, CREATIVITY, COLLABORATION, AND
CRITICAL THINKING. HIGHSOPE'S PLAN/DO/REVIEW METHOD ENCOURAGES
CHILDREN TO PLAN THEIR ACTIVITIES, ASK QUESTIONS, AND MAKE DECISIONS
BASED ON THE INFORMATION THEY HAVE GATHERED. THIS METHOD ALLOWS EACH
CHILD TO DEVELOP AT THEIR OWN PACE IN A SUPPORTIVE AND ENCOURAGING
ENVIRONMENT.**

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

**MEDICATION TO CHILDREN. HEALTH SERVICES COLLECTS AND REVIEWS ALL
MEDICAL DOCUMENTATION AND HELPS TRACK AND MONITOR EACH CHILD'S
INDIVIDUAL HEALTH PLAN. AN ON-SITE NUTRITIONIST PROVIDES NUTRITIONAL
GUIDANCE TO PARENTS, CHILDREN, TEACHERS AND FOOD SERVICE WORKERS. THE**

Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917
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NUTRITIONIST REVIEWS GROWTH ASSESSMENTS COMPLETED BY THE NURSE TO ENSURE THAT CHILDREN IN THE PROGRAM MAINTAIN A HEALTHY WEIGHT. WHEN NUTRITION PROBLEMS ARE IDENTIFIED, THE NUTRITIONIST PROVIDES SUPPORT TO THE FAMILY AND ASSISTS THEM WITH DEVELOPING A PLAN OF ACTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES PROGRAM, BRIGHT BEGINNINGS SUPPORTS THE DAY-TO-DAY SOCIAL SERVICE NEEDS OF THE FAMILIES WE SERVE AND ENCOURAGES ACTIVE ENGAGEMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THERAPEUTIC SERVICES - BRIGHT BEGINNINGS' THERAPEUTIC SERVICES PROGRAM IDENTIFIES AND TREATS MENTAL HEALTH ISSUES AND DEVELOPMENTAL DELAYS IN CHILDREN, AND STAFF WORK TO ENSURE THAT THEY ARE WELL-POSITIONED TO REACH AGE-APPROPRIATE DEVELOPMENTAL MILESTONES. STAFF ALSO PROVIDE COMPREHENSIVE SUPPORT TO THE ENTIRE FAMILY, OFFERING INTERVENTIONS THAT HELP ALLEVIATE THE STRESS FACING FAMILIES WITHOUT HOMES.

CARE TEAMS ENGAGE PARENTS IN ALL ASPECTS OF THEIR CHILDREN'S DEVELOPMENT. STILL, MANY PARENTS STRUGGLE TO PROVIDE SUFFICIENT SUPPORT TO CHILDREN WITH DELAYS SINCE THEY ARE ALSO COPING WITH THEIR OWN TRAUMA AND STRESS. BRIGHT BEGINNINGS' WHOLE CHILD, WHOLE FAMILY APPROACH ENSURES THAT BOTH CHILDREN AND PARENTS ARE SUFFICIENTLY SUPPORTED IN ORDER TO CREATE LASTING POSITIVE CHANGE. BY INTERVENING EARLY AND OFTEN, BRIGHT BEGINNINGS ENSURES THAT CHILDREN ENTER KINDERGARTEN READY TO LEARN. ALL BRIGHT BEGINNINGS STUDENTS RECEIVE THERAPEUTIC AND HEALTH SCREENINGS WITHIN 45 DAYS OF ENROLLMENT. THESE SCREENINGS HELP STAFF DEVELOP INDIVIDUALIZED CURRICULA AND SOCIAL

Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917
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SERVICE PLANS.

WORKFORCE DEVELOPMENT - IN 2021, BRIGHT BEGINNINGS SERVED 80 PARENTS OF YOUNG CHILDREN EXPERIENCING HOUSING INSTABILITY THROUGH OUR WORKFORCE DEVELOPMENT PROGRAM. THIS PROGRAM INCLUDES EDUCATIONAL SUPPORT, TRAINING AND EMPLOYMENT ASSISTANCE. BY OFFERING A FULL RANGE OF WORKFORCE DEVELOPMENT SERVICES, BOTH INDEPENDENTLY AND IN CONCERT WITH OTHER LOCAL ORGANIZATIONS, BRIGHT BEGINNINGS HELPS PARENTS FIND JOBS AND ENROLL IN EDUCATIONAL PROGRAMS, SUPPORTS INTEGRATED AND COLLABORATIVE WORKFORCE DEVELOPMENT ACROSS DC AND INCREASES THE LIKELIHOOD THAT PARENTS WITHOUT STABLE HOUSING ARE ABLE TO ACCESS HIGH QUALITY AND COMPREHENSIVE ASSISTANCE IN ALL AREAS OF THEIR PROFESSIONAL AND EDUCATIONAL DEVELOPMENT. BRIGHT BEGINNINGS PROVIDES A NUMBER OF WORKFORCE-DEVELOPMENT RELATED SUPPORTIVE SERVICES AND WORKSHOPS CREATING DIRECT IMPACTS IN PROFESSIONAL DEVELOPMENT, FINANCIAL LITERACY, RESUME BUILDING, CAREER FAIRS AND MORE.

HOME BASED - BRIGHT BEGINNINGS' HOME-BASED PROGRAM OFFERS EARLY HEAD START SERVICES TO CHILDREN (BIRTH TO THREE) AND THEIR FAMILIES IN WHATEVER ENVIRONMENT THEY CALL HOME. DURING A 90-MINUTE WEEKLY VISIT, HOME VISITORS MEET WITH PARENTS AND CHILDREN IN THE FAMILY'S HOME ENVIRONMENT, COACHING PARENTS ON STRATEGIES TO BE THE CHILD'S FIRST TEACHER, SCREENING AND ASSESSING EACH CHILD AND PROVIDING WRAP AROUND SUPPORT SERVICES.

BRIGHT BEGINNINGS TREATS FAMILIES AS ACTIVE PARTNERS IN THEIR CHILD'S SUCCESS AND CREATES SYSTEMS TO SUPPORT THE ROLE OF PARENTS AS THE PRIMARY EDUCATORS OF THEIR CHILDREN. BRIGHT BEGINNINGS' HOME-BASED

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PROGRAM USES THE PARENTS AS TEACHERS (PAT) FOUNDATIONAL CURRICULUM, WHICH ASSERTS THAT PARENTS ARE THEIR CHILDREN'S FIRST AND BEST TEACHERS. IN ADDITION TO HOME VISITS, TWICE-MONTHLY SOCIALIZATION EVENTS SUPPORT PARENT-CHILD DEVELOPMENT WHILE ALSO FOSTERING A SENSE OF COMMUNITY AMONGST FAMILIES WHO ARE NOT ENROLLED IN THE CENTER-BASED PROGRAM.

EXPENSES \$ 1,505,997. INCLUDING GRANTS OF \$ 0. REVENUE \$ 401,734.

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR PROVIDES A FINAL DRAFT OF THE FORM 990 TO ALL BOARD MEMBERS BY EMAIL PRIOR TO ITS BEING FILED. BOARD MEMBERS ARE ASKED TO REVIEW AND SEND BACK ANY QUESTIONS ABOUT WHAT IS IN THE RETURN BY A GIVEN DATE. ONCE ALL FEEDBACK IS RECEIVED AND ANY EDITS MADE, A MOTION IS MADE TO APPROVE THE FORM 990. ONCE APPROVED, THE RETURN IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS COMPLETE A CONFLICT-OF-INTEREST POLICY FORM ANNUALLY. THE ORGANIZATION MAINTAINS A BOARD PROFILE WHICH IS UPDATED AND MONITORED THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND VOTED ON BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE BOTH UPON REQUEST, AND ON THE GUIDESTAR WEBSITE.

Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917
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FORM 990, PART XII, LINE 2C:

WE HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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2020

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Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BBI HOLDINGS, INC. - 32-0340831 3418 4TH STREET, SE WASHINGTON, DC 20032	OPERATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	BRIGHT BEGINNINGS, INC.	X	

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

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BBI HOLDINGS, INC.	K	383,431.	FMV
(2) BBI HOLDINGS, INC.	D	1,190,197.	BOOK
(3) BBI HOLDINGS, INC.	Q	3,600.	FMV
(4)			
(5)			
(6)			

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. BRIGHT BEGINNINGS, INC.	Taxpayer identification number (TIN) 52-1697917
	Number, street, and room or suite no. If a P.O. box, see instructions. 3418 4TH STREET, SE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20032	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ERIN FISHER

- The books are in the care of ► **3418 4TH STREET, SE - WASHINGTON, DC 20032**
Telephone No. ► **(202) 842-9090** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)