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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 2	010 calen	dar year, or tax year begin	ning 7/01	, 2010, a	and endir	ig 6/3	30	, 2011	
В	Check if app				· · · · · · · · · · · · · · · · · · ·			D Employer I	dentification N	umber
		change	BRIDGE EDUCATION	AL FOUNDATION				81-06	73032	
	Name o	•	909 GREEN STREET					E Telephone	number	
	Initial re	-	HARRISBURG, PA 1	7102				717-2	14-6792	
	Termina									
	\vdash	ed return						G Gross rece	ipts \$ 2	,602,308.
	\vdash	tion pending	F Name and address of principal	officer NATALIE	NUTT		H(a) Is this	a group return fo	-	Yes X No
		non ponong	909 GREEN STREET					affiliates include		Yes No
ī	Tax-exem	nt status	X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527	If 'No,'	attach a list (se	e instructions)	
j	Websit		TP://WWW.BRIDGEEL	, , , , , , , , , , , , , , , , , , , 	1.4(4/1./	<u> </u>	H(c) Group	exemption numb	oer ►	
ĸ		rganization	X Corporation Trust	Association Other	L ye	ear of Forma	tion 200		e of legal domic	cile PA
		Summa		7.00000.011						
Ŀ <u>`</u>			be the organization's missi	on or most significar	nt activities BR	TDGE F	DUCATI	ONAL FO	JNDATION	AWARDS
•			SHIPS FOR THE BENE							
ĕ			DUCATIONAL_OPPORT							
Ę										
Activities & Governance			ox > If the organization			sed of m	ore than 2	5% of its ne	t assets	
ص ع	1		oting members of the gover	• • •				<u> </u>	3	15
63			dependent voting members	-					5	15
Ξ			r of individuals employed in r of volunteers (estimate if	•	(Part V, line 2a)				6	15
Act			ed business revenue from F		line 12				7a	0.
	4.		d business taxable income						7b	0.
	\$						P	rior Year	Cu	rrent Year
	≥8 Cor	ntributions	s and grants (Part VIII, line	1h)				2,045,12	3. 2	,578,053.
Ę	29 Pro		vice revenue (Part VIII, line							
Revenu	10 Inv	estment ır	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			3,83	0.	4,755.
Ĕ			ıe (Part VIII, column (A), lır							19,500.
<u> </u>			e - add lines 8 through 11			ne 12)	2	2,048,95	3. 2	,602,308.
	1.0		similar amounts paid (Part I							
(Car			to or for members (Part I)							
ري وي		aries, oth	er compensation, employee	e benefits (Part IX, c	olumn (A), lines	5-10).		170,29	9.	<u> 197,507.</u>
(5)	16a Pro	fessional	fundraising fees (Part IX, o	column (A), line 11e)	1					
Expenses	b Tot	al fundrai	sing expenses (Part IX, col	umn (D), line 25) ▶	4	0,994.	,	,		- ; ', -)
ũ	17 Oth	er expens	ses (Part IX, column (A), lii	nes 11a-170 F(C-24)	VED		1	L,852,76	3. 2	2,399,219.
	18 Tot	al expens	ses (Part IX, column (A), li ses Add lines 13-17 (must s expenses Subtract line 1	equal(Part IX, colum	n-(A), line 25)		2	2,023,06	2. 2	2,596,726.
	19 Re	venue les	s expenses Subtract line 1	8 troin line 12	S			25,89	1.	5,582.
8				m FEB U7	2012 [위		Beginni	ng of Current \	ear Er	nd of Year
Net Assets or Fund Balances	20 Tot	al assets	(Part X, line 16).					1,538,53	0. 2	2,223,638.
AA	21 Tot	al liabilitie	es (Part X, line 26)	OGDEN	I IIT			L,269,54	7. 1	.,949,073.
Ž	22 Ne	t assets o	r fund balances. Subtract li	ne 21 from line 20	, 01			268,98	3.	274,565.
P	art II	Signatu	re Block							
Un	der penalties	of perjury, I	declare that I have examined this rel parer (other than officer) is based on	urn, including accompanyir	ng schedules and stater	ments, and to	o the best of	my knowledge a	nd belief, it is tr	ue, correct, and
	mpiete Decia	1 N	darer (other than officer) is based on		eparer has any knowled		····	37.7.		
٠.		P Z VI	ure of officer					<u> </u>	2	
Si	gn ere								DECMOD	
П	ere		ALIE NUTT				EXEC	UTIVE DI	RECTUR	
_		ļ	preparer's name	Preparer's signature		Date		<u> </u>	, PTIN	
_		, ,	, ,	l~ 11	عالمستر		6/12	Check	11	2000
	aid		RE D. BROSIUS, CPA			<u>n 7 '</u>	7/19	self-employed	[P00168	0008
	eparer se Only	Firm's nam			rc			 	22-217502	2.4
J:	JC Cilly	Firm's addr		Firm's EIN ► 23-2175024 Phone no (717) 238-0446						
N4-	w the IDC	diani:ss *	HARRISBURG, PA		inctrictions\			Phone no (es No
_			his return with the preparer Reduction Act Notice, see to			те	EA0113L 1	2/21/10		orm 990 (2010)
U/	A FULFA	PEIMOIK	neuwciion Act Notice, 566 i	uie sepaiale ilistiul		16	LMUIIJL I	L/ L / / / U		U.III 222 (2010)

Form 990 (2010) BRIDGE EDUCATIONAL FOUNDATION	81-0673032	Page 2
Randill Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III	<u></u>	
Briefly describe the organization's mission BRIDGE EDUCATIONAL FOUNDATION AWARDS SCHOLARSHIPS FOR THE BEN AND THEIR FAMILIES IN AN EFFORT TO FOSTER EDUCATIONAL OPPORTU THE COMMONWEALTH OF PENNSYLVANIA.		
2 Did the organization undertake any significant program services during the year which were not list Form 990 or 990-EZ?	sted on the prior Yes	X No
If 'Yes,' describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services? Yes	X No
If 'Yes,' describe these changes on Schedule O.4 Describe the exempt purpose achievements for each of the organization's three largest program s	services by expenses. Section	n 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	ants and allocations to others	, the total
4a (Code) (Expenses \$ 2,488,964. including grants of \$ BRIDGE EDUCATIONAL FOUNDATION AWARDS SCHOLARSHIPS ON A RACIAL BASIS FOR THE BENEFIT OF NEEDY CHILDREN AND THEIR FAMILIES WE OR PRIVATE SCHOOLS IN THE COMMONWEALTH OF PENNSYLVANIA, AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS IN THE COMMONWEALTH OF	LLY NON-DISCRIMINATION WISH TO ATTEND THE FOSTERING OF	
4b (Code (Expenses \$ including grants of \$) (Revenue \$)
~~		
~		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Rever	nue \$)
4e Total program service expenses ► 2,488,964.		

	m 990 (2010) BRIDGE EDUCATIONAL FOUNDATION 81-067303 rt IV Checklist of Required Schedules	2	<u>F</u>	age :
Га	TO 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			,
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	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	11 6		x
	c 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	11 c		х
	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	11 d	+	x
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	ļ 	X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	_
	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, XII, and XIII is optional	12t	<u> </u>	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	X
	a 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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b	,	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	ļ	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	ļ	Х
	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 (see instructions)	17	_	x
	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	_	<u> x</u>
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	 	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	201	<u> </u>	

Checklist of Required Schedules (continued) Part IV No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24 c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Х 27 Schedule L, Part III 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) Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 line 1 35 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X No Yes 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 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38

BAA

Form 990 (2010)

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	10	l	
(gambling) winnings to prize winners?	10		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	3	1	
ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X	
	20	' ^	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	31	_	<u> </u>
		'	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, a 4a	, l	Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	1	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 t	<u> </u>	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	<u>: </u>	
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?	6a	<u> </u>	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we	re .		
not tax deductible 7	61	4	├
7 Organizations that may receive deductible contributions under section 170(c).		1	
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?	72	.	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	+	 ^
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		'	
Form 8282?	70	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u> </u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	↓	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			1
as required?	79	3	-
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	n	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	,ha		
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		-
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	91	+	┼
b Did the organization make a distribution to a donor, donor advisor, or related person?	- 31	7 .	
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 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)			ļ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a	ļ
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?	13	4	
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			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14:	a	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141		

Form **990** (2010)

Par	TVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through /b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chall Schedule O. See instructions.	low, nges	and 1 In	_
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	- 1		
Ł	Enter the number of voting members included in line 1a, above, who are independent 15	4	٠,	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		$\frac{\mathbf{x}}{\mathbf{x}}$
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
t	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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 in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
t	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
ŧ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
(Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	Х	
13	Does the organization have a written whistleblower policy?	13	<u>X</u>	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
Ł	Other officers of key employees of the organization SEE SCHEDULE O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	ıvaılab	le for	public
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. SEE SCHEDULE O	licy, ar	nd fina	ancial
	State the name, physical address, and telephone number of the person who possesses the books and records of the org THEODORE D. BROSIUS, CPA 3601 N. FRONT ST. HARRISBURG PA 17110 (717) 238-0			

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

Check if Schedule O contains a response to any question 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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per week		1 = 1		all t	hat app	-	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	(describe hours for	Individual trustee or director	nstitutional trustee	Officer	y em	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organiza-	1 5 5	onal		employee	ee com				and related organizations
	tions in Schedule O)	ıstee	truste		1 %	pens				
	"		ř			ated				
(1) JOE BOTT										
DIRECTOR	1	X			L			0.	0.	0.
(2) J. RANDOLPH CHEETHAM	↓ _									•
DIRECTOR	1	X	_		_		_	0.	0.	0.
_(3) ANTHONY ALIANO	┨ ,	١,,								0
DIRECTOR	1	<u> </u>	\vdash	_				0.	0.	0.
_(4) HONORABLE MARIO CIVERA, DIRECTOR	-	x		<u> </u>				0.	0.	0.
(5) JOHN DOUGHERTY	11	├^		\vdash	⊢			0.	U.	<u> </u>
DIRECTOR	1	X			ļ			0.	0.	0.
	╅╾┸	 ^	╁─╴		\vdash	 	╁			<u>-</u>
DIRECTOR	1 1	X			ļ	ļ	ļ	0.	0.	0.
	 	1	\vdash			 	<u> </u>			<u>-</u>
DIRECTOR	1 1	X					ĺ	0.	0.	0.
(8) PETE GLEASON, ESQ	 									
DIRECTOR	1 1	Х		1]	1	0.	0.	0.
(9) BILL KELLER					Г					
DIRECTOR	1	Х	<u> </u>					0.	0.	0.
(10) DWIGHT DUMLER					Г					
DIRECTOR	1	X					L	0.	0.	0.
(11) JAMES TRICOLLI	_									
DIRECTOR	1	Х				<u> </u>	<u> </u>	0.	0.	0.
(12) RICK_WOOTEN	_ _	ļ					Ì	_	_	
DIRECTOR	1	Х	<u> </u>	<u> </u>	L	ļ	ļ	0.	0.	<u> </u>
(13) JENNIFER KESSLER	┨.	۱							•	
DIRECTOR	1	X	├	-	-		1	0.	0.	0.
(14) GENE BARR	-	٠,							0	_
DIRECTOR (15) GEORGE M. LANE, ESQ	1 -	X	-	\vdash	\vdash		├-	0.	0.	0.
(15) GEORGE M. LANE, ESQ DIRECTOR	$+$ $_1$	Х						0.	0.	0.
(16) NATALIE NUTT	 	 ^	╁	┢	├─	 	┢	-	0.	<u>·</u>
EXECUTIVE DIREC	40	ļ		X		}	}	87,825.	0.	5,505.
(17) KELLY GERDES	 	t	\vdash	Ħ	\vdash		†	3,,023.		
SECRETARY	40	1		x				57,338.	0.	3,600.
BAA			TEEA	-	L 12	2/21/10	•			Form 990 (2010)

Part VII Section A. Officers, Directors, Trus (A)	(B)				c)			(D)	(E)	(F)	
Name and title		e Position (check all that apply)					oply)	Reportable compensation from	Reportable	Estimat	ed
	per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of compension from the organizat and rela organizat	ation ie tion ited
(18)					-						
(19)		ļ						-		-	
(20)	-										
(21)			_	L							
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											_
(28)											
(29)											
1 b Sub-total							>	145,163.	0.	9,	105
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						>	0. 145,163.	0. 0.	9	0.105
2 Total number of individuals (including but not limite from the organization 0	d to tho	se li	stec	d ab	ove)	wh	o re	 _	<u> </u>		
								· · · · · · · · · · · · · · · · · · ·		Ye	s No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndividua	ee, al	key	emp	ploy	ee,	or h	ghest compensat	ed employee	3	X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual.	portable han \$15	0,00 50,00	mpe 007	nsa If 'Y	tion 'es'	and com	l oth	er compensation e Schedule J for	from	4	$-\frac{1}{X}$
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	satio e Sc	n fre	om a lule	any <i>J fo</i>	unre r sue	elate ch p	ed organization or erson	individual	5	X
Section B. Independent Contractors									4100 000 (
 Complete this table for your five highest compensa- compensation from the organization 	ted inde	pen	deni	cor	ntra	ctors	s tha	it received more t	nan \$100,000 of		
(A) Name and business addres	ss	_						(B Description	of services	(C) Compensa	tion
			_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to tl	hose	e list	ed a	above) who receiv	red more than		

Par	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f \$ 1 a 1 b 1 c 1 d 2 , 578 , 053 .		revenue	- Toveride	512, 513, or 514
AND	g Noncash contributions included in lns 1a-1f \$ h Total. Add lines 1a-1f	2,578,053.			
	Business Code				
PROGRAM SERVICE REVENUE	2a				
JGRA	f All other program service revenue				
- A	g Total. Add lines 2a-2f ▶				
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties 	4,755.			4,755.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
:	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses c Gain or (loss)				,
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
6	b Less direct expenses c Net income or (loss) from fundraising events.	19,500.	19,500.		
	9a Gross income from gaming activities See Part IV, line 19	19,300.	19,300.		-
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			<u> </u>	-
	11a b				
	°				
	d All other revenue.				
	e Total. Add lines 11a-11d Total revenue. See instructions		19,500.	0.	4,755.

Form **990** (2010)

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) but are not required to complete columns (B), (C), and (D)

(B) Program service (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, 145,558 19,347 8,258. 173,163 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) 0 0 0 0. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) 495. 8,733 1,156 employer contributions) 10,384 Other employee benefits 11,740 13,960 1,554 666. 10 Payroll taxes 11 Fees for services (non-employees): a Management **b** Legal 23,800 23,800 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees **g** Other 2<u>6.</u> 454 60 12 Advertising and promotion 540 13 Office expenses Information technology 15 Royalties 15,994 13,451 763. 1,780 16 Occupancy 17 Travel 4,427 4,427 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2,534 144. 3.014 336 22 Depreciation, depletion, and amortization 1,919 1,614 213 92. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 2,244,875 a SCHOLARSHIPS 2,244,875 **b** CONSULTING 26,192. 53,454 27,262. 9,808. 9,808 c ENTERTAINMENT d EQUIPMENT REPAIRS & MAINT 6.533 5,494 727 312. 5,070 e TRUST MANAGEMENT 5,070 2,917 4,046. 29,785 22,822 f All other expenses 2,488,964 66,768 40,994. 25 Total functional expenses. Add lines 1 through 24f 2,596,726 Joint costs. Check here SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Form 990 (2010) BAA

Form 990 (2010)

BAA

Balance Sheet Part X (A) Beginning of year End of year 46,531. 1 68,320 1 Cash - non-interest-bearing 1,442,048 2 2,153,116. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 13,686 7,164. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 1,061 9 3,312 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 a 28,522 **b** Less accumulated depreciation 10b 16,457 11,965 10 c 12,065. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 1,450. 15 Other assets See Part IV, line 11 1,450 15 2,223,638. 1,538,530. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 1,263,566. 17 1,942,613. Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 5,981 25 6,460. 26 Total liabilities. Add lines 17 through 25 1,269,547 26 1,949,073. Organizations that follow SFAS 117, check here X and complete lines Ë 27 through 29 and lines 33 and 34. 27 268,983 27 274,565. Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 O R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. FUZD Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 274,565. 33 Total net assets or fund balances. 268,983 33 538,530 2,223,638 Total liabilities and net assets/fund balances. 34

TEEA0111L 12/21/10

Form 990 (2010) BRIDGE EDUCATIONAL FOUNDATION 8:	<u> -0673032 </u>		Pa	ge 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI				\perp				
	1 1							
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,60						
3 Revenue less expenses. Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	58 <u>, 9</u>					
5 Other changes in net assets or fund balances (explain in Schedule O).	5			<u>0.</u>				
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	74,5	65.				
Part XII Financial Statements and Reporting				_				
Check if Schedule O contains a response to any question in this Part XII				\bot				
			Yes	No				
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			- 1	. !				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				1				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ_				
b Were the organization's financial statements audited by an independent accountant?		2Ь	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				;				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:	ssued on a			; .				
X Separate basis Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 6 Audit Act and OMB Circular A-133?	he Single	3a		х				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired audit	3 b						
BAA		Form	990 ((2010)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

2010

Open to Public Inspection

Name of	ame of the organization Employer identification number											
		EDUCATIONAL								73032		
Part				(All organizations					See ir	structi	ions.	
The or	gar			e it is: (For lines 1 throu								
1		A church, convention	of churches or assoc	iation of churches desc	ribed in	section	1 70(b) (1)(A)(i).				
2				(ii). (Attach Schedule E								
3				e organization describe								
4		A medical research o	rganızatıon operated	in conjunction with a hi	ospital d	escribe	d in sec	tion 170	(b) (1)(A	Xiii) En	nter the hospital's	
	_	name, city, and state					-, -, - , -					
5	_	170(b)(1)(A)(iv). (Cor	mplete Part II)	a college or university					nmental	unit des	scribed in section	
6 7		An organization that i	normally receives a s	vernmental unit descrit ubstantial part of its su					or from	the ger	neral public described	
8		In section 170(b)(1)(A A community trust de		t II.) 0(b)(1)(A)(vi). (Complet	e Part I)						
9	X	An organization that	normally receives (1)	more than 33-1/3% of ons - subject to certain	its supp	ort fron	contrib	utions,	membe	rship fee	es, and gross receipts	
		investment income ai June 30, 1975 See s	nd unrelated business	taxable income (less s	section 5	511 tax)	from bu	ısınesse	es acqui	red by th	ne organization after	
10		An organization organ	nized and operated e	xclusively to test for pu	blic safe	ty See	section	509(a)(4).			
11		An organization organization publicly support	nized and operated ented organizations des	xclusively for the benef cribed in section 509(a) ion and complete lines	it of, to)(1) or s	perform ection 5	the fun 09(a)(2)	ctions o See s	f, or car ection 5	ry out th 609(a)(3)	ne purposes of one or . Check the box that	
		a Type I	b Type II	c Type III						dП	Type III - Other	
е		By checking this box	I certify that the orga	anization is not controll	ed direc	tlv or in	directly	bv one	or more	dısqualı	ified persons	
		other than foundation section 509(a)(2)	n managers and other	than one or more publ	icly sup	ported c	irganiza	tions de	scribed	ın sectio	on 509(a)(1) or	
f		If the organization recheck this box	ceived a written deter	mination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting (organization,	
g		Since August 17, 200	06, has the organization	on accepted any gift of	r contrib	ution fro	om any	of the fo	llowing	persons	? Yes No	
		(i) A person who dibelow, the gove	firectly or indirectly co	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)	
		(ii) A family member	er of a person descrit	oed in (i) above?							11 g (ii)	
		(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	information about the	e supported organization	n(s)							
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in everning	(v) Did y the organ colum: your su		Colur	s the ation in nn (i) ed in the S ?	(vii) Amount of support	
					Yes	nent?	Yes	No	Yes	No		
(A)												
<u>(A)</u>					 							
<u>(B)</u>					ļ				<u> </u>			
(C)												
<u>(D)</u>												
<u>(E)</u>												
Total												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				,	,	
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		ļ				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	structions)			_ 1:	2
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth, o	or fifth tax year as	s a section 501((c)(3)
	tion C. Computation of Pu					- 1.2	- 1
	Public support percentage for 20			ne 11, column (f))	1	
	Public support percentage from					_ 1	
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported o	box on line 13, a organization	nd the line 14 is 3	33-1/3% or more	e, check this box
	33-1/3% support test – 2009. If and stop here. The organization	qualifies as a pu	iblicly supported o	organization			- []
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain in F	art IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts d-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	s box and stop he s a publicly suppo	e re. Explain in F rted organization	Part IV how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a			n 990 or 990-FZ) 2010

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

(Complete only if you checked the box on line 9 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						
Calend	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions	(5)		`			
	and membership fees received (Do not include any 'unusual grants')	2,111,709.	2,015,805.	1,939,720.	2,045,123.	2,578,053.	10,690,410.
	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			6,271.		19,500.	25,771.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0,
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	2,111,709.	2,015,805.	1,945,991.	2,045,123.	2,597,553.	10,716,181.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	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		0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)				r		10,716,181.
Sec	tion B. Total Support			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	2,111,709.	2,015,805.	1,945,991.	2,045,123.	2,597,553.	10,716,181.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	89,941.	82,660.	31,973.	3,830.	4,755.	213,159.
С	Add lines 10a and 10b	89,941.	82,660.	31,973.	3,830.	4,755.	213,159.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		, in the second				0.
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV	13,219.					13,219.
13	Total support. (Add Ins 9, 10c, 11, and 12)	2,214,869.	2,098,465.	1,977,964.	2,048,953.	<u> [2,602,308.</u>	10,942,559.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						1 2-2 2
15	Public support percentage for 26	010 (line 8, colum	ın (f) dıvıded by lı	ne 13, column (f))	15	97.9 %
16	Public support percentage from					16	<u>97.0 %</u>
Sec	tion D. Computation of Inv	,					1 000
17	Investment income percentage				umn (f))	17	2.0 %
18 19 a	Investment income percentage to 33-1/3% support tests — 2010. I				and line 15 is mo	18 re than 33-1/3%,	2.8 % and line 17
	is not more than 33-1/3%, checl 33-1/3% support tests – 2009. I	k this box and sto If the organization	p here. The orga did not check a	nization qualifies box on line 14 or	as a publicly suppline 19a, and line	oorted organizatio 16 is more than :	n ► X 33-1/3%, and —
	line 18 is not more than 33-1/39	%, check this box	and stop here. Th	he organization q	ualifies as a publi	cly supported orga	anization

Schedule A	(Form 990 or 990-EZ) 2010	BRIDGE EDUCATIONAL	FOUNDATION	81-0673032	Page 4
PantiVal	Supplemental Informat Part II, line 17a or 17b; (See instructions).	ion. Complete this part to and Part III, line 12. Also	provide the explanations recomplete this part for any a	quired by Part II, line 10; idditional information.	,
	(Coo management)	 			
					
					

BAA

Schedule A (Form 990 or 990-EZ) 2010

CLIENT 1077						
		BRIDGE EDU	JCATIONAL FOU	NDATION		81-067303
PART III, LINE 1	12 - OTHER INC	OME				
NATURE AND S	OURCE	2010	2009	2008	2007	2006
RENTAL INCOM	E TOTAL	<u>\$ 0.</u> §	\$ 0. \$	0. \$	<u>0.</u> <u>\$</u>	13,219. 13,219.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection Employer identification number

	IDGE EDUCATIONAL				81-067		
Par	rt I Organizations M	laintaining Dono	r Advised Funds or Oth	er Similar Funds	or Accounts. C	complete	ıf
	the organization	answered 'Yes' t	o Form 990, Part IV, line	e 6.			
			(a) Donor advised	funds	(b) Funds and	other accou	ınts
1	Total number at end of y	ear .					
2	Aggregate contributions	to (during year)					
3	Aggregate grants from (d	during year).					
4	Aggregate value at end	of year					
5			nor advisors in writing that the to the organization's exclusiv		advised	Yes	☐ No
6	Did the organization info used only for charitable purpose conferring impe	purposes and not for	ors, and donor advisors in writ the benefit of the donor or do efit?	ing that grant funds c nor advisor, or for an	an be y other	Yes	☐ No
Par	rt II Conservation E	asements. Compl	lete if the organization a	nswered 'Yes' to	Form 990, Part	IV, line 7	7.
			y the organization (check all t				-
			recreation or education)		n historically impor	tant land ar	ea
	Protection of natural	,	·	Preservation of a	certified historic st	ructure	
	Preservation of oper	ı space		<u> </u>			
2	Complete lines 2a through last day of the tax year	gh 2d if the organizati	on held a qualified conservati	on contribution in the	form of a conserv	ation easem	nent on the
					Held at the	End of the	Tax Year
а	a Total number of conserv	ation easements .			2a		
b	b Total acreage restricted	by conservation ease	ments	[2b		
c	c Number of conservation	easements on a certi	fied historic structure included	d in (a)	2c	•	
d	d Number of conservation structure listed in the Na		in (c) acquired after 8/17/06, a	and not on a historic	2d		
3	Number of conservation tax year ►	easements modified,	transferred, released, extingu	uished, or terminated	by the organization	during the	
	Number of states where		onservation easement is local				
5	Does the organization had and enforcement of the	ave a written policy re conservation easeme	egarding the periodic monitorints it holds?	ng, inspection, handli	ng of violations,	Yes	No No
6	Staff and volunteer hour	s devoted to monitori	ng, inspecting, and enforcing	conservation easeme	ents during the yea	r	
7	Amount of expenses inc ► \$	urred in monitoring, ii	nspecting, and enforcing cons	servation easements o	during the year		
8	Does each conservation 170(h)(4)(B)(i) and secti	easement reported o on 170(h)(4)(B)(II)?	n line 2(d) above satisfy the r	equirements of section	on [Yes	☐ No
9	In Part XIV, describe how include, if applicable, the conservation easements	e text of the footnote	s conservation easements in its to the organization's financia	revenue and expense : I statements that desc	statement, and bala cribes the organiza	nce sheet, a tion's accou	nd Inting for
Par	rt III Organizations	Maintaining Colle	ections of Art, Historica wered 'Yes' to Form 990	I Treasures, or On The Part IV, line 8.	ther Similar As	sets.	
1 a	art, historical treasures.	or other similar asset	er SFAS 116 (ASC 958), not to	ducation, or research	statement and ba	lance sheet	works of e, provide,
L	in Part XIV, the text of t	he footnote to its fina	incial statements that describer SFAS 116 (ASC 958), to re	es these items			
L	historical treasures, or o following amounts relati	ither similar assets he	eld for public exhibition, educa	ation, or research in fi	urtherance of publi	c service, p	rovide the
	(i) Revenues included i	n Form 990, Part VIII	, line 1		► \$	<u> </u>	
	(ii) Assets included in F	orm 990, Part X			► \$	·	
2	If the organization receivamounts required to be	ved or held works of a reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	ner similar assets for t ese items:	financial gain, prov	ide the follo	wing
a	a Revenues included in Fo	orm 990, Part VIII, line	e 1		► \$	S	
Ł	b Assets included in Form	990, Part X			► \$	3	

Schedule D (Form 990) 2010 BRIDG	E EDUCAT	IONAL	FOUNDATIO	N	81-067	3032		Page 2
Part III Organizations Maintai	ning Collec	tions	of Art, Histor	ical Treasures, o	r Other Similar Ass	ets (cc	ntinu	ed)
3 Using the organization's acquisition items (check all that apply)	on, accession,	, and ot	her records, che	ck any of the followin	g that are a significant ι	ise of its	collect	ion
a Public exhibition			d Loan o	exchange programs				
b Scholarly research			e Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV			·			se in		
5 During the year, did the organizal assets to be sold to raise funds re	tion solicit or r ather than to l	receive be mair	donations of art, itained as part of	historical treasures, the organization's co	or other similar	Yes	Г	No
Part IV Escrow and Custodial 9, or reported an amou	l Arrangem	ents.	Complete if o	rganization answi	ered 'Yes' to Form S	990, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodiar	n, or oth	ner intermediary	for contributions or of	ther assets not	Yes		
b If 'Yes,' explain the arrangement								
						Amount		
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance								
2a Did the organization include an a	mount on For	m 990,	Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co		ne org	anization ans	wered 'Yes' to Fo	rm 990, Part IV, line	e 10.		
	(a) Current		(b) Prior year	(c) Two years ba			our years	s back
1 a Beginning of year balance						T -		. · .
b Contributions								-
c Net investment earnings, gains, and losses		·				,		
d Grants or scholarships						1		;
Other expenditures for facilities and programs			· · · · · · · · · · · · · · · · · · ·					
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the year e	end bal	ance held as					
a Board designated or quasi-endov	wment -		8					
b Permanent endowment ►	%							
c Term endowment ►	ું							
3a Are there endowment funds not a organization by.	in the possess	sion of t	he organization	that are held and adn	ninistered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)	-	
b If 'Yes' to 3a(II), are the related of	organizations i	listed a	s required on Sc	hedule R?		3b		
4 Describe in Part XIV the intended	_		·			L		<i></i>
Part VI Land, Buildings, and								
Description of investment		(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1a Land								
b Buildings	Ţ							
c Leasehold improvements	Ţ							
d Equipment	Ì			25,251.	13,186.		12	,065.
e Other	ļ			3,271	3,271.			0.
Total. Add lines 1a through 1e (Column	ın (d) must ea	ual For	m 990, Part X. c			-	12	,065.
DAA			, ==,-,-,-			dula D (E		

(7)(8)(9)(10)(11)

6,460.

Total (Column (b) must equal Form 990, Part X, column (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements		
1	Total	revenue (Form 990, Part VIII,column (A), line 12)			2,602,308.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		<u> </u>	2,596,726.
3	Exce	ss or (deficit) for the year Subtract line 2 from line 1			5,582.
4	Net u	inrealized gains (losses) on investments			
5	Dona	ted services and use of facilities			
6	Inves	stment expenses			
7	Prior	period adjustments			
8	Othe	r (Describe in Part XIV)			
9	Total	adjustments (net) Add lines 4 through 8			
10		ss or (deficit) for the year per audited financial statements. Combine lines 3	and 9		5,582.
		Reconciliation of Revenue per Audited Financial Statemen		turn	
		revenue, gains, and other support per audited financial statements	•	1	2,602,308.
		unts included on line 1 but not on Form 990, Part VIII, line 12			
		inrealized gains on investments	2a		
		ited services and use of facilities	2b	ļ	
		veries of prior year grants	2c		
		r (Describe in Part XIV)	2d	.	
		lines 2a through 2d		2e	
		ract line 2e from line 1	ļ-	3	2,602,308.
		unts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
		stments expenses not included on Form 990, Part VIII, line 7b	4a		
		r (Describe in Part XIV)	46	-	
		lines 4a and 4b		4c	
		revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,602,308.
		Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
		expenses and losses per audited financial statements	INS THE EXPENSES BET	1	2,596,726.
		unts included on line 1 but not on Form 990, Part IX, line 25	ŀ	•	2/330/1201
		ated services and use of facilities	2a		
			2b		
		year adjustments	2c		
		r losses			
		r (Describe in Part XIV)	2d		
		lines 2a through 2d		2e	2,596,726.
3		ract line 2e from line 1		3	2,390,120.
4		unts included on Form 990, Part IX, line 25, but not on line 1:			
		stments expenses not included on Form 990, Part VIII, line 7b	4a 4b	}	
		r (Describe in Part XIV) lines 4a and 4b .	40]	4c	
		l expenses Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18)</i>	, l	5	2,596,726.
		Supplemental Information			
Com	plete V, lin	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pe 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines Information	art III, lines 1a and 4, Part IV, nes 2d and 4b Also complete	lines 1t this pa	o and 2b, rt to provide
				-	~
BAA		TEEA3304L 02/11/11	 	Schedu	le D (Form 990) 2010
טאא	٠	TEEA3304L 02/11/11		Joneau	2 (. 5 550) 2010

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Schedule D (Form 990) 2010 BRIDGE EDUCATIONAL FOUNDATION

Schedule D	(Form 990) 2010	BRIDGE EDUCA	TIONAL FOUNDA	TION	81-0673032	Page 5
Part XIV	Supplementa	BRIDGE EDUCA I Information (co	ntinued)			
				-		
				. 	 	
					 · 	
					 	
					 	
					 · -	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Vame o	f the organization						Employer identifica	
BRI	OGE EDUCATIONAL FOUNDA	TION					81-0673032	2
Part		ete if the organ	nization an ete this pa	swered 'Y ort	es' to Form 990, Part I'	V, line 1	7	
1	Indicate whether the organization i							
а	Mail solicitations			е	Solicitation of non-	governn	nent grants	
ь	Internet and email solicitations			f	Solicitation of gove	rnment	grants	
С	Phone solicitations			g	Special fundraising			
d	In-person solicitations			9	openier (anteresent)	• • • • • • • • • • • • • • • • • • • •		
2a	Did the organization have a writter employees listed in Form 990, Par	or oral agreer t VII) or entity	ment with a	any individ ion with pi	dual (including officers, rofessional fundraising	director services	s, trustees or ke	Yes X No
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	dividuals or ent e organization	tities (fund	raisers) p	ursuant to agreements	under w	hich the fundra	iser is to be
(i)	Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to
	or entity (fundraiser)		of contri	ly or control butions?	from activity	fundr	retained by) aiser listed in olumn (i)	(or retained by) organization
			Yes	No	-			
1					i			
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				.				0.
	List all states in which the organiz or licensing	ation is registe	red or lice	nsed to so	olicit contributions or ha	s been	notified it is exe	empt from registration
	or neerioning							
•								

Par	t II	Fundraising Events. Complete if	the organization a	nswered 'Yes' to Fo	rm 990, Part IV, II	ne 18, or
		reported more than \$15,000 of fu and 6a. List events with gross red	ingraising event col ceipts greater than	ntributions and gros \$5,000.	ss income on Form	i 990-⊏∠, lines i
			(a) Event #1 FUND-RAISING	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
E			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	19,500.			19,500.
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	19,500.			19,500.
	4	Cash prizes				
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs .				
	7	Food and beverages				
X	8	Entertainment				
EXPENSES	9	Other direct expenses				
5	10	Direct expense summary Add lines 4- tl	hrough 9 in column (d)		•	
	11	Net income summary Combine line 3, co			<u> </u>	19,500.
Pai	rt III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye 	es' to Form 990, Par	t IV, line 19, or re	ported more than
_			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE			(.,5	bingo/progressive bingo	(1)	(add column (a) through column (c))
N U						
E	1	Gross revenue				
E	2	Cash prizes				
D P E N S E S	3	Non-cash prizes			<u> </u>	
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7		
۵	Ent	er the state(s) in which the organization o	perates gaming activitie	ne.		
		he organization licensed to operate gamin				Yes No
I	b If 'N	No,' explain				
		re any of the organization's gaming license	es revoked, suspended	or terminated during the	-	Yes No
1	b If 'Y	'es,' explain.				

Schedule G (Form 990 or 990-EZ) 2010 BRIDGE EDUCATIONAL FOUNDATION

81-0673032

Page 2

Schedule G (Form 990 or 990-EZ) 2010 BRIDGE EDUCATIONAL FOUNDATION	81-0673032	Page 3
11 Does the organization operate gaming activities with nonmembers?	Ye	s No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other en administer charitable gaming?	tity formed to	s No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	ક
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and records	
Name •		
Address ►		
15a Does the organization have a contact with a third party from whom the organization receives gaming rebility by if 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$ c if 'Yes,' enter name and address of the third party.		Yes No
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	to retain the	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization		
organization's own exempt activities during the tax year 🕨 \$		
Supplemental Information. Complete this part to provide the explanations recolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	quired by Part I, applicable. Also	line 2b, complete
		
·		
		·····
		

BAA

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

2010

Employer identification number

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

ivaine of the t	- -					pioyeric					
	EDUCATIONAL FOUNDATION			 		L-0 <u>6</u> 7					
Part I	Excess Benefit Transaction Complete if the organization answe	s (sect	tion 501 on Form	(c)(3) and section 990, Part IV, line 25a oi	501(c)(4) organiza 25b, or Form 990-EZ,	ations Part V	only , line	/). 40b.			
1	(a) Name of disqualified person			0) Description of transaction					(c) Cor	rected?
1	(a) Name of disquainted person									Yes	No
(1)											
(2)											
(3)											L
(4)											L
(5)											
(6)										L	L
2 Ente sect	er the amount of tax imposed on the α ion 4958	organiza	ition mana	agers or disqualified pe	rsons during the year	under	► \$				
	er the amount of tax, if any, on line 2,						▶ \$				
Part II	Loans to and/or From Intere	ested F	Persons	•							
	Complete if the organization answer	ed 'Yes'	on Form 9	990, Part IV, line 26 or f	Form 990-EZ, Part V, II	ne 38a	•				
(a)	(a) Name of interested person and purpose		n to or from anization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		То	From			Yes	No	Yes	No	Yes	No
(1) HO	NESTAS CONSULTING LLC		Х	8,664.	7,164.		Х	Х		Х	
(2)	•										
(3)			ĺ								
(4)											<u> </u>
(5)											
(6)											
(7)							<u> </u>	1	<u> </u>		
(8)											<u> </u>
(9)											<u> </u>
(10)		<u> </u>	<u> </u>								<u> </u>
Total				▶ \$	7,164					<u> </u>	
Part III	Grants or Assistance Beneficomplete if the organization	f itting answ	Interest ered 'Ye	ed Persons. es' on Form 990, P	art IV, line 27.						
	(a) Name of interested person		(b) Relations	hip between interested person the organization	and (c) Amou	nt and ty	pe of a	ssistand	e	
(1)		1						_			
(2)											
(3)		1									
(4)					-						
(5)											
(6)											
(7)											
(8)											
(9)											
(10)		1				_					

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

Schedule L (Form 990 or 990-EZ) 2010

	(a) Name of interested person (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiz	zation's
	organization			Yes	nues?
(1) JOSEPH GERDES III	FRM BOARD MEMB	32,012.	CONSULTING SERVICES		Х
(2)				ļ	<u> </u>
(3)				┼	<u> </u>
(4) (5)	-			+	
(6)				†	
(7)					
(8)				-	
(9)				+	
(10) Ramw Supplemental Information					<u> </u>
Complete this part to provide addit	tional information for responses	s to questions on Sch	edule L (see instructions)		
Complete this part to provide addit	nonal information for responses	s to questions on our	Caulo E (Geo mondenons)		
					. _ _
					. – –
					. - -
				 	. - -
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				 	-
					-
					-

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number 81-0673032 BRIDGE EDUCATIONAL FOUNDATION FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO EACH OF THE GOVERNING BOARD MEMBERS BEFORE THE 990 IS SUBMITTED FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE DIRECTORS SIGN AN ANNUAL STATEMENT ACKNOWLEDGING THE FOUNDATION'S CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE THE BOARD OF DIRECTORS SET THE SALARY FOR THE EXECUTIVE DIRECTOR AND MAKES RECOMMENDATION ON THE SALARIES FOR CONTRACTORS. THE BOARD OF DIRECTORS HAS BUSINESS KNOWLEDGE IN VARIOUS AREAS OF BUSINESS AND USED THIS KNOWLEDGE TO SET SALARIES. THE SALARIES FOR THE OTHER BRIDGE EMPLOYEES ARE SET BY THE EXECUTIVE DIRECTOR WITH INPUT FROM THE CHAIRMAN OF THE BOARD. THE SALARIES ARE SET USING THE BOARD APPROVED ANNUAL BUDGET. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF BRIDGE EDUCATIONAL FOUNDATION, INC. MAY BE OBTAINED FROM THE PENNSYLVANIA DEPARTMENT OF STATE BY CALLING TOLL-FREE, WITHIN PENNSYLVANIA, 1-800-732-0999. SHOULD YOU REQUIRE A COPY OF THE BRIDGE EDUCATIONAL FOUNDATION'S LETTER OF RECOGNITION AS A 501 (C) (3) NONPROFIT ORGANIZATION OR A COPY OF OUR 990 IRS FILING PLEASE CONTACT NATALIE NUTT AT 717-214-6792 TO REQUEST A COPY.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545 0172

2010

Attachment Sequence No 67

Name(s) shown on return

BRIDGE EDUCATIONAL FOUNDATION

► See separate instructions.

Identifying number 81-0673032

ביום	DOL DOCULTONNE	COMBILION							<u> </u>
	ess or activity to which this form rela	tes							
_	M 990/990-PF								
Par		oense Certain I anv listed property.	Property Under Sec complete Part V before	ction 1/9 e vou complete Pa	art I				
1	Maximum amount (see in:			<u> </u>	·			1	
2	Total cost of section 179	property placed in	service (see instructions	s)				2	
3	Threshold cost of section	179 property befor	e reduction in limitation	(see instructions	s)			3	
4	Reduction in limitation Si	ubtract line 3 from	line 2 If zero or less, e	nter -0-				4	
5	Dollar limitation for tax ye		from line 1. If zero or le	ess, enter -0 If r	married	filing			
	separately, see instruction			Las				5	
6_	(a	Description of property		(b) Cost (business	use only)		Elected co	ost	-
- 7	Listed property. Enter the	amount from line	20		7				-
8	Total elected cost of secti			(c) lines 6 and 7	نسنسا			8	
9	Tentative deduction Ente			(0),				9	
10	Carryover of disallowed d	eduction from line	13 of your 2009 Form 4	562				10	
11	Business income limitatio	n Enter the smalle	er of business income (r	not less than zero) or line	5 (see	e instrs)	11	
	Section 179 expense ded		12						
	Carryover of disallowed d				1 3				<u> </u>
	: Do not use Part II or Par								
Par	t II Special Deprec	iation Allowan	ce and Other Depre	eciation (Do no	t include	e listed	property	<u>) (Se</u>	e instructions)
14	14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)								
15	Property subject to section		า					15	
16	Other depreciation (include	ling ACRS)						16	3,014.
Par	t III MACRS Depre	ciation (Do not II	nclude listed property)	(See instructions))				
			Section	on A					
17	MACRS deductions for as	sets placed in serv	vice in tax years beginn	ing before 2010				17	
18	If you are electing to grou asset accounts, check he		ed in service during the	tax year into one	or more	e gene	ral ▶ □		
		 	in Service During 2010	Tax Year Using t	he Gene	eral De	preciatio	n Svs	tem
	(a)	(b) Month and	(c) Basis for depreciation	(d)	(e		(f)		(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convei		Metho		deduction
	3-year property	-			<u> </u>				
	5-year property	4							
	7-year property	•				-			
	10-year property			<u>.</u>	-				-
	15-year property				-				
	20-year property			25			C /	<u> </u>	
	25-year property	 	<u> </u>	25 yrs	100	_	S/:		
r	n Residential rental property			27.5 yrs	M		S/:		
	-`-i			27.5 yrs	M		S/:		
ı	Nonresidential real	ļ		39 yrs	M		S/:		
	property	A. A. Diametria	C		<u>M</u>		S/:		
		- ASSETS Placed II	Service During 2010 T	ax rear Using th	e Aitern	ative L	epreciati S/:		/ 5(6)
	a Class life	\dashv		12 222			S/: S/:		
	12-year	+		12 yrs 40 yrs	M	<i>,</i>			
	rt IV Summary (See		<u> </u>	40 YES	I MI	71		<u>. </u>	
								21	
21	Listed property Enter am		non 10 and 20 in column (a)	and line 21. Enter here	a and an			<u> </u>	
22	Total Add amounts from line 12 the appropriate lines of your return to the second seco	irn. Partnerships and S	corporations — see instructio	and line 21. Effet field ns	e anu un			22	3,014.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 1-2011)

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you a	re filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box			► X	
,	re filing for an Additional (Not Automatic) 3-Month		, ,		•		
Electronic (corporation request an Associated	illing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in F With Certain Personal Benefit Contracts, which multing of this form, visit www irs gov/efile and click o	if you need automatic) Part I or Pa sist be sent	d a 3-month automatic extension of time 3-month extension of time. You can elected in the exception of Form 8870, Infect to the IRS in paper format (see instruction	to file tronic ormat	(6 months formally file Formally file Formally file	n 8868 to or Transfers	
Part I A	Automatic 3-Month Extension of Time. O	nly subm	nit original (no copies needed).				
	on required to file Form 990-T and requesting an a			omple	te Part I only	y -	
All other co	rporations (including 1120-C filers), partnerships, f returns	REMICS, a	nd trusts must use Form 7004 to request	an ex	tension of tir	me to file	
	Name of exempt organization			Employ	Employer Identification number		
Type or							
print					0673032		
File by the due date for filing your return See instructions	Number, street, and room or suite number. If a P.O. box, see instructions						
	909 GREEN STREET						
	City, town or post office, state, and ZIP code For a foreign address, see instructions						
	HARRISBURG, PA 17102						
Enter the Return code for the return that this application is for (file a separate application for each return)						01	
Application Is For		Return Code	Application Is For			Return Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		_	11	
Form 990-T (trust other than above)		06	Form 8870			12	
Telephoi If the oi If this is check the external	ks are in the care of THEODORE D. BROSI The No. (717) 238-0446 Transport of the group Return, enter the organization's four this box If it is for part of the group, check the group is for	FAX Notes in the digit Group to this box	e United States, check this box Exemption Number (GEN) and attach a list with the names a		s for the whol	• .	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12 _, to file the exempt organization return for the organization named above The extension is for the organization's return for: □ calendar year 20 or □ X tax year beginning 7/01, 20 10 _, and ending 6/30, 20 11							
	tax year entered in line 1 is for less than 12 month hange in accounting period	ns, check r	eason.	al retu	ırn	7	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions				3c		0.	
Caution. If payment in:	you are going to make an electronic fund withdraw structions	val with thi	s Form 8868, see Form 8453-EO and For	m 887	9-EU for		

BAA For Paperwork Reduction Act Notice, see Instructions.