Fam 8879-EO	for	file Signature Au an Exempt Orga	anization		OMB No. 1545-1878
	For callendar year 2018, or fiscal year		18, and onding SEP 30	.2019	0040
Department of the Transing	► Do	not send to the IRS. Keep fo	(and the second s	····	2018
internal Revenue Service		rw.irs.gov/Form8879EO for t	the latest information.		
Vame of exempt organization				Employer i	dentification number
BRIGHT BEGINN	INGS, INC.			ED 14	07017
Name and title of officer	1100, 110.			J <u>4</u> -10	597917
DR MARLA DEAN EXECUTIVE DIR	ECTOR				
Part I Type of	Return and Return Info	rmation (Whole Dollars Or	niy) .		
on line 1a, 2a, 3a, 4a, or 5	im for which you are using this ia, below, and the amount on t lank (do not enter -0-). But, if yo	hat line for the return being file	ed with this form was blan	ik, then leave li	ne 1b, 2b, 3b, 4b, or 5
1a Form 990 check here	► X b Total revenu	ie, if any (Form 990, Part Vill,	column (A), line 12)	1b	8,578,671
2a Form 990-EZ check he	ere 🕨 📄 b Total rev	venue, if any (Form 990-EZ, lin	ne 9)	2b	
3a Form 1120-POL check	there 🕨 🔄 b Tota	itax (Form 1120-POL, line 22)	›		•
4a Form 990-PF check he	b Tax base	ed on investment income (Fo	orm 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here	b Balance Due	e (Form 8868, line 3c)			
Part Declarat	tion and Signature Auth	orization of Officer	·····		
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Form	330	

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



B Center of the sector of	A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019							
BR1ERT BBG1RNINCS, INC. Deling business as 52-1697917 Number and street (or P.0. lox if mails in to delivered to street address) Room/suite Tarevent State Street Aution State Street			c Name of organization	C Name of organization D Employer identification number				
bitsorg method with response Doing business as Number and street (or P.0, box if mail is not delivered to street address) 3418 41H STREET, SE Sommstule E Telephone number (202) 842-9090 Amended WashINGTON, DC 20032 File and address of principal officer: DR · MARLIA DEAN SAME AS C ABOVE G cross receipts & 8,907,065. I accessering status: [X] 150(b)(3) 501(c)(1 ◀ (insert n.0.) 4947(a)(1) or SAME AS C ABOVE Wes [X] No H(N) Are all address of principal officer: DR · MARLIA DEAN File and address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of principal officer: DR · MARLIA DEAN File (10) Are all address of the principal officer: DR · MARLIA DEAN File (10) Are all address of the principal officer: DR · MARLIA DEAN File (10) Are all address of the principal officer: DR · MARLIA DEAN File (10) Are all address of the governing body (Part V, line 10) Fin total number of uoting members of the governing body (Part V		Addre: chang	BRIGHT BEGINNINGS, INC.					
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Image: Product of the second seco		termin ated			G Gross receipts \$	8,907,065.		
pending SAME AS C ABOVE H(b) Are all subcordinates included? Yes No 1 Taxexempt status: [X] 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Mebatic: WW bits [X] Corporation Trust Association Other > L Year of formation: 1990 M State of legal domicile: DC Part I Summary L Year of formation: 1990 M State of legal domicile: DC Part I Summary EXPERIENCING HOMELESSNESS WITH A SAFE, NURTURING EDUCATIONAL 2 Check this box > if the organization discontinue dis operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 23 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1009 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 354 7a Total number of volunteers (estimate if necessary) 6 438, 601. 1, 042, 650. 9 Program service revenue (Part VIII, locumn (A), lines 3, 4, and 7d) 81, 724. 124, 4069. 10 9 Program service revenue (Part VIII, column (A), lines 13) 0. 0. 0. 0. 0.		return	WASHINGTON, DC 20052		H(a) Is this a group re	eturn		
IsAutic AS C ABUVE HD Are all subordinates included? Yes No I Tax-exemption status: Sign(a) Soft(a) Soft(a) Soft(a) Soft(a) Soft(a) If `No, 'attach a list.(eise instructions) I Tax-exemption number WWW.BBIDC.ORG If `No, 'attach a list.(eise instructions) H(a) (are eise instructions) I Tax-exemption number I Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: DC Part I Summary I Briefly describe the organization's mission or most significant activities: PROVIDE FAMILIES AND CHILDREN EXPERTIENCING HOMELESSNESS WITH A SAFE, NURTURING EDUCATIONAL 2 Check this box if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 233 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 100 5 Total number of volunteers (estimate if necessary) 7 b 0. 7 a Total number of volunteers (estimate if necessary) 7 b 0. 7 a Total number of volunteers (estimate if necessary) 8 0. 9 Program service revenue (Part VIII, column (C), line 12 7 , 407, 426. 9 Program service revenue (Part VIII, column (A),		Applic tion			for subordinates	? Yes X No		
J Website: WWW.BBIDC.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile; DC Part.I Summary L Year of formation: X State of legal domicile; DC I Briefly describe the organization's mission or most significant activities: PROVIDE FAMILIES AND CHILDREN EXPERTIENCING HOMELESSNESS WITH A SAFE, NURTURING EDUCATTONAL 3 23 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of indipendent voting members of the governing body (Part VI, line 1a) 4 233 4 Number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 109 6 Total number of volunteers (estimate if necessary) 7b 0. 0. 7 a Total number of volunteers (estimate if necessary) 6 438, 601. 1, 042, 650. 9 Program service revenue (Part VIII, column (C), line 12 7b 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 81, 724. 124, 069. 10 10. 10. 10.			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1990 M State of legal domicile: DC Part II Summary Briefly describe the organization's mission or most significant activities: PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOMELESSNESS WITH A SAFE, NURTURING EDUCATIONAL 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 23 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 109 6 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 109 6 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 109 7 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 7 0 0 8 Contributions and grants (Part VIII, line 1b) 6 438, 601. 1, 042, 650. 9 Program service revenue (Part VIII, line 2g) 10 1, 042, 650. 1, 042, 650. 10 Investment income (Part VIII, column (A), lines 13) 0. <td></td> <td></td> <td></td> <td>r 527</td> <td>· · ·</td> <td>(,</td>				r 527	· · ·	(,		
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Image: Provide the organization's mission or most significant activities: PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOMELESSNESS WITH A SAFE, NURTURING EDUCATIONAL 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Ottal number of volunteers (estimate if necessary) 7a 7a 0. 7b Net unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1b) 6, 429, 837. 9 Program service revenue (Part VIII, line 2g) 6, 429, 837. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 81, 724. 11 Other revenue (Part VIII, column (A), lines 4, 4, and 7d) 97, 263. 12 Total revenue (Part VII, column (A), lines 1.3) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 4, 305, 049. 5, 055, 393. 16 Professional fundraising expenses (Part IX, column (A), line 11. 123, 758. 63, 293. 14 Benefits paid to or for members (Part IX, column (A), line 25) 415, 143.				L Year	of formation: 1990 N	State of legal domicile: DC		
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16a Professional fundraising fees (Part IX, column (A), line 11e) 123,758. 63,293. b Total fundraising expenses (Part IX, column (D), line 25) ▲ 115,143. 123,758. 63,293. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,166,653. 3,175,523. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,595,460. 8,294,209. 19 Revenue less expenses. Subtract line 18 from line 12 451,965. 284,462. 20 Total assets (Part X, line 16) 12,527,011. 12,320,197. 21 Total liabilities (Part X, line 26) 4,534,876. 3,995,280. 22 Net assets or fund balances. Subtract line 21 from line 20 7,992,135. 8,324,917.						••		
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22 Net assets or fund balances. Subtract line 21 from line 20 7,992,135. 8,324,917.	sse Bala							
	let A ind		· · · · · · · · · · · · · · · · · · ·	-				
					1,334,133.	0,324,31/.		

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

Sign	Signature of officer			Date			
Here	DR. MARLA DEAN, EXECUT	IVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KAY THIES, CPA			if self-employed	P0140404	7	
Preparer	Firm's name RUBINO & COMPANY	, CHARTERED		Firm's EIN 🕨 5	52-118609	6	
Use Only	Firm's address 🖕 6903 ROCKLEDGE D	RIVE, SUITE 1200					
BETHESDA, MD 20817-1818 Phone no. 301-564-3636							
May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	"PUBLIC INSPECTION"		
Form	BRIGHT BEGINNINGS, INC.	52-1697917	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOMELESSNESS	WITH A SAFE,	
	NURTURING EDUCATIONAL ENVIRONMENT TO ENSURE CHILDREN ENV		
	KINDERGARTEN READY TO LEARN AND PARENTS BECOME SELF-SUF		
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	XNo
	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?	Yes	XNo
•	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	s measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,198,925. including grants of \$) (Reve)
та	BRIGHT BEGINNINGS, INC. CENTER-BASED PROGRAM IS A YEAR-I)
	FOR CHILDREN SIX WEEKS TO FIVE YEARS OLD WHO ARE EXPERIN		
	HOMELESSNESS. THE PROGRAM SUPPORTS CHILDREN'S PROGRESS		ENT
	THROUGH COMPREHENSIVE SERVICES FOR CHILDREN AND FAMILIES		
		RALL GOAL OF	. 01
	BRIGHT BEGINNINGS, INC. IS TO PROVIDE CHILDREN WITH A LI		
	ENVIRONMENT THAT HELPS THEM DEVELOP SOCIALLY, EMOTIONAL		v
	AND COGNITIVELY TOWARDS SCHOOL READINESS DURING THEIR PI		- /
	ENROLLMENT. BBI'S PROGRAM COMPONENTS INCLUDE:	<u></u>	
	EDUCATION - BRIGHT BEGINNINGS' EDUCATION PROGRAM EQUIPS	CHILDREN WIT	н
	LEARNING OPPORTUNITIES THAT BUILD LITERACY SKILLS AND PI		
4b			<u> </u>
40	FAMILY SERVICES - BRIGHT BEGINNINGS REGULARLY HOSTS PARI)
	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		IIP
	A FATHERHOOD PROGRAM, WIC CLUB, A DOMESTIC VIOLENCE SUP		
	MORE.		
	BRIGHT BEGINNINGS' FAMILY SERVICES AND EVENTS KEEP PARE		N
	OUR EXTENSIVE PROGRAMMING. PARENTS ARE ENCOURAGED TO VOI		
	CLASSROOMS AND SERVE AS CHAPERONES ON FIELD TRIPS. THEY		
	OUR PARENT POLICY COUNCIL, WHICH REVIEWS AND APPROVES AN		
	OPERATING BUDGETS, AND INTERVIEWS KEY PERSONNEL. THROUGH		
40			<u> </u>
70	(Code:) (Expenses \$688,877. including grants of \$) (Reve HOME BASED - BRIGHT BEGINNINGS' HOME-BASED PROGRAM OFFEI)
	START SERVICES TO CHILDREN (BIRTH TO THREE) AND THEIR FA		
	WHATEVER ENVIRONMENT THEY CALL HOME. DURING A 90-MINUTE		
	HOME VISITORS MEET WITH PARENTS AND CHILDREN IN THE FAM:		/
	ENVIRONMENT, COACHING PARENTS ON STRATEGIES TO BE THE CI		
	TEACHER, SCREENING AND ASSESSING EACH CHILD AND PROVIDIN		 ת'
	SUPPORT SERVICES.	NO WICHI MICOIN	<u> </u>
	POLLOVI DRVATCRD+		
	BRIGHT BEGINNINGS TREATS FAMILIES AS ACTIVE PARTNERS IN	יתודדף מדדים	s
	SUCCESS AND CREATES SYSTEMS TO SUPPORT THE ROLE OF PAREL		5
	PRIMARY EDUCATORS OF THEIR CHILDREN. BRIGHT BEGINNINGS'		
<u> </u>	PROGRAM USES THE PARENTS AS TEACHERS (PAT) FOUNDATIONAL	CURRICULUM,	
4d	Other program services (Describe in Schedule O.)	012 650 .	
		,042,650.)	
<u>4e</u>	Total program service expenses ► 6,362,434.		
		Form S	990 (2018)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	Х	
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		X
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		X

Form 990 (2018)

Part IV Checklist of Required Schedules

Γ

Yes

No

BRIGHT BEGINNINGS, INC.

_		597917	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
<u></u>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
			163	

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	37			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	1

52-1697917	Page 5
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Form	<u>990 (2018)</u> BRIGHT BEGINNINGS, INC. 52–1697	917	Р	age 5
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

	990 (2018) BRIGHT BEGINNINGS, INC. 52-1697		P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	-		
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Λ
8		8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 23	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_ J		
	(mis Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	s only) a	availab	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	$\frac{DR}{2418} \xrightarrow{\text{MARLA DEAN}} = \frac{202 - 842 - 9090}{2418}$			
	3418 4TH STREET, SE, WASHINGTON, DC 20032			

Form 990 (2018)	BRIGHT BEGINNINGS, INC.	52–1697917 _{Page} 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors					
Check if Schedu	ule 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 (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	laaa	recto	r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-271033-10130)	organization
	organizations	truste	al tru		oyee	ompei		(and related
	below	/idual	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) STEPHEN NIVEN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) SHEILA STINSON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) NANCY REGISTER	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(4) KATIE LEWIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ANN BONHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CYNTHIA BOOTH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) QUINCY BOOTH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SUSAN BROBECK	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) ELENA COHEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) TERRI COPELAND	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) SARA DECARLO	1.00									_
DIRECTOR	1.00	Х						0.	0.	0.
(12) MARIA ESTEFANIA	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) JOHN FERGUSON	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) MAGGIE FITZPATRICK	1.00									-
DIRECTOR		Х						0.	0.	0.
(15) CAMERON GILREATH	1.00									-
DIRECTOR		Х						0.	0.	0.
(16) ANTWONE HARRIS	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(17) MARTIE KENDRICK-KETTMER	1.00									
DIRECTOR		Х						0.	0.	0 .

52-1697917

Form 990 (2018) BRIGHT B	EGINNING	s,	I	NC	51 I				52-1697	917	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more rson is	than o s both	an	Reportable compensation from	Reportable compensation from related	am	imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensat om the anizati I relate nizatio	e on ed
(18) ELLEN LOCKE	1.00											
DIRECTOR		Х						0.	0.			0.
(19) GAIL LOUIS	1.00											
DIRECTOR		Х						0.	0.			0.
(20) KATIE MCLAUGHLIN	1.00											
DIRECTOR		Х						0.	0.			0.
(21) CYNTHIA PRENTISS	1.00											
DIRECTOR		Х						0.	0.			Ο.
(22) LAUREN SHARPLESS-ROBINSON	1.00											
DIRECTOR		х						0.	0.			Ο.
(23) AIMEE SOLLER	1.00											
DIRECTOR		Х						0.	0.			0.
(24) NICOLE STREETER	1.00											
DIRECTOR		Х						0.	0.			0.
(25) KISHA WARD DIRECTOR	1.00	х						0.	0.			0.
(26) TYLER WOODS	1.00	Δ				-		0.	0.			0.
DIRECTOR	1.00	х						0.	0.			Ο.
								0.	0.			0.
1b Sub-total c Total from continuation sheets to Part V								148,347.	0.	1	.,44	-
								148,347.	0.		.,44	
2 Total number of individuals (including but r) wh	o re	,	-		- /	
compensation from the organization		030	11310	u au	000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	ceived more than \$100,				1
											Yes	No
3 Did the organization list any former officer	, director, or tru	istee	e, ke	y en	nplo	yee,	or ł	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s	line 1a? If "Yes," complete Schedule J for such individual											
-												
and related organizations greater than \$15	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or sı	ich r	bers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	ере	ndei	nt co	ontra	actor	s th	nat received more than \$	100,000 of compensa	tion fro	m	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	CAPITAL CAMPAIGN FUNDRAISING	126,855.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 1		

	BEGINNING					li a h	t /		52-169	
Part VII Section A. Officers, Directors, (A)	(B)	mpic	yee		na F C)	ngn	est ((D)	es <u>(continued)</u> (E)	(F)
(A) Name and title	(b) Average hours per week (list any hours for related organizations below	stee or director		Pos all	itior	Highest compensated employee do		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(r) Estimated amount of other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
27) DR. MARLA DEAN KECUTIVE DIRECTOR	40.00			x				148,347.	0.	1,442
		_								
						-				
		-								
		$\frac{1}{1}$								

	"PUBL	IC IN	ISPE	CTI	ON"
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	"PUBI	LIC INSPECTION"			
BRIGHT BE	GINNINGS,			52-1697	917 Page 9
Statement of Revenue					
Check if Schedule O contains a re	esponse or note to	any line in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
erated campaigns	1a				
mbership dues	1b				
draising events	1c 13,6	17.			
ated organizations	1d				
vernment grants (contributions)	1e4,707,5	14.			
other contributions, gifts, grants, and					
lar amounts not included above	1f 2,686,3				
ash contributions included in lines 1a-1f: \$	39,2	47.			
al. Add lines 1a-1f		. 🕨 7,407,496.			
	Business				
ILDCARE SERVICES	6244	10 1,042,650.	1,042,650.		
other program service revenue					

lts Its	1	а	Federated campaigns 1a					
àrar our		b	Membership dues 1b		-			
s, G		С	Fundraising events 1c	13,617.	-			
Sift.		d	Related organizations 1d		-			
imil		е	Government grants (contributions) 1e	4,707,514.	-			
tion S		f	All other contributions, gifts, grants, and					
ibu ⁻				2,686,365.	-			
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines 1a-1f: \$					
ыÖ		h	Total. Add lines 1a-1f					
				Business Code				
e	2	а	CHILDCARE SERVICES	624410	1,042,650.	1,042,650.		
ervi e		b						
o Se		С						
ran 3ev		d						
Program Service Revenue		е						
đ			All other program service revenue		1 040 650			
		g	Total. Add lines 2a-2f		1,042,650.			
	3		Investment income (including dividends, ir		100 000			100 000
			other similar amounts)		126,653.			126,653.
	4		Income from investment of tax-exempt bo					
	5		Royalties					
	~		(i) Real	(ii) Personal	-			
			Gross rents		-			
			Less: rental expenses		-			
			Rental income or (loss)		-			
			Net rental income or (loss)					
	'	а	Gross amount from sales of (i) Securit assets other than inventory 277, 46		4			
		h		/ •	-			
		D	Less: cost or other basis and sales expenses	1				
		~	Gain or (loss)	4	-			
		с А	Net gain or (loss)	<u>+-</u>	-2,584.			-2,584.
			Gross income from fundraising events (no		2,504.			2,5040
ne	0	a	including \$ 13,617. of	L				
ven			contributions reported on line 1c). See					
Other Revenue			Part IV, line 18	a 29.710 .				
her		b	Less: direct expenses	h 48,343.	1			
ð		c	Net income or (loss) from fundraising even	ts ►	-18,633.			-18,633.
	9		Gross income from gaming activities. See		,			
			Part IV, line 19	а				
		b	Less: direct expenses		1			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances	a				
		b	Less: cost of goods sold					
		с	Net income or (loss) from sales of inventor	y 🕨				
			Miscellaneous Revenue	Business Code				
	11	а	OTHER INCOME	900099	23,089.			23,089.
		b						
		с						
			All other revenue					
			Total. Add lines 11a-11d		23,089.			
	12		Total revenue. See instructions	>	8,578,671.	1,042,650.	0.	128,525.

Form 990 (2018)

1 a Federated campaigns

Part VIII

52-1697917	Page 10
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Form 990 (2018) BRIGHT BEGINNINGS, INC. 5 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)

Dr. not include amounts requestes to drives f00, 76, 86, 86, and 106 of Mar VII. Total expenses Programsol (page residual) Manuage (C) (page residual) Total expenses 1 Grants and other assistance to domestic organizations and domestic provements, see Part IV, line 21 Image (C) (page residual)		Check if Schedule O contains a response or note to any line in this Part IX							
a domestic government: See Patr IV, Ime 21			(A) Total expenses	Program service	Management and				
2 Grants and other assistance to domestic individuals. See Part V, line 22 3 Grants and other assistance to foreign organization, foreign governments, and foreign individuals. See Part V, line 25 and 16 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Other salaries and wages 9 Other employee screenthis 9 Other employee screenthis 9 Other employee screenthis 9 Define on proceed scree	1	Grants and other assistance to domestic organizations							
individuals. See Part N, line 22 individuals. See Part N, line 32 and 10 a		and domestic governments. See Part IV, line 21							
3 Grants and other assistance to foreign individuals. Sale Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. 4 Benefits paid to of formertheses Compensation of multidated abox, to disqualified persons (as defined under section 4958(1/1)) and persons description is netunded abox, to disqualified persons (as defined under section 4958(1/1)) and persons description section 4958(1/1) and persons description is netunded abox, to disqualified persons description is netunded abox, to disqualified persons description is netunded abox, to disqualified persons description employees 4,013,187. 3,414,830. 451,944. 146,413. 7 Other earlines and wages 4,013,187. 3,414,830. 451,944. 146,413. 9 Other earlines and wages 4,013,187. 3,414,830. 451,944. 146,413. 9 Other earlines and wages 4,013,187. 3,414,830. 451,944. 146,413. 9 Other earlines acrues and combutors (include section 4010) and 4010) employces? 352,275. 303,612. 35,944. 13,069. 10 Flowstein the anone traceds 10% film 57. 63,293. 63,293. 63,293. 10 Rest of a section sectin 10% of thine 57. 63,293. 72,6	2	Grants and other assistance to domestic							
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Image: Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. Compensation of current officers, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. Compensation of circled side directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. Other satisfies and wage 4,013,187. 3,414,830. 451,944. 146,413. Prestor plan acruals and combulions (module section 401(k) and 403(b) employer combulions 506,161. 436,155. 50,177. 19,829. In Peasion plan acruals and combulions (module section 401(k) and 403(b) employer combulions 506,161. 436,155. 50,177. 19,829. In Peasion plan acruals and combulions (module section 401(k) and 403(b) employer combulions 506,161. 436,155. 50,177. 19,829. In Peasion and foreign and employees 50,6,161. 436,155. 50,177. 19,829. In Peasion and foreign and employees 63,293. Foreign and promotion		individuals. See Part IV, line 22							
individuals. See Part V, lines 15 and 16 individuals. See Part V, lines 15 and 16 4 Benefits paid to or for members individuals. See Part V, lines 15 and 16 Compensation of current offices, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. Compensation of individual above, to disgualide persons (as defined under section 4560(V)(1) and parsons described in saction 4580(V)(1) and parsons described in saction 4580(V) and another saction 4580(V) and parsons in line 248. If the 2480 and 244 and 25. 646,246. 551,933. 72,669. 21,644. 2 Apprents and another saction and another sactin travel anorent saction and another saction and another saction	3	Grants and other assistance to foreign							
4 Benefits paid to of or members 183,770. 129,416. 47,981. 6,373. 5 Compensation of current officers, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. 6 Compensation of current officers, directors, trustees, and key employees 4,013,187. 3,414,830. 451,944. 146,413. 7 Other satisfies and wage 4,013,187. 3,414,830. 451,944. 146,413. 8 Pension plan accuals and contributions (include section 401(k) and 403(k) amplaye contributions (include section 401(k) and 403(k) amplayer contributions (include section 401(k) and 404(k) amplayer contributions (include section 401(k) amplayer contribution 401(k) amplayer									
5 Compensation of current officers, directors, trustees, and key employees 183,770. 129,416. 47,981. 6,373. 6 Compensation not included above, to disqualified persons (as defined under section 495(4)(1)) and persons described in section 495(3)(1)) and persons described in section 495(3)(2) 4,013,187. 3,414,830. 451,944. 146,413. 7 Other sataries and wages 4,013,187. 3,414,830. 451,944. 146,413. 9 Other employee benefits 506,161. 436,155. 50,177. 19,829. 9 Other employee benefits 352,275. 303,612. 35,594. 13,069. 9 Reason particle 24,000. 24,000. 24,000. 0.00. 4 Despiration management 24,000. 63,293. 63,293. 63,293. 9 Other. (If the 11g anound scutes 10% of the 25, columin (A) anount, list the 11g expenses on S0.0.0 646,246. 551,933. 72,669. 21,644. 14 Adventising and promotion 630,739. 470,694. 122,914. 37,131. 14 Information technology 972,800. 538,371. <td< th=""><th></th><td>r</td><td></td><td></td><td></td><td></td></td<>		r							
tustees, and key employees 183,770. 129,416. 47,981. 6,373. 6 Compensation not included abox, to disguilled persons described in section 4958(r)(1) and 495(r)(1) and 495(4								
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in terms described in the 4958(f) and persons described in terms described in section 4958(f)(1)) and persons described in the 4958(f) and for the	5		100 000	100 410	47 001	C 282			
persons (ac defined under section 4368(7(1)) and persons described in section 458(c)(3)(8) 4,013,187.3,414,830.451,944.146,413. 7 Other salaries and wages 4,013,187.3,414,830.451,944.146,413. 8 Pension plan accruals and contributions (include section 410(1) and 403(0) employee contributions) 506,161.436,155.50,177.19,829. 9 Other employee benefits 506,161.436,155.50,177.19,829. 10 Payroll taxes 352,275.303,612.35,594.13,069. 11 Fees for services (non-employees): 344,000.24,000. a Management 24,000.0 b Legal 24,000.0 c Accounting 98,488.18,198.79,690.600. 9 Other. (If line 11 anound recedes 01% of line 25, column (A) amount, let line 11g expenses on Sch0.0 636,293.72,669.21,644. 13 Office expenses 972,800.538,371.414,260.19,869. 14 Information technology 972,800.538,371.414,260.19,869. 15 Royatiles 972,800.538,371.414,250.19,869. 10 Conference, convertions, and meetings 80,235.22,369.2,399.55,467. 10 Inferest 101,644. 1101,644. 101,644. 129 epreciation, depletion, and amortization 35,228.29,882.4,061.1,285. 16 Occupancy 50,000. 101,644.	_		183,//0.	129,416.	4/,981.	6,3/3.			
persons described in section 4958(c)(3)(8) 4,013,187.3,414,830.451,944.146,413. 7 Other salaries and wages 4,013,187.3,414,830.451,944.146,413. 9 Person plan accruals and contributions() 9 9 Other employee banefits 506,161.436,155.50,177.19,829. 10 Payroli taxes 506,161.436,155.50,177.19,829. 11 Fees for services (non-employees): adapted Management 24,000. Legal 24,000. 6 Accounting 98,488.18,198.79,690.600. 12 Advertising and promotion 63,293. 13 Office expenses 646,246.551,933.72,669.21,644. 14 Information technology 644,915.29,726.9,636.5553. 16 Occupancy 972,800.538,371.414,560.19,869. 17 Tavel 22,540.13,144.2,728.6668. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 30,235.22,369.2,399.55,467. 10 Interest 310,624.92.5,572.1,348. 11 Payments of travel or entertainment expenses 314,387.304,084.9,278.1,285. 10 Interest 314,387.304,084.9,278.1,285. 10 Interest 314,387.304,084.9,278.1,285. 10 Advertistine expenses on Schedue (0) 314,38	6								
7 Other statics and vages 4,013,187. 3,414,830. 451,944. 146,413. 8 Persion plan acruals and contributions (include scient 04)(k) and 40(b) employer contributions) 506,161. 436,155. 50,177. 19,829. 9 Other employee benefits 506,161. 436,155. 50,177. 19,829. 10 Payrolitaxes 352,275. 303,612. 355,594. 13,069. 11 Fees for services (non-employees): a Management 98,488. 18,198. 79,690. 600. 12 Adventising services. See Part IV, line 17 63,293. 633,293. 633,293. 12 Adventising and promotion 630,739. 470,694. 122,914. 37,131. 14 Information technology 972,800. 538,371. 414,560. 19,869. 17 Taxel 972,800. 538,371. 414,560. 19,869. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 972,800. 538,371. 414,560. 19,869. 19 Depreciation, depletion, and amortization 25,228. 29,882. 4,061. 1,285. <th></th> <td></td> <td></td> <td></td> <td></td> <td></td>									
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26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ►	е	All other expenses							
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ►if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	8,294,209.	6,362,434.	1,516,632.	415,143.			
educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization							
Check here Figure if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined							
		educational campaign and fundraising solicitation.							
		Check here Lif following SOP 98-2 (ASC 958-720)							

"PL	JBLI	С	INS	SPE	СТ	ION	"

		Check if Schedule O contains a response or not	e to any	line in this Part Y			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,260,016.	1	3,241,563.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			586,275.	3	332,472.
	4	Accounts receivable, net			411,634.	4	421,000.
	5	Loans and other receivables from current and fo				_	
	_	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		Г	1,133,812.	7	1,258,028.
As	8	Inventories for sale or use				8	
	9				73,489.	9	116,282.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	314,956.			
	b	Less: accumulated depreciation	10b	314,956. 96,724.	54,123.	10c	218,232.
	11	Investments - publicly traded securities	· · · ·		277,467.	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		6,730,195.	15	6,732,620.	
	16	Total assets. Add lines 1 through 15 (must equa			12,527,011.	16	12,320,197.
	17	Accounts payable and accrued expenses			787,092.	17	642,901.
	18	Grants payable				18	
	19	Deferred revenue			1,510.	19	1,457.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and d	isqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third	l parties	2,746,274.	23	2,350,922.
	24	Unsecured notes and loans payable to unrelated	d third pa	arties	1,000,000.	24	1,000,000.
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			4 534 656	25	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	26	Total liabilities. Add lines 17 through 25			4,534,876.	26	3,995,280.
		Organizations that follow SFAS 117 (ASC 958		here ► X and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			7,255,179.	27	7,368,837.
3al	28	Temporarily restricted net assets	736,956.	28 29	956,080.		
При	29						
Fu		Organizations that do not follow SFAS 117 (A	SC 958),	, check here 🕨 🛄			
P.		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ase	31	Paid-in or capital surplus, or land, building, or ec		E E E E E E E E E E E E E E E E E E E		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			7 000 105	32	0 2 2 4 0 1 7
~	33	Total net assets or fund balances			7,992,135. 12,527,011.	33	8,324,917.
	34	Total liabilities and net assets/fund balances			14,947,UII•	34	12,320,197. Form 990 (2018)

BRIGHT BEGINNINGS, INC.

Form 990 (
Part X	Balance Sheet

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Form	990 (2018) BRIGHT BEGINNINGS, INC.	52-	1697917	Pag	_{ge} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,578		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,294		
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,992		
5	Net unrealized gains (losses) on investments	5			<u>23.</u>
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 in Schedule O)	9	48	3,3	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,324	1,9	<u>17.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				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	0.			
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	Х	
	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				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it		1
	Act and OMB Circular A-133?		3a	Х	┝──
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

"PUBL	IC IN	SPEC1	ION"
		0. 20.	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ► Go to

2018	
Open to Public Inspection	

Name of the organization

Name	e of t	he organization						Employer	identification number		
		BRIG	HT BEGINNIN	NGS, INC.					2-1697917		
Par	tl	Reason for Public C	Charity Status (/	All organizations must co	mplete th	is part.) Se	e instructions	3.			
The o	rgan	ization is not a private found A church, convention of chu)(A)(i).				
2		A school described in secti					<i>N</i> - <i>N</i> - <i>P</i> -				
3	=	A hospital or a cooperative					i).				
Δ	=							(iii). Enter	the hospital's name.		
- L		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 the benefit of a college or university owned or operated by a governmental unit described in									
c [section 170(b)(1)(A)(iv). (C				0/1->/4>/4>	(- A)				
ט <u>ו</u> קר	X	A federal, state, or local gov	-						u la lia alagonilago lin		
7 [Δ	An organization that normal	-	itial part of its support if	om a gove	ernmental l	unit or from tr	ie general p	Dudiic described in		
o [section 170(b)(1)(A)(vi). (C									
8 [0 [-	A community trust describe				d in anniu	notion with a	land grant			
9 [An agricultural research org				-		-	-		
		or university or a non-land-g university:	rant college of agrict	ulture (see instructions).		lame, city,	, and state of	the college	01		
10 [11 [An organization that normal activities related to its exem income and unrelated busin See section 509(a)(2). (Cor An organization organized a	npt functions - subjec ness taxable income (mplete Part III.)	t to certain exceptions, (less section 511 tax) fro	and (2) no m busines	more than ses acquir	33 1/3% of it ed by the org	s support f	rom gross investment		
12 [An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). C	Check the box in		
		lines 12a through 12d that of	describes the type of	supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
а] Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting		
		organization. You must c	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	orted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,		
		its supported organizatior	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution req	uirement and	an attentiv	reness		
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	v.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total											

Schedule A (Form 990 or 990-EZ) 2018 BRIGHT BEGINNINGS, INC. 52-1697 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-1697917 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5148732.	4962110.	4734656.	6429837.	7393879.	28669214.
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	5148732.	4962110.	4734656.	6429837.	7393879.	28669214.
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)						42,596.
6	Public support. Subtract line 5 from line 4.						28626618.
	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5148732.	4962110.	4734656.	6429837.	7393879.	28669214.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,780.	5,126.	100,586.	127,320.	126,653.	364,465.
9	Net income from unrelated business			-			-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	354.		17,542.	45,530.	23,089.	86,515.
11	Total support. Add lines 7 through 10						29120194.
	Gross receipts from related activities,	etc. (see instructio	uns)				,385,986.
	First five years. If the Form 990 is for						
	organization, check this box and stop	•					
Sec	ction C. Computation of Public						·
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	98.31 %
	Public support percentage from 2017					15	98.74 %
	33 1/3% support test - 2018. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li				
	and stop here. The organization quali						. —
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	5	
b	10% -facts-and-circumstances test	-			-		
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						$\mathbf{P}_{\mathbf{n}}$
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,
0.0							
	ction C. Computation of Publi					l .= l	
	Public support percentage for 2018 (I					15	%
<u>16</u>	Public support percentage from 2017 ction D. Computation of Inves					16	%
						47	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from a 33 1/3% support tests - 2018. If the					18	% 7 is not
198							
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	tructions	

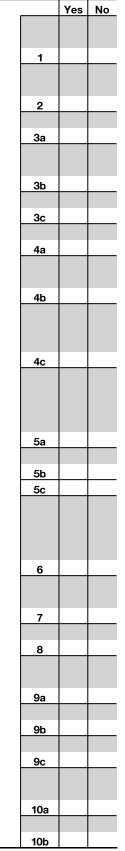
Schedule A (Form 990 or 990-EZ) 2018 BRIGHT BEGINNINGS, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



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<u>Sche</u>		52-169791	<u>7 р</u> а	age 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vee	
4	Did the directory tructory or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	.		
			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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	a actions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entit</i>	ty (see instructions)		
2	Activities Test. Answer (a) and (b) below.	y (See monuclions)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		
832025	5 10-11-18 Schedule	A (Form 990 or 99	90-EZ)	2018

"PUBLIC INSPECTION" Schedule A (Form 990 or 990-EZ) 2018 BRIGHT BEGINNINGS, INC. 52-1697917 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4

5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

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

5

6

Schedule A (Form 990 or 990-EZ) 2018

52-1697917 Pa	age 7
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Sche Par	dule A (Form 990 or 990-EZ) 2018 BRIGHT BEGINN			2-1697917 Page 7
Secti	on D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 BRIGHT BEGINNINGS,	INC.	52-1697917 Page 8
Part VI	Supplemental Information. Provide the explanations re Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and (See instructions.)	quired by Part II, line 10; Part II, line 17a or [.] a, 11b, and 11c; Part IV, Section B, lines 1 a 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,

			BLIC INSPEC				
SC	HEDULE D			al Statements			OMB No. 1545-0047
(Forn	n 990)	Complete if the org	anization answe	red "Yes" on Form 990, 11d, 11e, 11f, 12a, or 12b.			2018
	ment of the Treasury		Attach to Form	990.			Open to Public
-	Revenue Service	Go to www.irs.gov/Form9	90 for instructio	ns and the latest information			Inspection
Nam	e of the organizat	BRIGHT BEGINNINGS,	INC.				r identification number 52-1697917
Par		ations Maintaining Donor Advise		ther Similar Funds or	Acco	ounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			(1)		
				r advised funds	(b)	Funds ar	nd other accounts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4 5		it end of year on inform all donors and donor advisors in v		ante held in dener advised i	fundo		
5	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
Ŭ	•	poses and not for the benefit of the donor o	e e	•	-		
	impermissible priv		-		•		Yes No
Par		ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	n of land for public use (e.g., recreation or e	ducation)	Preservation of a historic	cally im	portant l	and area
	Protection of	of natural habitat		Preservation of a certifie	d histo	ric struc	ture
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation	contribution in the form of a	a conse	ervation e	easement on the last
	day of the tax yea	r.				Held	at the End of the Tax Year
а	Total number of c	onservation easements			🗖	2a	
b	•				··· –	2b	
С		vation easements on a certified historic stru			🗳	2c	
d		vation easements included in (c) acquired a					
•		nal Register				2d	
3	year	vation easements modified, transferred, rel	eased, extinguisr	ned, or terminated by the org	ganizat	ion durin	ig the tax
4		where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per		-			
•		forcement of the conservation easements it					Yes No
6	,	er hours devoted to monitoring, inspecting,					
			Ū.				0
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations	, and enforcing conservatior	easen	nents du	ring the year
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requ	irements of section 170(h)(4	l)(B)(i)		
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, descri	be how the organization reports conservation	on easements in	its revenue and expense sta	temen	t, and ba	lance sheet, and
	include, if applical	ble, the text of the footnote to the organizat	ion's financial sta	atements that describes the	organi	zation's a	accounting for
De	conservation ease		Art Listoria	al Transveron ar Otha	r Circ	ilor Ao	aata
Fai		ations Maintaining Collections of			1 3111	illar As	5615.
		f the organization answered "Yes" on Form				-1	hand and the stand
1a	0	elected, as permitted under SFAS 116 (AS	,,				,
		s, or other similar assets held for public ext		n, or research in jurtherance	or put	JIC Servio	se, provide, in Part XIII,
h		tnote to its financial statements that descri elected, as permitted under SFAS 116 (AS		in its revenue statement an	d halar	nca shaa	tworks of art historical
U	-	r similar assets held for public exhibition, ed					
	relating to these it	-			301 110	5, provid	
	-	ided on Form 990, Part VIII, line 1			1	► \$	
						► [*] —	
2	.,	received or held works of art, historical tre				vide	
		unts required to be reported under SFAS 1			-		

	the felletting affeatite required to be reperted a		<i>b</i> 000) i olu	ing to	
а	Revenue included on Form 990, Part VIII, line 1	 			
h	Accets included in Form 000 Dart V				

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832051 10-29-18

▶ \$_ \$

Schedule D (Form 990) 2018

		"PUBLIC	C INSF	PECTION"							
		BEGINNINGS							97917		ige 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Simila	Assets	continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sigr	nificant u	se of its c	ollection it	tems	
	(check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ims					
b	Scholarly research	e	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	ne organizatio	n's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								_		,
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
	Beginning balance						1c				
d	5 7						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		1
	Did the organization include an amount on Fe						/?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i]
Iu								aara baali	(-) [ours		hool
4-		(a) Current year	(D)⊦	Prior year	(c) Two year	S DACK (C	a) Three y	ears dack	(e) Four y	/ears i	јаск
	o o y										
b											
C L	Net investment earnings, gains, and losses										
d											
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		- (line 1)								
2	Provide the estimated percentage of the curr	•		y, column (a)	i) neiù as.						
a ⊾	Board designated or quasi-endowment	%	_%								
b	Permanent endowment										
C	Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c show										
20	Are there endowment funds not in the posse		otion the	t are hold ar	d administar	ad for the	orgoniza	tion			
Ja		SSION OF THE OFGATILZA		il are neiù ai			organiza		5	/es	No
	by:								3a(i)		NU
	(i) unrelated organizations								3a(ii)		
h	(ii) related organizations								3b		
4	Describe in Part XIII the intended uses of the								30		
_	t VI Land, Buildings, and Equipm		witterit i	unus.							
	Complete if the organization answere). Part I\	/. line 11a. S	ee Form 990.	Part X, lir	ne 10.				
	Description of property	(a) Cost or c		ŕ	or other		cumulate	be	(d) Book	value	<u>ــــــ</u>
	Description of property	basis (investr		. ,	(other)	• •	eciation			value	
1a	Land		,		. ,						
	Buildings										
	Leasehold improvements			13	1,534.		8,4	38.	123	,09	96.
	Equipment				3,422.		88,2			,13	
	Other				, _ ·		.,=			, _ •	
	I. Add lines 1a through 1e. (Column (d) must e		X colun	nn (R) line 1	0c)				218	, 23	32.
		gaarionn 000, ratt			~~			Schedule			

"PUBLIC INSPECTION	"
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52-1697917 Page 3

Schedule D (Form 990) 2018 BRIGHT BEGINNINGS, INC. Part VII Investments - Other Securities.

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

(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.

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

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

(a) Description	(b) Book value
(1) LEVERAGE LOAN TO WF INVEST FUND	6,693,700.
(2) DEPOSITS	38,920.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,732,620.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

BRIGHT BEGINNINGS, INC.

52-1697917 Page 4

	edule D (Form 990) 2018 BRIGHT BEGINNINGS, INC.		52-1697917 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 1	8)	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX

REGULATIONS OF THE DISTRICT OF COLUMBIA. THE ORGANIZATION IS NOT A PRIVATE

FOUNDATION AND IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED

BUSINESS INCOME.

NO PROVISION FOR INCOME TAXES IS REQUIRED FOR 2019 OR 2018. 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, 2018, 2017 AND 2016 REMAIN OPEN TO

EXAMINATION BY THE TAXING JURISDICTIONS.

	Supplama	"PUBLIC INSP				otiv	itico				
SCHEDULE G (Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							OMB No. 1545-0047			
(organization entered more than \$1	5,000 (on For	rm 990-EZ, line 6a.	,		2018			
Department of the Treasury Internal Revenue Service	 ▶ Attach to Form 990 or Form 990-EZ. Open to Public Inspection 										
Name of the organization		5 to www.irs.gov/Formaad for insu	uction	s anu	the latest mornati	011.	Employer ide	dentification number			
	BRIGHT BEGINNINGS, INC. 52–1697917										
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f X Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes				
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization			
CAROL SIEFERT - 917 SOUTH		CADIMAL CAMPAICN		Yes No			08 603	704 042			
CAROLINA AVENUE, SE	^s ,	CAPITAL CAMPAIGN		X	802,645.		98,603.	704,042.			
Total					802,645.		98,603.	704,042.			
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from re	egistration			
DC, MD, VA											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990 EZ) 2018 BRIGHT BEGINNINGS, INC.

52-1697917 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE CHAMPIONS (add col. (a) through BBI 5K RUN FOR CHILDREN col. (c)) (event type) (event type) (total number) മ

Revenu	1	Gross receipts	35,727.	7,600.		43,327.
_	2	Less: Contributions	13,617.			13,617.
	3	Gross income (line 1 minus line 2)	22,110.	7,600.		29,710.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses	8,669.	39,674.		48,343.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		▶	48,343.
	11	Net income summary. Subtract line 10 from lir	ne 3, column (d)			-18,633.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming		(d) Total gaming (add col. (a) through col. (c))				
Reve	1	Gross revenue							
SS	2	Cash prizes							
xpense	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	15 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
		he organization licensed to conduct gaming ac No," explain:				Yes No			
		· · · · ·							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:								

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 BRIGHT BEGINNINGS, INC. 52-1	1697917	7 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	LI	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
6	Is the organization required under state law to make charitable distributions from the gaming proceeds to		🗌 No
	retain the state gaming license?	. Lo Yes	
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, linos Q	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, III es 9,	30, 100,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:	
 / T	NAME OF FUNDDATCED. CADOL CIFFEDM		
<u>(I</u>			
<u>(</u>]) ADDRESS OF FUNDRAISER:		
<u>91</u>	7 SOUTH CAROLINA AVENUE, SE, WASHINGTON, DC 20003		

Schedule (G (Form 990 or 990-EZ) Supplemental Infor	BRIGHT BEGINNINGS	, INC.	52-1697917	Page 4
Partiv		(continued)			

SCHEDULE M (Form 990)

"PUBLIC INSPECTION" Noncash Contributions

OMB No. 1545-0047

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.

Attach to Form 990.

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

2018
Open to Public Inspection

Employer identification number

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

sigowi of moso for moli decions and the fatest morthation.	
	1

	BRIGHT BEGIN	NINGS,	INC.		52-	1697	917	
Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(o Method of o noncash contril		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>TOYS & SUPPLI</u>)	X	49	39,247.				
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 BRIGHT BEGINNINGS, INC.

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2018

"PUBLIC INSPECTION"

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

"PUBLIC INSPECTION"



52-1697917

BRIGHT BEGINNINGS, INC.

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 WITHOUT HOMES 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: SERVICES PROGRAM, BRIGHT BEGINNINGS SUPPORTS THE DAY-TO-DAY SOCIAL SERVICE NEEDS OF THE FAMILIES WE SERVE AND ENCOURAGES ACTIVE ENGAGEMENT.

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
WHICH ASSERTS THAT PARENTS ARE THEIR CHILDREN'S FIRST AND	BEST
TEACHERS. IN ADDITION TO HOME VISITS, TWICE-MONTHLY SOCIAL	IZATION
EVENTS SUPPORT PARENT-CHILD DEVELOPMENT WHILE ALSO FOSTERI	NG A SENSE OF
COMMUNITY AMONGST FAMILIES WHO ARE NOT ENROLLED IN THE CEN	TER-BASED
PROGRAM.	

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 DUE TO THEIR HOMELESS STATUS. 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 SERVICE PLANS.

"PUBLIC INSPECTION"									
Schedule O (Form 990 or 990-EZ) (2018)	Page 2								
Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917								
WORKFORCE DEVELOPMENT IN 2018, BRIGHT BEGINNINGS SERVED 11	4 PARENTS OF								
YOUNG CHILDREN EXPERIENCING HOMELESSNESS THROUGH OUR WORKFORCE									
DEVELOPMENT PROGRAM. THIS PROGRAM INCLUDES EDUCATIONAL SUP	PORT,								
TRAINING AND EMPLOYMENT ASSISTANCE. BY OFFERING A FULL RAN	GE 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	D								
COLLABORATIVE WORKFORCE DEVELOPMENT ACROSS DC AND INCREASE	S THE								
LIKELIHOOD THAT PARENTS WITHOUT HOMES ARE ABLE TO ACCESS H	IGH QUALITY								
AND COMPREHENSIVE ASSISTANCE IN ALL AREAS OF THEIR PROFESS	IONAL AND								
EDUCATIONAL DEVELOPMENT. BRIGHT BEGINNINGS PROVIDES A NUMB	ER OF								
WORKFORCE-DEVELOPMENT RELATED SUPPORTIVE SERVICES AND WORK	SHOPS								
CREATING DIRECT IMPACTS IN PROFESSIONAL DEVELOPMENT, FINAN	CIAL								
LITERACY, RESUME BUILDING, CAREER FAIRS AND MORE.									

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 52-1697917 BRIGHT BEGINNINGS, INC. ALL MEDICAL DOCUMENTATION AND HELP TRACK AND MONITOR EACH CHILD'S INDIVIDUAL HEALTH PLAN. AN ON-SITE NUTRITIONIST PROVIDES NUTRITIONAL GUIDANCE TO PARENTS, CHILDREN, TEACHERS AND FOOD SERVICE WORKERS. THE 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. EXPENSES \$ 1,729,792. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,042,650. FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST POLICY FORM ANNUALLY. THE ORGANIZATION MAINTAINS A BOARD PROFILE WHICH IS UPDATED AND MONITORED

THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND VOTED ON BY THE

COMPENSATION COMMITTEE.

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED AND VOTED ON BY THE

COMPENSATION COMMITTEE.

832212 10-10-18	"PUBLIC IN	SPECTION"	Sch	edule O (Form 99) or 990-	-EZ) (2
THE PROCESS HAS NOT CHANGED	FROM THE E	RIOR YEAR	•			
FORM 990, PART XII, LINE 2C						
FORM 990, PART XI, LINE 9, FUNDRAISING EVENT EXPENSES	<u>CHANGES IN</u>	NET ASSETS	5:		48,	343
THE GUIDESTAR WEBSITE.						
FINANCIAL STATEMENTS AND FO	RM 990 ARE	AVAILABLE	BOTH UPON	REQUEST,	AND	ON
FORM 990, PART VI, SECTION	C, LINE 19:					

48,343.

52-1697917

Schedule O (Form 990 or 990-EZ) (2018))
Name of the organization	

BRIGHT BEGINNINGS, INC.

SCHE	ED	UL	E	R	

(Form 990)

"PUBLIC INSPECTION"

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 52 - 1697917

Department of the Treasury Internal Revenue Service Name of the organization

BRIGHT BEGINNINGS, INC.

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

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

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

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

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 BRIGHT BEGINNINGS, INC.

52-1697917 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)	()	h)	(i)	(j		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?		Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No		
	1												
	1												
	-												
	-												
	-												
	-												
	4												

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 contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Schod	ule R (Form 990) 2018 BRIGHT BEGINNINGS, INC.	2-1697917		Page 3
Part V				-aye o
Party				
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u>1a</u>		X
b 0	Gift, grant, or capital contribution to related organization(s)	1b		X
c (Gift, grant, or capital contribution from related organization(s)	1c		X
d L	Loans or loan guarantees to or for related organization(s)	1d	X	
e L	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)			X
h F	Purchase of assets from related organization(s)	1 h		X
	Exchange of assets with related organization(s)		X	
	_ease of facilities, equipment, or other assets to related organization(s)			X
k L	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)			X
m F	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o S	Sharing of paid employees with related organization(s)			X
рF	Reimbursement paid to related organization(s) for expenses	1 p	X	
	Reimbursement paid by related organization(s) for expenses		X	
r C	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)			X
2 II	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	ds.		

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) BBI HOLDINGS, INC.	к	383,431.	FMV
(2) BBI HOLDINGS, INC.	D	1,258,028.	воок
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2018 BRIGHT BEGINNINGS, INC.

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)	(b)	(c)	(d)	(e)		(f)	(g)		h)	(i)	(j)	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	sec. 3) ?	Share of total income	Share of end-of-year assets	Dispi tion alloca Yes	ropor- nate tions?		General o managin partner? Yes No	ownership	
					+								
					+								
					+							+	

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	BRIGHT	BEGINNINGS, INC.		52-1697917	Page 5
Part VII	Supplemental Infor	mation.				
	Provide additional inform	ation for respon	ses to questions on Schedule R. S	See instructions.		

(Rev. January 2019)

"PUBLIC INSPECTION"

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

	E			Enter file	nter filer's identifying number				
Type or print	or Name of exempt organization or other filer, see instructions. Er					mployer identification number (EIN) or			
print	BRIGHT BEGINNINGS, INC.		52-1697917						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 3418 4TH STREET, SE	Social se	ocial security number (SSN)						
return. See instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20032								
Enter the Return Code for the return that this application is for (file a separate application for each return)						01			
Application		Return	Application			Return			
Is For		Code	Is For			Code			
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07			
Form 990)-BL	02	Form 1041-A			08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09			
Form 990-PF		04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If request an automatic 6-month extension of time until <u>AUGUST 15, 2020</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or ○ tax year beginning <u>OCT 1, 2018</u>, and ending <u>SEP 30, 2019</u>. 									
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					\$				
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
	If you are going to make an electronic funds withdrawal			153-EO an	d Form 887	9-EO for payment			

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

Form 8868 (Rev. 1-2019)