IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning $\underline{\text{OCT 1}}$, 2019, and ending $\underline{\text{SEP 30}}$, 20 $\underline{\text{20}}$

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Internal Revenue Service		Go to www.ir	rs.gov/Form8879EO for t	he latest information.		
Name of exempt organization					Employer identific	cation number
BRIGHT BEGINN	INGS, ING	.			52-16979	917
Name and title of officer						
DR MARLA DEAN						
Part I Type of	Return and F	leturn Informa	ation (Whole Dollars Or	ıly)		
on line 1a, 2a, 3a, 4a, or 5	a, below, and the	e amount on that	line for the return being fil	ed with this form was blank, t	then leave line 1b	, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b	Total revenue, if	f any (Form 990, Part VIII,	column (A), line 12)	1b	9,885,173.
2a Form 990-EZ check he						
3a Form 1120-POL check	here					
4a Form 990-PF check he	ere >	b Tax based o	on investment income (Fo	orm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b					
debit) entry to the financial return, and the financial ins 1-888-353-4537 no later th processing of the electroni payment. I have selected a organization's consent to expense of the selected and the selected a	institution accordination to debit an 2 business da c payment of tax a personal identifuletronic funds when the control of the	unt indicated in th the entry to this a ays prior to the pa kes to receive con ication number (P	ne tax preparation software account. To revoke a paym yment (settlement) date. I fidential information neces	e for payment of the organization, I must contact the U.S. also authorize the financial in sary to answer inquiries and	tion's federal taxe Treasury Financial estitutions involved resolve issues rela	es owed on this I Agent at d in the ated to the
		COMPANY	CHARTERED		to optor my DINI	97917
12 radiionze 100	DINO IIID	COIII IIII /				
			LNO IIIII IIaille			
is being filed with	h a state agency	(ies) regulating ch	arities as part of the IRS F			
indicated within	this return that a	copy of the return	n is being filed with a state	rganization's tax year 2019 e agency(ies) regulating charit	lectronically filed ties as part of the	return. If I have IRS Fed/State
Officer's signature	Mau	aqub	ear	Date	5/27/2	02/
Employer identification number SRIGHT BEGINNINGS, INC. 52-1697917						
	ur six-digit electr	onic filing identific	cation			
	•	_				
confirm that I am submitting	g this return in a					
					6 2 2021	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public

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.

Inspection

OMB No. 1545-0047

<u>A</u>	ror the	e 2019 calendar year, or tax year beginning OCT I, 2019 and e	naing 5	EP 30, 2020			
В	Check if applicable	C Name of organization	D Employer identific	cation number			
	Addre	e BRIGHT BEGINNINGS, INC.					
	Name chang	Doing business as		52-16979	17		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	3/18 / ጥ대 오ጥ모대 다 오다		(202) 842-9090			
	termir ated			G Gross receipts \$	9,885,173.		
	Amen	ded WASHINGHON DC 20032		H(a) Is this a group re			
	return Applio			for subordinates			
	tion pendi	SAME AS C ABOVE					
$\overline{}$	T			H(b) Are all subordinates in			
			527	,	list. (see instructions)		
		te: WWW.BBIDC.ORG	T	H(c) Group exemptio			
	art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1990 N	₫ State of legal domicile: DC		
	1	Briefly describe the organization's mission or most significant activities: PROVI	DE FA	MILIES AND (CHILDREN		
e	:	EXPERIENCING HOUSING INSTABILITY WITH A SA	FE. N	URTURING ED	UCATIONAL		
Jan	2	Check this box if the organization discontinued its operations or dispose					
Jerr	2			1	22		
Ó	3	0 0 1 7 7 7			22		
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			109		
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)					
Activities & Governance	6	Total number of volunteers (estimate if necessary)			31		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 39	·····		0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		7,407,496.	7,426,041.		
	9	Program service revenue (Part VIII, line 2g)		1,042,650.	2,331,716.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124,069.	125,869.		
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,456.	1,547.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,578,671.	9,885,173.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,055,393.	5,260,627.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		63,293.	97,595.		
oen	b	Total fundraising expenses (Part IX, column (D), line 25) 441,75	9.	•	,		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,175,523.	2,917,304.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,294,209.	8,275,526.		
		Revenue less expenses. Subtract line 18 from line 12		284,462.	1,609,647.		
9	2	Tievenue less expenses. Subtract line 10 nom line 12		ginning of Current Year	End of Year		
Net Assets or		Total accets (Part V. line 16)	De	12,320,197.	11,062,510.		
SSe	현 20	Total assets (Part X, line 16)		3,995,280.	1,127,946.		
et A	21	Total liabilities (Part X, line 26)			9,934,564.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		8,324,917.	9,934,364.		
		alties of perjury, I declare that I have examined this return, including accompanying schedules a		· · ·	knowledge and belief, it is		
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.			
		O'marken of affice		Data			
Sig	ın	Signature of officer		Date			
Here DR. MARLA DEAN, EXECUTIVE DIRECTOR							
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	KAY VOLLANS, CPA		06/04/2021 self-employ			
Pre	parer	Firm's name ► RUBINO AND COMPANY, CHARTERED		Firm's EIN ▶	52-1186096		
Use	Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300					
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636		
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

BRIGHT BEGINNINGS, INC. Program Service Accomplishments Form 990 (2019) Part III | Statement

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVED BY AND CHILDREN EXPEDIENCENCY HOUGHNG THEM WITHIN A
	PROVIDE FAMILIES AND CHILDREN EXPERIENCING HOUSING INSTABILITY WITH A
	SAFE, NURTURING EDUCATIONAL ENVIRONMENT TO ENSURE CHILDREN ENTER KINDERGARTEN READY TO LEARN AND PARENTS BECOME SELF-SUFFICIENT.
	KINDERGARIEN READI TO LEARN AND PARENTS BECOME SELF-SUFFICIENT.
	Did the executation undertake any significant average continued the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? 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 X No
3	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 measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,561,698 • including grants of \$) (Revenue \$
	BRIGHT BEGINNINGS, INC. CENTER-BASED PROGRAM IS A YEAR-ROUND PROGRAM
	FOR CHILDREN SIX WEEKS TO FIVE YEARS OLD WHO ARE EXPERIENCING HOUSING
	INSTABILITY. THE PROGRAM SUPPORTS CHILDREN'S PROGRESS AND DEVELOPMENT
	THROUGH COMPREHENSIVE SERVICES FOR CHILDREN AND FAMILIES IN THE AREA OF
	EARLY LEARNING, HEALTH, AND FAMILY WELL-BEING. THE OVERALL GOAL OF
	BRIGHT BEGINNINGS, INC. IS TO PROVIDE CHILDREN WITH A LEARNING
	ENVIRONMENT THAT HELPS THEM DEVELOP SOCIALLY, EMOTIONALLY, PHYSICALLY,
	AND COGNITIVELY TOWARDS SCHOOL READINESS DURING THEIR PROGRAM
	ENROLLMENT. BBI'S PROGRAM COMPONENTS INCLUDE:
	EDUCATION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE L'INDIANIE DE L
	EDUCATION - BRIGHT BEGINNINGS' EDUCATION PROGRAM EQUIPS CHILDREN WITH
41:	LEARNING OPPORTUNITIES THAT BUILD LITERACY SKILLS AND PREPARE THEM TO (Code:) (Expenses \$ 692,876. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$692,876. including grants of \$) (Revenue \$) FAMILY SERVICES - BRIGHT BEGINNINGS REGULARLY HOSTS PARENT EVENTS,
	WORKSHOPS, AND CLASSES THAT COVER A WIDE RANGE OF TOPICS. BRIGHT
	BEGINNINGS OFFERS PHYSICAL AND MENTAL HEALTH AND WELLNESS PROGRAMS,
	FAMILY FORUM MEETINGS, PARENTING CLASSES, A MOTHERS-ONLY SUPPORT GROUP,
	A FATHERHOOD PROGRAM, WIC CLUB, A DOMESTIC VIOLENCE SUPPORT GROUP, AND
	MORE.
	BRIGHT BEGINNINGS' FAMILY SERVICES AND EVENTS KEEP PARENTS ENGAGED IN
	OUR EXTENSIVE PROGRAMMING. PARENTS ARE ENCOURAGED TO VOLUNTEER IN THE
	CLASSROOMS AND SERVE AS CHAPERONES ON FIELD TRIPS. THEY ALSO SERVE ON
	OUR PARENT POLICY COUNCIL, WHICH REVIEWS AND APPROVES ALL PROGRAMS AND
	OPERATING BUDGETS, AND INTERVIEWS KEY PERSONNEL. THROUGH ITS FAMILY
4c	(Code:) (Expenses \$461,825. including grants of \$) (Revenue \$) HOME BASED - BRIGHT BEGINNINGS' HOME-BASED PROGRAM OFFERS EARLY HEAD
	START SERVICES TO CHILDREN (BIRTH TO THREE) AND THEIR FAMILIES IN
	WHATEVER ENVIRONMENT THEY CALL HOME. DURING A 90-MINUTE WEEKLY VISIT,
	HOME VISITORS MEET WITH PARENTS AND CHILDREN IN THE FAMILY'S HOME
	ENVIRONMENT, COACHING PARENTS ON STRATEGIES TO BE THE CHILD'S FIRST
	TEACHER, SCREENING AND ASSESSING EACH CHILD AND PROVIDING WRAP AROUND
	SUPPORT SERVICES.
	BRIGHT BEGINNINGS TREATS FAMILIES AS ACTIVE PARTNERS IN THEIR CHILD'S
	SUCCESS AND CREATES SYSTEMS TO SUPPORT THE ROLE OF PARENTS AS THE
	PRIMARY EDUCATORS OF THEIR CHILDREN. BRIGHT BEGINNINGS' HOME-BASED
	PROGRAM USES THE PARENTS AS TEACHERS (PAT) FOUNDATIONAL CURRICULUM,
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,499,712. including grants of \$) (Revenue \$ 2,331,716.)
4e	Total program service expenses ► 6 , 216 , 111 .

Form 990 (2019) BRIGHT BEGINNINGS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		Х
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		Х
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? <i>If</i> "Yes," <i>complete</i>			
Ü	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	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		37	
	Part VI	11a	X	
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	X	
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	X	
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on traiting column (-y, interit ii res. complete scriedule i. Parts I and II	41		1 23

Form 990 (2019) BRIGHT BEGINNINGS, INC.

Part 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	_
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	10	х	

Form 990 (2019) BRIGHT BEGINNINGS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements. 2a 109 19 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to — his feet employment tax returns? 30 If the organization have unrelated business goes income of \$1,000 or more during the year? 31 If the sum of lines 1a and 2a is greater than 250, you may be required to — his feet employment tax returns? 32 If the sum of lines 1a and 2a is greater than 250, you may be required to — his feet employment tax returns? 33 If the sum of lines 1a and 2a is greater than 250, you may be required to — his feet employment tax returns? 34 If the sum of lines 1a and 2a is greater than 250, you may be required to — his feet employment tax returns? 35 If the sum of the sum of the feet employment tax returns that the sum of the feet employment tax returns the sum of the feet employment tax returns that the sum of the feet employment tax returns that the sum of the feet employment tax returns that the sum of the feet employment tax returns that the sum of the feet employment tax returns that the sum of the feet employees that the sum of the s					Yes	No
b If a least one is reported on line 2a, did the organization line all required for p-file (see Instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to p-file (see Instructions) 3a If the organization have unrelated business gross income of \$1,000 or more during the year? 3a If yes, 1 has if filed a form 390 or the year? If 1 No 1 to line 3b, provide an explanation on Schedule O 3b If 1 Yes, 1 has if filed a form 390 or the year? If 1 No 1 to line 3b, provide an explanation on Schedule O 3b If 1 Yes, 1 has if filed a form 390 or the year? If 1 No 1 to line 3b, provide an explanation on Schedule O 3c If 1 Yes 1 to line 3b and 1 to line 3b and 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _e/lip (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a .	109		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, "has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account; a toneign country (such as a bank account, accounts or a signature or other authority over, a francial account in a foreign country. 5b If "Yes," interest the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions. 6c If "Yes" is often organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes" is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes" is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes" is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes" is did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes" is did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 6d If "Yes," indicate the number of Forms 8262 filed during the year 6d If "Yes," indicate the number of Forms 8262 filed during the year 6d If "Yes," indicate the number of Forms 8262 filed during the year 7d If "Yes," indicate the number of Forms 8262 filed during the year 7d If the organization sell, were al	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2k	X	
b if "Yes," has if field a Form 990-T for this year? if "No' to fine 3b, provide an explanation on Schedule O 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? 4b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5c entertions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibitotie tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 888-F7? 5c Did any textual party notify the organization file Form 888-F7? 5c Did was the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization in excess of 5% made party as a contribution and party for goods and services provided to the payor? 7a X Did to the organization service apyment in excess of 5% made party as a contribution and party for goods and services provided to the payor? 7b X Did the organization service apyment in excess of 5% made party sa a contribution and party for goods and services provided to the payor? 7b X Did the organization service apyment in excess of 5% made party sa contribution and party for goods and services provided to the payor? 7c X Did the organization service apyment in excess of 5% made party sa contribution and party for product to the form 8282? 7c X Did the organization service apymentime, directly or indirectly, to pay premiums on a personal benefit contract? 7c X Did the organization received a contribution		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
4a A 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," where the name of the foreign country of the properties of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of country (such as a bank account, so other financial accountly) over the financial accountly over the financial accountly (FBAR). 5b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax shelter transaction? 5b Was the organization party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 50, did the organization that it was or is a parry to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 50, did the organization file form 88867. 6c 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? 6c Obes the organization receive a payment in excess of \$75 made parrly as contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 7d Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idid the organization notify the donor of the value of the goods or services provided? 9 If "Yes," idid the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 12 If the organization received an contribution of cualified intellectual property, did the organization file Form 8898 as required? 12 If the organization received an contribution of qualified intellectual property, did the organization file Form 1088-C? 13 Sponsoring organization services to contribution of qualified intellectual property, did the organization file Form 1088-C? 14 If "Yes," insert the amount of the except interest receiv	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3k	1	
b if "Yes," either the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shelter transaction? 59 Was the organization for the organization filing form 88867. 50 If "Yes" to line Sar of Sb, did the organization filing Form 88867. 50 If "Yes" to line Sar of Sb, did the organization filing Form 88867. 50 If "Yes" to line Sar of Sb, did the organization filing form 88867. 50 If "Yes," did the organization new annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 51 If "Yes," did the organization receive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 52 If "Yes," did the organization received apotentity of the value of the goods or services provided? 53 If "Yes," did the organization received apotentity of the value of the goods or services provided? 54 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 54 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 55 If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 55 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 56 If the organization have excess business holdings at any time during the year? 57 If "Yes," section 501(c						
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? 6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any contributions that were not tax deductible as charitable contributions? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible as charitable contributions under section 170(c). 8 Did the organization receive a payment in excess 015% made party as a contribution of and partly for goods and services provided to the payor? 7 If Yes, 'indicate the number of Forms 8282 fined during the year 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization ferom 8898 as required? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(12) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Section 601(c)(12) organizations. Enter: 11 Initiation fees and capital contributions included on the organization flies form 1041? 11 Section 1051(c)(12) organizations. Enter: 1		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c I' Yes' to line 5a or 5b, did the organization file Form 8886+7? 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 I' Yes, "idl the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b I' Yes, "idl the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? b I' Yes, "indicate the number of Forms 8282 filed during the year b I' Yes, "indicate the number of Forms 8282 filed during the year c I' Yes, "indicate the number of Forms 8282 filed during the year b I' Yes, "indicate the number of Forms 8282 filed during the year b I' Yes, "indicate the number of Forms 8282 filed during the year b I' Yes, "indicate the number of Forms 8282 filed during the year b I' Yes, I	b	If "Yes," enter the name of the foreign country				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 8 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization of sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 10 Did the organization of the number of Forms 8282 filed during the year 11 Did the organization of the number of Forms 8282 filed during the year 12 Did the organization for developed any funds, directly or indirectly, on a personal benefit contract? 13 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 14 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 15 Sponsoring organizations maintaining donor advised funds. 16 Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, fund maintained by the sponsoring organi		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
to if "Yes" to line 5a or 5b, did the organization file Form 8886.TY 50 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deducibles of the solicity of the organization include with every solicitation an express statement that such contributions or gifts were not tax of educibles of the solicity of the organization include with every solicitation an express statement that such contributions or gifts were not tax of educible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization fler Form 8899 as required? 10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fler Form 8899 as required? 10 Formal organization received a contribution of acis, boats, airplanes, or other vehicles, did the organization fler form 890 as required? 10 Formal organization make any taxable distributions under section 4966? 10 Section 501(c)(12) organization make any taxable distributions under section 4966? 11 Section 501(c)(12) organizations. Enter: 12 Indiation fees and capital contributions included on Part VIII, line 12 13 Gross income from members or shareholders 14 Del Press, relate the amount of tax exempt interest received or accrued during the year 15 Section 501(c)(12) organizations. Enter: 16 Gross received from them.) 17 Fest, reset the amount of tax exempt interest received or accrued during the ye	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5</u> 6		X
6a Dess 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? b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If Yes,* did the organization notify the donor of the value of the goods or services provided? c Did the organization in the charm is a contribution of tanglible personal property for which it was required to file Form 8282? d If Yes,* indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization may premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization may premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make and stistribution to a donor advised funds. 10 Did the sponsoring organization make and stistribution sunder section 4096? 10 Section 501(b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5k		X
6a Dess 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? b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If Yes,* did the organization notify the donor of the value of the goods or services provided? c Did the organization in the charm is a contribution of tanglible personal property for which it was required to file Form 8282? d If Yes,* indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization may premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization may premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make and stistribution to a donor advised funds. 10 Did the sponsoring organization make and stistribution sunder section 4096? 10 Section 501(С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50	:	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds. 2 Sponsoring organizations maintaining donor advised funds. 3 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations. Enter: 3 Initiation fees and capital contributions included on Part VIII, line 12 9 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(2) organizations. Enter: 4 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(29) qualified honer) fit health insurance issuers. 13 Is the organization in the organization is required to maintain by the states						
were not tax deductible? Worganization start may receive deductible contributions under section 170(c). 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		any contributions that were not tax deductible as charitable contributions?		68		X
7 Organizations that may receive deductible contributions under section 170(c). a 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? b if "Yes," idid the organization notity the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? S Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the organization in the variable funds. Enter: a finitiation fees and capital contributions included on Part VIII, line 12 Did to Gross receipts, included on Form 990, Part VIII, line 12 Did the organization from members or shareholders Did to Section 501(c)(29) organizations. Enter: B Gross income from members or shareholders Did to Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a 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? b if "Yes," did the organization in the value of the young of the value of the goods or services provided? c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d if "Yes," indicate the number of Forms \$282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?		6k		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7	Organizations that may receive deductible contributions under section 170(c).				
to file Form 8282? 7c X 8d if "Yes," indicate the number of Forms 8282 filed during the year Pid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7i Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7i Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(12) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 11b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b If Yes, "has it filed a Form 720 to report	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pa	ıyor? 7 2	_	
to file Form 8282? d	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7t	X	
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a 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 b 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.) 11a 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b It she organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," h		to file Form 8282?		70		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See this instructio	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a linitiation 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 100 Did 11a 10a 10b 11b 12a Section 501(c)(12) organizations. Enter: a 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.) 12b 15f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15a 15a 15a 15a 15a 15a 15a 15	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	76		_
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a b Did the sponsoring organizations maintaining donor advisor, or related person? 9b cection 501(c)(7) organizations. Enter: a 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 11a b Gross income from members or shareholders 11a 12a 13a 14a 14a 15b 15 Enter the amount of tax-exempt interest received or accrued during the year 14a 15b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15c 15c 15c 15c 16c 17b 17c 17c 17c 17c 17d 17d 17d 17d	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	71		<u> </u>
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? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9cetion 501(c)(7) organizations. Enter: a 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 Gross income from members or shareholders 11a Joe Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 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. 13a Is the organization licensed to issue qualified health plans in more than one state? 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b Inter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	? 7 9	4	_
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Did 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand If Utheoryanization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," has it filed a Form 720 Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-	-C? 7 1	4	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule 0. 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 c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		sponsoring organization have excess business holdings at any time during the year?		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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: a 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.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N.	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a 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.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а					-
a Initiation fees and capital contributions included on Part VIII, line 12	b			9t	_	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	10		1 1			
11 Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a J X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		· / · ·	الما			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b					
b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.						
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X				12	3	
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X			120	_		
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				12		
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а				1	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 17 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	h					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	D	. ,	126			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X 19 X 19 X 19 X 10 X 11 Yes," see instructions and file Form 4720, Schedule N.	_					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			•	14	a	X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X X						+
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				····· ''	1	
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				10		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				····· 📙		
,	16		income?	16		Х

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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 X taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DR. MARLA DEAN - (202) 842-9090 3418 4TH STREET, SE, WASHINGTON, DC 20032

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANN BONHAM	1.00									
CO-CHAIR	1 00	Х		Х				0.	0.	0.
(2) LAUREN SHARPLESS-ROBINSON CO-CHAIR	1.00	х		х				0.	0.	0.
(3) OUINCY BOOTH	1.00	Λ		Λ					0.	<u></u>
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(4) NANCY REGISTER	1.00	22		22				•	<u> </u>	
TREASURER	1.00	х		Х				0.	0.	0.
(5) AIMEE SOLLER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) CYNTHIA BOOTH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TERRI COPELAND	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARIA ESTEFANIA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN FERGUSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ANTWONE HARRIS	1.00								_	_
DIRECTOR	1.00	Х						0.	0.	0.
(11) MARTIE KENDRICK-KETTMER	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(12) MELLANIE LASSITER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) GAIL LOUIS	1.00									•
DIRECTOR	1 00	Х				_		0.	0.	0.
(14) KATIE MCLAUGHLIN	1.00	.,							_	•
DIRECTOR (15) CHERNIN NIVERN	1 00	Х				_		0.	0.	0.
(15) STEPHEN NIVEN	1.00	v						0.	0.	0
OIRECTOR (16) CAMERON NORMAND	1.00	Х				-		0.	U •	0.
(16) CAMERON NORMAND DIRECTOR	1.00	Х						0.	0.	0.
(17) CYNTHIA PRENTISS	1.00	Λ			\vdash			1	U •	U •
DIRECTOR	1.00	Х						0.	0.	0.
	1	-22				1		1 0.		<u>_ </u>

52-1697917

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Reportable Name and title Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations and related ey employee below organizations line) (18) ARSHI SIDDIQUI 1.00 DIRECTOR Х 0. 0. 0. (19) SHEILA STINSON 1.00 Х 0. 0. 1.00 0. DIRECTOR (20) NICOLE STREETER 1.00 Х 0. DIRECTOR 0. 0. (21) KISHA WARD 1.00 DIRECTOR X 0. 0. (22) TYLER WOODS 1.00 DIRECTOR Х 0. 0. 0. 40.00 (23) DR. MARLA DEAN 1,676. EXECUTIVE DIRECTOR 1.00 X 163,087. 0. (24) ANTHONY SIMS 40.00 Х 121,693. 0. 9,457. DIRECTOR OF ORGANIZATIONAL LEARNING 40.00 (25) HILLARY GARNER 976. DEPUTY DIRECTOR OF PROGRAMMING X 121,217. 0. 40.00 (26) DARIN ALLEN DEVELOPMENT DIRECTOR Х 109,946. 0. 10,378. 515,943.0. 22,487. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 515,943. 0. 22.487. Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ONE DIVERSIFIED LLC	CAMERA EQUIPMENT AND	
385 MARKET STREET, KENILWORTH, NJ 07033	MAINTENANCE	211,380.
IPURPOSE LLC	CLEANING AND	
700 SOUTHERN AVE, SE, WASHINGTON, DC 20032	SANITATION SERVICES	155,309.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
2

52-1697917

Form 990 (2019) BRIGHT Part VIII Statement of Revenue

		Check if Schedule O	contains	s a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C) Unrelated	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1 :	a Federated campaigns		1a	9,551.				
iran	ı	b Membership dues		1b					
F,G		c Fundraising events		1c					
Ή.		d Related organizations		1d					
s, G		e Government grants (contri	ibutions	s) 1e 3	,968,343.				
Sign	1	f All other contributions, gifts,	grants, a	ınd					
but		similar amounts not included		1f 3	,448,147.				
Öğ	,	Noncash contributions included in I	lines 1a-1f		209,459.				
Contributions, Gifts, Grants and Other Similar Amounts	-	h Total. Add lines 1a-1f		•		7,426,041.			
					Business Code				
ø	2 :	a CHILD HEALTH	SERV	TICES	624410	2,331,716.	2,331,716.		
Ş	-	b							
Sel	,	c							
am	,	d							
Program Service Revenue		e							
P	1	f All other program service i	revenue						
		g Total. Add lines 2a-2f				2,331,716.			
	3	Investment income (includ	ling divi	idends, inter	est, and				
		other similar amounts)			>	125,869.			125,869.
	4	Income from investment o	of tax-ex	empt bond	oroceeds				
	5	Royalties	. <u></u>		>				
				(i) Real	(ii) Personal				
	6	a Gross rents	6a						
	ı	b Less: rental expenses	6b						
	(c Rental income or (loss)	6с						
		d Net rental income or (loss)) <u></u>		>				
	7 :	a Gross amount from sales of	(i	i) Securities	(ii) Other				
		assets other than inventory	7a						
	- 1	b Less: cost or other basis							
ne		and sales expenses	7b						
ther Revenue	(c Gain or (loss)	7c						
Be		d Net gain or (loss)		<u></u>	>				
Jer	8	a Gross income from fundraisir	ng events	s (not					
₹		including \$		of					
		contributions reported on	line 1c)	. See					
		Part IV, line 18		8	1				
	- 1	b Less: direct expenses		81)				
		c Net income or (loss) from			<u> </u>				
	9 :	a Gross income from gamin		I					
		Part IV, line 19							
	- 1	b Less: direct expenses		9)				
	•	c Net income or (loss) from	gaming	activities	<u></u>				
	10	a Gross sales of inventory, le	ess retu	ırns					
		and allowances		10	а				
	ı	b Less: cost of goods sold		10	b				
	•	c Net income or (loss) from	sales of	inventory					
_o					Business Code	4 =			4 = 1 =
e e	11 :	a OTHER INCOME			900099	1,547.			1,547.
Miscellaneous Revenue	ı	b							
3ev	•	c							
Σ		d All other revenue				1 547			
		e Total. Add lines 11a-11d			·····	1,547.	2 221 716		107 416
	12	Total revenue. See instruction	ns			9,885,173.	∠, 33⊥,/10•	J U•1	127,416.

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 170,891. 143,548. 22,216. 5,127. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,106,151. 3,531,499. 382,913. 191,739. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 584,996. 502,908. 51,414. 30,674. Other employee benefits 9 398,589. 343,275. 36,928. 18,386. 10 Payroll taxes 11 Fees for services (nonemployees): Management 23,736. 25,112. 1,301. 75. Legal 259,527. 259,527. Accounting Lobbying 97,595. 97,595. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 567,410. 484,948. 45,957. 36,505. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,086,706. 452,693. 614,978. 19,035. 13 Office expenses 50,572. 35,763. 8,411. 6,398. 14 Information technology Royalties 15 548,754. 394,377. 22,375. 132,002. 16 Occupancy 8,873. 5,771. 198. 2,904. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,667. 3,554. 1,888. 6,225. Conferences, conventions, and meetings 19 102,219. 102,219. 20 Payments to affiliates 21 37,233. 49,777. 10,152. 2,392. Depreciation, depletion, and amortization 22 39,571. 33,996. 3,726. 1,849. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 108,560. 107,948. 475. 137. CLASSROOM EXPENSES FAMILY SERVICES 37,017. 35,078. 1,934. 5. 19,599. 19,599. BAD DEBT STAFF RECRUITMENT 1,940. 1,940. All other expenses 8,275,526. 6,216,111. 1,617,656. 441,759. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Par	rt X	Balance Sheet								
		Check if Schedule O contains a response or	note to any	ine in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	3,241,563.	1	1,705,252.					
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net		332,472.	3	1,031,576.				
	4	Accounts receivable, net			421,000.	4	148,612.			
	5	Loans and other receivables from any current								
		trustee, key employee, creator or founder, su								
		controlled entity or family member of any of the	hese person	ıs		5				
	6	Loans and other receivables from other disqu	alified perso							
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6				
ιχ	7	Notes and loans receivable, net		Г	1,258,028.	7	1,186,597.			
Assets	8	Inventories for sale or use				8				
As	9				116,282.	9	55,777.			
	10a	Land, buildings, and equipment: cost or othe	r							
		basis. Complete Part VI of Schedule D	10a	351,511.						
	b	Less: accumulated depreciation	10b	141,187.	218,232.	10c	210,324.			
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, lin		12						
	13	Investments - program-related. See Part IV, lir		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11	6,732,620.	15	6,724,372.					
	16	Total assets. Add lines 1 through 15 (must e			12,320,197.	16	11,062,510.			
	17	Accounts payable and accrued expenses			642,901.	17	880,946.			
	18	Grants payable		18						
	19	Deferred revenue			1,457.	19	12,000.			
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21				
es	22	Loans and other payables to any current or for								
Liabilities		trustee, key employee, creator or founder, su		T I						
iab		controlled entity or family member of any of the	hese person	ıs		22				
	23	Secured mortgages and notes payable to unr			2,350,922.	23	0.			
	24	Unsecured notes and loans payable to unrela			1,000,000.	24	235,000.			
	25	Other liabilities (including federal income tax,								
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X						
		of Schedule D			2 005 200	25	1,127,946.			
	26			► ▼	3,995,280.	26	1,12/,940.			
တ		Organizations that follow FASB ASC 958, o	heck here							
nce		and complete lines 27, 28, 32, and 33.			7,368,837.	07	9,462,785.			
alaı	27	Net assets without donor restrictions			956,080.	27 28	471,779.			
d B	28	Net assets with donor restrictions			330,000.	28	4/1,///			
'n.		Organizations that do not follow FASB ASC	, 958, cnec	k nere ▶ 📖						
o.		and complete lines 29 through 33.	al a							
sts	29	Capital stock or trust principal, or current fun				29				
1886	30	Paid-in or capital surplus, or land, building, or				30				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			8,324,917.	31 32	9,934,564.			
ž	32	Total liabilities and not accept/fund balances			12,320,197.	33	11,062,510.			
	33	Total liabilities and net assets/fund balances			14,340,13/•	ა პ	11,004,310.			

Form **990** (2019)

BRIGHT BEGINNINGS, INC. 52-1697917 Page 12 Form 990 (2019) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 9,885,173. Total revenue (must equal Part VIII, column (A), line 12) 1 8,275,526. Total expenses (must equal Part IX, column (A), line 25) 2 2 1,609,647. Revenue less expenses. Subtract line 2 from line 1 3 3 8,324,917. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 9,934,564. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2019)

Х За

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BRIGHT BEGINNINGS, 52-1697917 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4962110.	4734656.	6429837.	7407496.	7426041.	30960140.
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	4060440	4504656	640000	5405406	T406044	20060110
	Total. Add lines 1 through 3	4962110.	4734656.	6429837.	7407496.	7426041.	30960140.
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,						01 052
	column (f)						91,053.
	Public support. Subtract line 5 from line 4.						30869087.
	• • • • • • • • • • • • • • • • • • • •	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T. +-1
	ndar year (or fiscal year beginning in)	(a) 2015 4962110.	(b) 2016 4734656.	(c) 2017 6429837.	(d) 2018 7407496.	(e) 2019 7426041	(f) Total 30960140.
	Amounts from line 4	4902110.	4/34030.	0429037.	7407490.	7420041.	50900140.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	5,126.	100 586	127 320	126,653.	125 869	485,554.
۵	Net income from unrelated business	3,120.	100,500.	127,320.	120,033.	123,003.	103,334.
9	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.)		17,542.	45,530.	23,089.	1,547.	87,708.
11	Total support. Add lines 7 through 10						31533402.
	Gross receipts from related activities,	etc. (see instruction	ons)				,975,703.
	First five years. If the Form 990 is for	•	,				-
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.89 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	98.31 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l				
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟

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.)

Sec	tion A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						,,
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	tion C. Computation of Public					т т	
	Public support percentage for 2019 (lin			column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						/ is not
b	more than 33 1/3%, check this box and 33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3c		
	_		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	154		
	10b		
~ O	90 or 90	n E71	2010

Pai	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			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		
<u>Sec</u>	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	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	/•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Test. Answer (a) and (b) below.	ructions)	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а				
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	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	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 BRIGHT BEGINNINGS, INC.

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add I	nes 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
maint	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair n	narket value of other non-exempt-use assets	1c		
	(add lines 1a, 1b, and 1c)	1d		
e Disco	bunt claimed for blockage or other			
factor	rs (explain in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	instructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	oly line 5 by .035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, Column A)	1		
	85% of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
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 organization	S	
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 tl	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Desired Services (1997)
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number 52-1697917

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ac	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic stru	ucture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	<u> </u>
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing o	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conse	ervation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and exper	nse statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stat	ements that describes the
D	organization's accounting for conservation easements.	Ad Illata da III	Other Circles Assessed
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	, , , , , , , , , , , , , , , , , , ,	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	rurtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for finar	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, oi	Other	Simila	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	gnificant u	use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 ι	_oan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	c Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of the	he organ	ization's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Par			_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	-	•	_						Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_]
	rt V Endowment Funds. Complete i										
	· ·	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears l	nack
1a	Beginning of year balance	(u) carrerry car	(2)	y cu.	(0) : 5 5 6	o suon	()	ouro puon	(5) . 5	j ou. o .	-
	Contributions										
	Net investment earnings, gains, and losses										
ų	Grants or scholarships										
	Other expenditures for facilities										
C											
£	and programs										
	Administrative expenses										
g		ant year and balance	. /lina 1 a	a aluma (a	\\						
2	Provide the estimated percentage of the curr			, column (a)) rieid as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
0-	The percentages on lines 2a, 2b, and 2c short	•		and bald an	and and a day to take on	6 41					
Зa	Are there endowment funds not in the posses	ssion of the organiza	ttion that	are neid ar	na aaminister	ea for the	e organiza	ation	Г	V	<u> </u>
	by:									Yes	<u>No</u>
	(i) Unrelated organizations								3a(i)	-	
	(ii) Related organizations								3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organiza								3b		
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment fu	ınas.							
rai			N D - 4 N/	C 44- 0) F 000	D-4V I	10				
	Complete if the organization answered										
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value)
		basis (investr	nent)	Slasia	(other)	aep	reciation				
	Land										
	Buildings			1 4	2 000		01 01		100		
	Leasehold improvements				3,929.	- 4	21,9			, 01	
	Equipment			20	7,582.	1	19,2	12.	88	, 31	<u>. U •</u>
	Other								04.0		
Fotal	II. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	Oc)				21(, 32	44.

BRIGHT BEGINNINGS, INC.

Part VII	Investments - Other Securities.	an Farma COO Boot IV line	11h Con Farma 000 Bort V line 10	
(a) Descrip	Complete if the organization answered "Yes" ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
	al derivatives	()		,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(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)				
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX		5 000 D 1 N 1 I'	44 0 5 000 5 1 1 1	
	Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(4) T E		T FUND		6,693,700
	POSITS	I FUND		30,672
	FOSTIS			30,072
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	ımn (b) must equal Form 990. Part X. col. (B) line			6,724,372
Part X	Other Liabilities.	<u> </u>		07.2270.2
	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
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
	for uncertain tax positions. In Part XIII, provide		· •	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 2020 OR 2019. 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, 2019, 2018 AND 2017 REMAIN OPEN TO

Schedule D (Form 990) 201	9 BRIGHT BEG	SINNINGS, INC	•	52-1697917	Page 5
Part XIII Supplemen	9 BRIGHT BEG tal Information _(continued)				-
EXAMINATION BY	THE TAXING JURI	SDICTIONS.			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number 52-1697917

Part I		Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
المالية المالية	required to complete this par			:4: (
	te whether the organization rais Mail solicitations	sed funds through any of the following	-		Check all that apply. overnment grants		
	Internet and email solicitations			-	-		
	Phone solicitations	g X Special		-	-		
	In-person solicitations	g [A] Special	iuriura	using	events		
		or aral agreement with any individual	(includ	ling of	ficara directore true	tooo or	
		or oral agreement with any individual Part VII) or entity in connection with p				X Yes	☐ No
		viduals or entities (fundraisers) pursu					
			ant to	agreer	nents under which th	ie iurioraiser is to be	,
Comp	pensated at least \$5,000 by the	organization.					
	e and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(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 SIE	EFERT - 917 SOUTH		Yes	No			
CAROLINA	AVENUE, SE,	CAPITAL CAMPAIGN		Х	191,261.	32,423.	156,838.
Γotal				<u> </u>	191,261.	32,423.	
		on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from reg	gistration
or lice							
DC,MD,	VA						

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

"PUBLIC INSPECTION" 52-1697917 Page 2 Schedule G (Form 990 or 990-EZ) 2019 BRIGHT BEGINNINGS, INC. 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

b If "No," explain: _

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 BRIGHT BEGINNINGS, INC.	52-1697917	Page 3
11	· · · · · · · · · · · · · · · · · · ·		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		No.
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	res [No
	a The organization's facility	13a	%
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt	
	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		
	bliector/officer Employee independent contractor		
17	Mandatory distributions:		
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	Yes [No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir organization's own exempt activities during the tax year > \$	i the	
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III. lines 9. 9t	o. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
<u>(</u>]) NAME OF FUNDRAISER: CAROL SIEFERT		
<u>(</u>]) ADDRESS OF FUNDRAISER:		
91	7 SOUTH CAROLINA AVENUE, SE, WASHINGTON, DC 20003		
_			

Schedule G (Form 990 or 990-EZ) BRIGHT BEGINNINGS, INC. Part IV Supplemental Information (continued)	52-1697917 Page 4
Supplemental information (continued)	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

BRIGHT BEGINNINGS, INC.

Employer identification number 52-1697917

Pa	art I Questions Regarding Compensation			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. MARLA DEAN	(i)	163,087.	0.	0.	0.	1,676.	164,763.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

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

BRIGHT BEGINNINGS, INC. Employer identification number 52-1697917

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of dononcash contribution	etermin		3
1	Art - Works of art		TESTIO CONTINUATOR	Tom coo, ruit viii, iiiie	.9			
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	Х	4	209,459	.FAIR MARKET	' VA	LUE	
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							
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contri	butions?	31		<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nonca	sh			
	contributions?					32a		<u> </u>
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 c	hecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule I	M (Forn	n 990)	2019

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

Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

BRIGHT BEGINNINGS, INC. **Employer identification number** 52-1697917

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENT TO ENSURE CHILDREN ENTER KINDERGARTEN READY TO LEARN AND
PARENTS BECOME SELF-SUFFICIENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ENTER KINDERGARTEN READY-TO-LEARN AND ON PAR WITH THEIR
HIGHER-RESOURCED PEERS. RESEARCH SHOWS THAT CHILDREN 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) (2019) Page 2 Name of the organization **Employer identification number** 52-1697917 BRIGHT BEGINNINGS, INC. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WHICH ASSERTS THAT PARENTS ARE THEIR CHILDREN'S FIRST AND BEST TEACHERS. IN ADDITION TO HOME VISITS, TWICE-MONTHLY SOCIALIZATION EVENTS SUPPORT PARENT-CHILD DEVELOPMENT WHILE ALSO FOSTERING A SENSE OF COMMUNITY AMONGST FAMILIES WHO ARE NOT ENROLLED IN THE CENTER-BASED PROGRAM. 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. A MOTION IS ONLY MADE IN A BOARD MEETING WHERE A QUORUM IS ESTABLISHED. FORM 990, PART VI, SECTION B, LINE 15:

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

COMPENSATION FOR KEY EMPLOYEES IS BASED UPON BOARD APPROVED COMPENSATION STUDY.

Name of the organization BRIGHT BEGINNINGS, INC.	Employer identification number 52-1697917						
FORM 990, PART VI, SECTION C, LINE 19:							
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE BOTH UPON	REQUEST, AND ON						
THE GUIDESTAR WEBSITE.							
FORM 990, PART XII, LINE 2C							
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.							
	_						
	_						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRIGHT BEGINNI	NGS, INC.					52-16979	17	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling itity	g
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	Itions. Complete if the organization	n answered "Yes" on Form 990	I), Part IV, line 34, t	ecause it had one	or more	related tax-exer	mpt	
(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) ct controlling entity	conti	g) 512(b)(13) rolled tity?
BBI HOLDINGS, INC 32-0340831				501(c)(3))			Yes	No
3418 4TH STREET, SE WASHINGTON, DC 20032	OPERATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	BRIGHT BEGINN	INGS, INC.	x	
-								

			W/ " F 000	D 1 11 / 11 O 1		
D 111	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.	· · · · · · · · · · · · · · · · · ·				
	gg					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	elated organizations listed	in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a		X		
b Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d	Х			
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
I Performance of services or membership or fundraising solicitations for related orga				11		Х		
m Performance of services or membership or fundraising solicitations by related orga				1m		Х		
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 10								
0 (7								
p Reimbursement paid to related organization(s) for expenses				1p	Х			
q Reimbursement paid by related organization(s) for expenses				1q	Х			
, , , , , , , , , , , , , , , , , , , ,								
r Other transfer of cash or property to related organization(s)				1r		Х		
				1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information on v								
	(b)	(c)	(d)					
(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
	type (a-s)							
(1) BBI HOLDINGS, INC.	K	383,431.	FMV					
(2) BBI HOLDINGS, INC.	D	1,186,597.	воок					
(3)								
(4)								
(5)								
	1							

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	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
							Н				-	
							Ш					
							Ш					

Schedule F	R (Form 990) 2019	BRIGHT	BEGINNINGS,	INC.	52-1697917	Page 5
Part VII	R (Form 990) 2019 Supplemental Info	rmation				
			nses to questions on So	chedule R. See instructions.		
			<u> </u>			

932165 09-10-19 Schedule R (Form 990) 2019

Form **8868**

(Rev. January 2020)

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.

OMB No. 1545-0047

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.

Automa	atic 6-Month Extension of Time. Only subm	it origin:	al (no copies needed)						
All corpor	rations required to file an income tax return other than Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts				
Type or	Name of exempt organization or other filer, see instruc	Taxpayer identification number (er (TIN)					
print File by the due date for	BRIGHT BEGINNINGS, INC. Number, street, and room or suite no. If a P.O. box, so		52-1697917						
filing your return. See instructions.	3418 4TH STREET, SE City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20032								
Enter the	r the Return Code for the return that this application is for (file a separate application for each return)								
Applicati	on	Return	Application			Return			
Is For	A 21 F 2 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual) Form 990-PF		03	Form 4720 (other than individual) Form 5227			10			
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)		06	Form 8870			12			
Teleph If the o	books are in the care of hone No. \[\begin{array}{c} \begin{array}{c} \delta 202 \end{array} \] \[\begin{array}{c} \delta 418 & 4TH & STREET \end{array} \] \[\delta 42-9090 \] \[\text{organization does not have an office or place of business is for a Group Return, enter the organization's four digit (\delta 1) \\ \delta 1 & \text{it is for part of the group, check this box} \end{array} \]	in the Uni		If this is fo	r the whole group, c				
1 I re the ▶	quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning OCT 1, 2019	AUGUS	ST 16, 2021 , to file						
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, onnrefundable credits. See instructions.	3a	\$	0.					
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
	 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c 					0.			
	If you are going to make an electronic funds withdrawal			-	d Form 8879-FO for				

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

Form 8868 (Rev. 1-2020)