Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending SEP 30

Department of the Treasury

Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax	Taxpayer identif	ication number
BRIGHT BEGINNINGS, INC.	52-1697	917
Name and title of officer or person subject to tax		
ERIN FISHER		
INTERIM EXECUTIVE DIRECTOR		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fr		ou
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wit		
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter the enter -0- on the applicable line below. Do not complete more than one line in Part I.	ered -0- on the	
1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9,346,448.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b	
Part II Declaration and Signature Authorization of Officer or Person Subject to Ta		
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person su	·-	•
(name of organization) Bright Beginnings, Inc. , (EIN) 52-1697917 of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and		have examined a cop
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its a Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic full PIN: check one box only	the tax preparation account. To revolute to the payment taxes to receive a personal ands withdrawal.	n ke
X authorize RUBINO AND COMPANY, CHARTERED	to enter my PIN	97917
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signatur electronically filed return. If I have indicated within this return that a copy of the return is being filed with	entioned ERO to e	enter my
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of		9)
Signature of officer or person subject to tax Fisher	Date >	7/28/22
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5277719999!	9	
Do not enter all zeros	;	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Inform		
IRS _{e-file} Providers for Business Returns.	0/4/0000	
ERO's signature ► Date ►	8/4/2022	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	_

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

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

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2020 calendar year, or tax year beginning $OCT 1$, 2020 and en	nding S	EP 30, 2021						
B c	heck if oplicable:	C Name of organization		D Employer identifie	cation number					
	Address	BRIGHT BEGINNINGS, INC.								
	Name change	Doing business as		52-16979	17					
	Initial return	,	,							
	Final return/	3418 4TH STREET, SE	(202) 842-9090							
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20032		G Gross receipts \$ 9,371,217.						
	」return			H(a) Is this a group return						
	⊥tion pending	F Name and address of principal officer: ERIN FISHER SAME AS C ABOVE		for subordinates						
			527	H(b) Are all subordinates in						
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or le: ► WWW . BBIDC . ORG	327	H(c) Group exemptio	list. See instructions					
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: DC					
		Summary	L TEAT	n ioimation. ±556 K	a State of legal dofficile.					
		Briefly describe the organization's mission or most significant activities: PROVID	DE FAI	MILITES AND (CHILDREN					
ce		EXPERIENCING HOUSING INSTABILITY WITH A SAI								
nan	_	Check this box if the organization discontinued its operations or disposed								
Governance				3	17					
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			17					
∞ಶ		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			106					
Activities		otal number of volunteers (estimate if necessary)			30					
ctiv		otal unrelated business revenue from Part VIII, column (C), line 12			0.					
٧		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Ф	8 (Contributions and grants (Part VIII, line 1h)		7,426,041.	7,147,039.					
'nu	9 F	Program service revenue (Part VIII, line 2g)		2,331,716.	2,098,780.					
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		125,869.	100,313.					
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,547.	316.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,885,173.	9,346,448.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,260,627.	5,078,144.					
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	97,595.	0.					
άx	b 7	Total fundraising expenses (Part IX, column (D), line 25)		2 017 204	2 526 646					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,917,304. 8,275,526.	2,526,646.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,609,647.	7,604,790. 1,741,658.					
s	19 1	Revenue less expenses. Subtract line 18 from line 12								
Net Assets or Fund Balances	20 7	Total accepts (Post V. line 16)	Ве	ginning of Current Year 11,062,510.	End of Year 12,885,067.					
Asse Bala	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		1,127,946.	1,208,845.					
Vet/	22 1	otal liabilities (Part X, line 26) Jet assets or fund balances. Subtract line 21 from line 20		9,934,564.	11,676,222.					
	rt II	Signature Block		3,301,301	11/0/0/11/					
Unde	er penali	ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is					
		, and complete. Declaration of preparer (other than officer) is based on all information of which		· ·	,					
Sigr	,	Signature of officer		Date						
Her		ERIN FISHER, INTERIM EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's s(gnaty/e)		ate Check	PTIN					
Paid	-	KAY VOLLANS, CPA) (08/04/2022 f self-employ						
Prep		Firm's name RUBINO AND COMPANY, CHARTERED		Firm's EIN ▶	52-1186096					
Use	Only	Firm's address ► 6903 ROCKLEDGE DRIVE, SUITE 300								
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636					
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No					

Form	990 (2020) BRIGHT BEGINNINGS, INC.	52-1697917	Page 2
Par	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
'	PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOUSING INSTA	טחדע שחדודם	7
			Α
	SAFE, NURTURING EDUCATIONAL ENVIRONMENT TO ENSURE CHILDR		
	KINDERGARTEN READY TO LEARN AND PARENTS BECOME SELF-SUFF	ICIENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
3			140
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3 , 316 , 707 . including grants of \$) (Reven	nue\$ 1,697,	<u>046.</u>
	BRIGHT BEGINNINGS, INC. CENTER-BASED PROGRAM IS A YEAR-R	OUND PROGRAM	
	FOR CHILDREN SIX WEEKS TO FIVE YEARS OLD WHO ARE EXPERIE	NCING HOUSIN	G
	INSTABILITY. THE PROGRAM SUPPORTS CHILDREN'S PROGRESS A		
	THROUGH COMPREHENSIVE SERVICES FOR CHILDREN AND FAMILIES		
			. 01
		ALL GOAL OF	
	BRIGHT BEGINNINGS, INC. IS TO PROVIDE CHILDREN WITH A LE		
	ENVIRONMENT THAT HELPS THEM DEVELOP SOCIALLY, EMOTIONALL		Υ,
	AND COGNITIVELY TOWARDS SCHOOL READINESS DURING THEIR PR	OGRAM	
	ENROLLMENT. BBI'S PROGRAM COMPONENTS INCLUDE:		
	EDUCATION - BRIGHT BEGINNINGS' EDUCATION PROGRAM EQUIPS	CHILDREN WIT	н
	LEARNING OPPORTUNITIES THAT BUILD LITERACY SKILLS AND PR		
			<u> </u>
4b	(Code:) (Expenses \$ 509,348. including grants of \$) (Reven		
	HEALTH & WELLNESS - BRIGHT BEGINNINGS KNOWS THAT HEALTH		
	ARE CRITICAL IN PREPARING CHILDREN TO LEARN AND HELPING		EVE
	THEIR EDUCATIONAL AND CAREER GOALS IN ORDER TO TRANSITIO	N OUT OF	
	POVERTY. THUS, BRIGHT BEGINNINGS OFFERS A COMPREHENSIVE	HEALTH AND	
	WELLNESS PROGRAM THAT FOCUSES ON ENSURING THAT THE FAMIL	IES WE SERVE	
	ARE IN THE BEST POSITION POSSIBLE TO LEARN, ACHIEVE, AND		
	PROVIDE SCREENINGS TO ALL ENROLLED CHILDREN WHETHER THEY		
	HOME-BASED OR CENTER-BASED PROGRAM. THESE SCREENINGS EVA		
	CHILDREN'S HEARING AND VISION, MEASURE HEMOGLOBIN LEVELS		
	GROWTH AND DEVELOPMENT. NURSES REVIEW EACH CHILD'S HEALT		
	AND PROVIDE ONE-ON-ONE CONSULTATIONS TO PARENTS REGARDIN		<u>L</u>
	CONCERNS. THEY ALSO TRAIN PARENTS ON HOW TO PROPERLY ADM	INISTER	
4c	(Code:) (Expenses \$ 474,304. including grants of \$) (Reven	nue \$	
	FAMILY SERVICES - BRIGHT BEGINNINGS REGULARLY HOSTS PARE		
	WORKSHOPS, AND CLASSES THAT COVER A WIDE RANGE OF TOPICS		
	BEGINNINGS OFFERS PHYSICAL AND MENTAL HEALTH AND WELLNES		
	FAMILY FORUM MEETINGS, PARENTING CLASSES, A MOTHERS-ONLY		IID
	A FATHERHOOD PROGRAM, WIC CLUB, A DOMESTIC VIOLENCE SUPP	ORT GROUP, A	עע
	MORE.		
	<u></u>		
	BRIGHT BEGINNINGS' FAMILY SERVICES AND EVENTS KEEP PAREN	TS ENGAGED I	N
	OUR EXTENSIVE PROGRAMMING. PARENTS ARE ENCOURAGED TO VOL		
	CLASSROOMS AND SERVE AS CHAPERONES ON FIELD TRIPS. THEY		
	OUR PARENT POLICY COUNCIL, WHICH REVIEWS AND APPROVES AL		
			תוז
	OPERATING BUDGETS, AND INTERVIEWS KEY PERSONNEL. THROUGH	TIP LAWITA	
4d	Other program services (Describe on Schedule O.)		
		401,734.)	
4e	Total program service expenses ► 5,806,356.		

52-1697917 Page **3**

Form 990 (2020) BRIGHT BEGINNINGS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
-	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	, , , , , , , , , , , , , , , , , , , ,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
124	, , , , , , , , , , , , , , , , , , ,	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
032003	12-23-20	Form	990	(2020)

BRIGHT BEGINNINGS, INC. 52-1697917 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes No 30 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

BRIGHT BEGINNINGS, INC. 52-1697917 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 106 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2020)

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If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

BRIGHT BEGINNINGS, INC. 52-1697917 Page 6 Form 990 (2020) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	<u>~77∆</u>
1/	List the states with which a copy of this Form 990 is required to be filed	► A V

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Other officers or key employees of the organization

exempt status with respect to such arrangements?

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 18 for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Own website Another's website ___ Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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.

taxable entity during the year?

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, 20032 15b

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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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_				17440		from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 Miles)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
-	line)	lnd	lns	Officer	Ke	e Hig	For			
(1) DR. MARLA DEAN	40.00	-						150 450	•	1 515
EXECUTIVE DIRECTOR	1.00			Х				178,472.	0.	1,517.
(2) MARIA ESTEFANIA	1.00								•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) QUINCY BOOTH	1.00								•	•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) NANCY REGISTER	1.00	3,7		37					0	0
TREASURER	1.00	Х		Х				0.	0.	0.
(5) AIMEE SOLLER	1.00	. ,		77					0	0
SECRETARY (6) HENRY BERMAN	1.00	Х		Х				0.	0.	0.
	1.00	Х						0.	0.	0.
(7) CYNTHIA BOOTH	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(8) SURAYYAH COLBERT	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(9) STEVE GLAUDE	1.00	77						0.	0.	<u>_ </u>
DIRECTOR	1.00	х						0.	0.	0.
(10) MELLANIE LASSITER	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
(11) GAIL LOUIS	1.00	T-								
DIRECTOR		х						0.	0.	0.
(12) SELERYA MOORE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CAMERON NORMAND	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(14) CYNTHIA PRENTISS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LAUREN SHARPLESS-ROBINSON	1.00									
DIRECTOR		Х				L		0.	0.	0.
(16) SHEILA STINSON	1.00									
DIRECTOR	1.00	Х				L		0.	0.	0.
(17) NICOLE STREETER	1.00									
DIRECTOR		Х						0.	0.	0.

52-1697917

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) (18) KISHA WARD 1.00 DIRECTOR 0. Х 0. 0. (19) ERIN FISHER 40.00 X 0. 4,687. CHIEF OF STAFF 117,873. 40.00 (20) DARIN ALLEN 8,227. DEVELOPMENT DIRECTOR X 106,794 0. (21) SHAQUITA TILLMAN 40.00 EDUCATION DIRECTOR X 103,567. 0. 8,944. 506,706. 0. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 506,706. 0. 23.375 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: rieport compensation for the edichad year chaing with or with	Ti the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
YOUR PART-TIME CONTROLLER, LLC, 1500		
WALNUT ST, SUITE 1200, PHILADELPHIA, PA	ACCOUNTING SERVICES	270,408.
JOSEPH AC SMITH MINISTRIES	GRAPHICS AND	
5510 ARAPAHOE DR, FOREST HEIGHTS, MD 20790	PHOTOGRAPHY SERVICES	263,347.
IPURPOSE, LLC, 700 SOUTHERN AVENUE SE,	CLEANING AND	
WASHINGTON, DC 20032	SANITATION SERVICES	167,079.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Form **990** (2020)

\$100,000 of compensation from the organization

3

BRIGHT BEGINNINGS, INC.

Form 990 (2020) BRIGHT :
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Chicar in Concession of Contession and Coppenses	<u></u>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			22 222				30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	32,322.				
ir ou		Membership dues 1b		_			
s, (c	Fundraising events1c					
ä	c	Related organizations 1d					
s, (mil	e	Government grants (contributions) 1e 4,	314,151.				
is is	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f 2,	800,566.				
ĒÖ		Noncash contributions included in lines 1a-1f	92,832.				
Š		Total. Add lines 1a-1f		7,147,039.			
<u> </u>			Business Code	, , , , , , ,			
	0.0	CHILD HEALTH SERVICES		2,098,780.	2 098 780		
ice			024410	2,050,700	2,050,7001		
Program Service Revenue	t						
n S	c						
rar Sev	c						
9 F	e	·					
<u>م</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		2,098,780.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	>	125,082.			125,082.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	-				
	_	(i) Real	(ii) Personal				
	6 -	a Gross rents 6a		-			
				1			
				-			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses	24,769.				
her Revenue	c	Gain or (loss) 7c	-24,769.				
Be		Net gain or (loss)	<u></u>	-24,769.			-24,769.
ē	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	3 6						
	1.	* *************************************	1	-			
		Net income or (loss) from gaming activities	<u></u>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a		-			
	k	Less: cost of goods sold 10k)				
\Box	C	Net income or (loss) from sales of inventory					
_ω			Business Code				
no e	11 a	OTHER INCOME	900099	316.			316.
ane Du	b						
Miscellaneous Revenue	c						
isc Be	c	All other revenue					
Σ	e	Total. Add lines 11a-11d		316.			
	12	Total revenue. See instructions	:	9,346,448.	2,098,780.	0.	100,629.

Form 990 (2020) BRIGHT BEGINNINGS, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			gamana anja amaa a	
	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):				
а	Management				
b	Legal	95,159.		95,159.	
С	Accounting	234,360.		234,360.	
е					
f	Investment management fees				
g					
	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 0.)				
9	CLASSROOM EXPENSES	263,514.	261,029.	2,485.	
a b	FAMILY SERVICES	79,913.	79,871.	42.	
C	BAD DEBT	2,052.	, , , , , , , , ,	2,052.	
d	HOME BASED SERVICES	1,652.	1,652.	2,002.	
-	All other expenses	1,052.	1,002.		
е 25	Total functional expenses. Add lines 1 through 24e	7,604,790.	5,806,356.	1,368,259.	430,175.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,004,100•	3,000,330•	1,500,2550	-JU, 11J
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
	11 Tollowing 50F 90-2 (A50 950-720)				000

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	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					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net			1,186,597.	7	1,190,197.
Assets	8	Inventories for sale or use				8	
ğ	9				55,777.	9	129,384.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	370,433. 153,360.			
	b	Less: accumulated depreciation	. 10b	153,360.	210,324.	10c	217,073.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			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 ed	11,062,510.	16	12,885,067.		
	17	Accounts payable and accrued expenses		880,946.	17	1,208,845.	
	18	Grants payable			10 000	18	
	19	Deferred revenue			12,000.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ä		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	235,000.	23	0.
	24	Unsecured notes and loans payable to unrelat			233,000.	24	0.
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
			,	·		O.E.	
	26	Total liabilities. Add lines 17 through 25			1,127,946.	25 26	1,208,845.
	20	Organizations that follow FASB ASC 958, cl	nack hara	<u>▼</u>	1,127,540.	20	1,200,015.
Se		and complete lines 27, 28, 32, and 33.	ieck fiele				
ŭ	27				9,462,785.	27	11,079,248.
3ala	28				471,779.	28	596,974.
βE		Organizations that do not follow FASB ASC					333,733
Ξ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	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.
	J	rotal liabilities and het assets/fund balances			11,002,010.	JJ	1 12,000,00

Form **990** (2020)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,74:	1,6	<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	<u>,93</u>	4,5	<u>64.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11	,67	6,2	<u> 22.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit				
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			HT BEGINNII					5	2-1697917			
Par	t I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	rgan	ization is not a private found										
1 [A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
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). Enter the hospital's name,										
		city, and state:										
5 [An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or			
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
-		See section 509(a)(2). (Cor	mplete Part III.)									
11	닠	An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).					
12 [An organization organized a	· ·	•	•			-	•			
		more publicly supported or	-						Check the box in			
		lines 12a through 12d that	* *					-				
а			· · · · · · · · · · · · · · · · · · ·	•	•	-						
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	upporting			
		organization. You must o										
b			•				-		-			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted			
		organization(s). You mus			:		6	:	ملئند. ام			
С		☐ Type III functionally inte	-					y integrate	ed with,			
الم		its supported organization		·				tad araani	ration(a)			
d		Type III non-functionally that is not functionally int	•				• •	•	` '			
		requirement (see instructi	•	• ,	•		•	an allenin	Veriess			
е		Check this box if the orga	*	• '	•			I Type III				
·		functionally integrated, or					турст, турст	i, Type iii				
f	Fnte	er the number of supported of	vaanizationa	nany integrated supporting	ig organiz	ation.						
		vide the following information	•									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Total							<u> </u>					

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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.)

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4734656.	6429837.	7407496.	7426041.	7147039.	33145069.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4734656.	6429837.	7407496.	7426041.	7147039.	33145069.
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)						222,938.
	Public support. Subtract line 5 from line 4.						32922131.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4734656.	6429837.	7407496.	7426041.	7147039.	33145069.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400 506	405 000	406 650	405 060	105 000	
	and income from similar sources	100,586.	127,320.	126,653.	125,869.	125,082.	605,510.
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	17 540	45 530	22 000	1 547	216	00 004
	assets (Explain in Part VI.)	17,542.	45,530.	23,089.	1,547.	316.	
	Total support. Add lines 7 through 10		,				33838603.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.	,419,143.
13	First 5 years. If the Form 990 is for th						. —
Sac	organization, check this box and stop ction C. Computation of Publi						P
	Public support percentage for 2020 (li			olumn (fl)		14	97.29 %
	Public support percentage from 2019					15	97.29 <u>%</u> 97.89 <u>%</u>
	33 1/3% support test - 2020. If the co						
·Ja	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-		viriow the organiz	▶ □
h	10% -facts-and-circumstances test	-					
~	more, and if the organization meets th						. = / 0 0.
	organization meets the facts-and-circu		ŕ				ightharpoonup
18	Private foundation. If the organization				•		s

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 BRIGHT BEGINNINGS, INC.

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		_				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>					
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here	- Compart Day					>
	ction C. Computation of Publi			. (5)		T T	
	Public support percentage for 2020 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						. .
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n dia not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	Tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4.		
4b		
4c		
E-		
<u>5a</u>		
5b		
5c		
6		
_		
7		
1		
8		
9a		
9b		
9с		
30		
40		
10a		
10b		L
n 990 or 99	0-EZ)	2020

Pa	t IV Supporting Organizations (continued)			J
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion 6. Type it supporting organizations		V	
_			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b 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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	dule A (Form 990 or 990-EZ) 2020 BRIGHT BEGINN † V Type III Non-Functionally Integrated 509(nizatione / //		2-1697917 Page 7
		a)(3) Supporting Orga	nizations (continu	ıed)	Current Veer
	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		0	
3	organizations, in excess of income from activity	on of augmented argenizations	`	3	
4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations)	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VII		5	
6	Other distributions (describe in Part VI). See instructions.	DVIDE DELAIIS III I dit VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		•	
•	(provide details in Part VI). See instructions.	io organization to responsive		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). 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				
<u>h</u>	Applied to 2020 distributable amount				
<u>_i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	LA0033 II O III ZUZU				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 BRIGH	IT BEGINNINGS,	INC.	52-1697917 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c,	Provide the explanations ra 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 3; Part IV, Section E, lines	equired by Part II, line 10; 1a, 11b, and 11c; Part IV, 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number 52-1697917

Pa	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	unts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	e 6.		·
			(a) Donor advised funds	(b) Fu	unds and other accounts
1	Total n	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds	
		e organization's property, subject to the organization's e	_		Yes No
6		e organization inform all grantees, donors, and donor ac			
		aritable purposes and not for the benefit of the donor or	· ·	-	
		• •		•	Yes No
Pa		Conservation Easements. Complete if the org			
1	Purpos	se(s) of conservation easements held by the organization	on (check all that apply).		
	F	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historical	ly important land area
	F	Protection of natural habitat	Preservation of	a certified I	historic structure
	F	Preservation of open space			
2	Compl	ete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conserv	vation easement on the last
	day of	the tax year.			Held at the End of the Tax Year
а	Total n	number of conservation easements		2a	
b					
С	Numbe	er of conservation easements on a certified historic stru	ıcture included in (a)	2c	:
d	Numbe	er of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re	
	listed i	n the National Register		2d	<u> </u>
3		er of conservation easements modified, transferred, rele			n during the tax
	year 🕨	•			
4	Numbe	er of states where property subject to conservation eas	ement is located		
5	Does t	he organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violatio	ons, and enforcement of the conservation easements it	holds?		Yes No
6	Staff a	nd volunteer hours devoted to monitoring, inspecting, h			
	_				
7	Amour	nt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easeme	ents during the year
	▶\$				
8	Does e	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4)(B)(i)	
	and se	ction 170(h)(4)(B)(ii)?			Yes No
9	In Part	XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement a	and
	balanc	e sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that de	scribes the
		zation's accounting for conservation easements.	A	. 0: "	
Ра	rt III	Organizations Maintaining Collections of		ner Simil	ar Assets.
		Complete if the organization answered "Yes" on Form	·		
1a		organization elected, as permitted under FASB ASC 958			
		historical treasures, or other similar assets held for pub	, ,		f public
		e, provide in Part XIII the text of the footnote to its finan			
b		organization elected, as permitted under FASB ASC 958			
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of p	oublic service,
	•	e the following amounts relating to these items:		_	
		evenue included on Form 990, Part VIII, line 1			\$
	` '				\$
2	If the c	organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provi	de
		owing amounts required to be reported under FASB AS	•		
а		ue included on Form 990, Part VIII, line 1			\$
h	Acceto	included in Form 990 Part V		_	Ф.

	t III Organizations Maintaining C	Collections of Art			asures, or	Othe		r Assets			age Z
3	Using the organization's acquisition, access								(COITUIT	ueu)	
	collection items (check all that apply):	,	o, ooo	u, c			.g				
а	Public exhibition	d		l oan or exc	hange progra	ım					
b	Scholarly research	e			go progra						
c	Preservation for future generations	J									
4	Provide a description of the organization's c	ollections and explain	n how th	ev further th	ne organizatio	n's exer	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit of							oo iii i ai c	,		
•	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			o. gaa				,, , .	,		
	Is the organization an agent, trustee, custod	ian or other intermed	iarv for c	ontribution	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year						. —				
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII								_		Ī
	t V Endowment Funds. Complete						10.				
	<u> </u>	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance		. ,				.,				
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1d	. column (a)) held as:						
а	Board designated or quasi-endowment		%	,, (,,						
b	Permanent endowment	%	_								
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	tion that	are held ar	nd administer	ed for th	ne organiza	ation			
	by:	•					-			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo									
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	c value	e
		basis (investn	nent)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
С	Leasehold improvements				3,754.		7,4		96	5,32	21.
d	Equipment			26	6,679.		145,9	27.	120	7.	52.
е	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	Oc.)			•	21	7,0'	73.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	•		
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	are Farmer COO. Don't IV. line	and Con Forms COO Book V line 15	
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) LEVERAGE LOAN TO WF INVES	<u> </u>		6,693,700.
(2)	I I OND		0,055,700.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	e 15.)	>	6,693,700.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		+	
(8)		+	
(9)	- 05 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide	,	o the organization's financial statements the	at reports the

Schedule D (Form 990) 2020

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

2e 3 Expenses per Return	
2e 3	rn
2e 3	rn.
4c 5	rn
4c 5	rn.
4c 5	rn
	rn
	rn
5	rn
5	rn.
5	rn
Expenses per Retu	rn
Expenses per Retu	rn
	• • • •
1	
2e	
4c	
and 2b: Part V. line 4: Part	: X. line 2: Part XI.
	2e 3

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 D (Form 990) 2020	BRIGHT BEGINNINGS,	INC.	52-1697917	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Inf	formation _(continued)			
		•		
EXAMINATION BY THE	TAXING JURISDICTIONS	5.		

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

BRIGHT BEGINNINGS, INC.

Employer identification number 52-1697917

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	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 Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account 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	1b				
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 Written employment contract					
	Independent compensation consultant					
	X Approval by the board or compensation committee					
_						
4						
	organization or a related organization:			v		
	Receive a severance payment or change-of-control payment?			X		
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<u> </u>		
	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						
Ŭ	contingent on the revenues of:					
а	The organization?	5a		х		
	Any related organization?			X		
~	If "Yes" on line 5a or 5b, describe in Part III.					
6						
·	contingent on the net earnings of:					
а	The organization?	6a		Х		
	Any related organization?			Х		
_	If "Yes" on line 6a or 6b, describe in Part III.					
7						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9						
	Regulations section 53.4958-6(c)?	9				

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.

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contribution		Method of det			
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	nonc	ash contribut	ion an	nounts	3
1	Art - Works of art		itomo contributou	1 01111 000, 1 411 1111, 11110 19					
2	Art - Historical treasures								
_									
3	Art - Fractional interests	X		2 610	ΕλΤD	MARKET	777 T	TTD	
4	Books and publications	X							
5	Clothing and household goods	Λ		14,327.	FAIR	MARKET	VAL	10E	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	1,995.	FAIR	MARKET	VAI	JUE	
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	VAI	JUE	
20	Drugs and medical supplies	X	1	700.	FAIR	MARKET	VAI	JUE	
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
_ · 25	Other ► (FURNITURE)	Х	1	70,935.	FAIR	MARKET	VAI	JUE	
26	Other (GIFT CARDS)	X	3			MARKET			
27	Other		•	2/2500					
28	Other ()								
<u>20 </u>	Number of Forms 8283 received by the organization	ation during	the tay year for co	ontributions	1				
25	for which the organization completed Form 828	ū	•						
	To which the organization completed form 020	o, rait v, b	once Acknowledge	ement				Yes	No
20-2	During the year, did the organization receive by	contribution	n any proporty rop	orted in Part I lines 1 throug	h 28 that	[163	140
Sua	must hold for at least three years from the date					"			
	•		,	•			20-		Х
	exempt purposes for the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.	aliau that ::-	autica tha ravieur	of any manatandard as-t	iono?		0.4	v	
31	Does the organization have a gift acceptance po					·····	31	Х	
32a	Does the organization hire or use third parties o		-						v
_	contributions?					·····	32a		<u> </u>
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 BRIGHT BEGINNINGS, INC.	52-1697917	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information.	. and whether the organiza	tion
SCHEDULE M, PART I, COLUMN (B)		
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE 0

(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.

2020
Open to Public Inspection

OMB No. 1545-0047

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 HIGHSCOPE CURRICULUM TO FOSTER SKILLS
AND QUALITIES SUCH AS CURIOSITY, CREATIVITY, COLLABORATION, AND
CRITICAL THINKING. HIGHSCOPE'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,

TEACHERS AND FOOD SERVICE WORKERS. THE

Schedule O (Form 990 or 990-EZ) 2020

CHILDREN,

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

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

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

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.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917
FORM 990, PART XII, LINE 2C:	
WE HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSI	GHT OF THE
	<u> </u>
AUDIT.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRIGHT BEGIN	NINGS, INC.				5	2-1697	917	
Part I Identification of Disregarded Entities. Com	plete if the organization answered "\	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(e) ome End-of-year asset		sets Direct contr entity		9	
Part II Identification of Related Tax-Exempt Organ	nizations. Complete if the organizati	on answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more re	elated tax-ex	empt	
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		(f) controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
BBI HOLDINGS, INC 32-0340831 3418 4TH STREET, SE			E01/G1/21	100 -	BRIGHT		.,	
WASHINGTON, DC 20032	OPERATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	BEGINNII	NGS, INC.	X	
For Donomically Dedication Ant Notice and the Instruct	iono for Form 000			1	-	Calaaduda I		.0) 0000

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

Schedule R (Form 990) 2020

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Ves No K-1 (Fo				Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
	-									
-										
	-									
									 	
]									

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions wi	ith one or more rel	ated organizations listed in F	Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d	Х	<u> </u>		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
						Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)								
ı	I Performance of services or membership or fundraising solicitations for related organization(s)								
n	n Performance of services or membership or fundraising solicitations by related organiza	ation(s)			1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s	(s)			1n		X		
0	Sharing of paid employees with related organization(s)				10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q	X	<u> </u>		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	s line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved				
(1)	BBT HOLDINGS INC.	к	383.431.FN						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R	(Form 990) 2020	BRIGHT	BEGINNINGS,	INC.	52-1697917	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation				. age e
	,		acce to augetions on Sc	chedule R. See instructions.		
	Provide additional inform	lation for respon	ises to questions on so	riedule n. See iristructions.		

032165 10-28-20 Schedule R (Form 990) 2020

Form **8868**

(Rev. January 2020)

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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-pon-profits

nling or	this form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.							
Auton	natic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).							
	orations required to file an income tax return other than Fo			s, REMICs	s, and trusts					
must us	se Form 7004 to request an extension of time to file income	e tax returi	ns.							
Туре о	Name of exempt organization or other files, and instru	otions		Toypovor	identification	identification number (TINI)				
rype oi print	Name of exempt organization or other filer, see instruc	raxpayer	Faxpayer identification number (TIN)							
	BRIGHT BEGINNINGS, INC.		52-1697917							
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 3418 4TH STREET, SE									
instruction										
Enter th	ne Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1				
Applica	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07				
Form 990-BL			Form 1041-A			08				
Form 4720 (individual)		03	Form 4720 (other than individual)			09				
Form 990-PF			Form 5227			10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	90-T (trust other than above) ERIN FISHER	06	Form 8870 1.			12				
Tele	books are in the care of ► 3418 4TH STREET phone No. ► (202) 842-9090 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit (in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole grou					
1 I request an automatic 6-month extension of time until										
<u>a</u>	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	3a	\$	0.						
	this application is for Forms 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overnous	3b	\$	0.						
 estimated tax payments made. Include any prior year overpayment allow Balance due. Subtract line 3b from line 3a. Include your payment with the 				35	Ψ	<u> </u>				
	sing EFTPS (Electronic Federal Tax Payment System). See	•		Зс	\$	0.				
	n: If you are going to make an electronic funds withdrawal									

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

Form 8868 (Rev. 1-2020)