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# Department of the Treasury

**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

Internal Revenue Service

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

Open to Public Inspection

| A F                         | or the 2          | 011 calendar year, or tax year beginning and  | ending        |                   |                |                             |
|-----------------------------|-------------------|---|---------------|-------------------|----------------|-----------------------------|
| Вс                          | heck if pplicable | C Name of organization  |               | D Employer        | identıfica     | tion number                 |
|                             | Address<br>change | BUILDING BRIDGES ACROSS THE RIVER, INC  | <b>.</b>      |                   |                |                             |
|                             | Name<br>change    | Doing Business As   |               |                   | 52-20          | 13526                       |
|                             | Initial<br>return | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite    | E Telephone       | number         |                             |
|                             | Termin-<br>ated   | 1901 MISSISSIPPI AVENUE, SE   |               |                   | (202)          | 889-5901 <u> </u>           |
|                             | Amended return    | City or town, state or country, and ZIP + 4   |               | G Gross receipts  | s \$           | 3,657,633.                  |
|                             | Applica-          | WASHINGTON, DC 20020-6118   |               | H(a) Is this a    | group retu     | ırn                         |
|                             | pending           | F Name and address of principal officer EDMUND FLEET  |               | for affilia       | tes?           | Yes X No                    |
|                             |                   | SAME AS C ABOVE   |               | H(b) Are all aff  | ılıates ınclud | ded? 🔲 Yes 🔲 No             |
|                             |                   | pt status $X$ 501(c)(3) $501$ (c)( ) $\checkmark$ (insert no ) $\checkmark$ 4947(a)(1) c  | or 527        | If "No," a        | attach a lis   | t. (see instructions)       |
|                             |                   | ▶ WWW.THEARCDC.ORG  | <del></del>   | H(c) Group e      |                |                             |
|                             |                   | ganization: X Corporation  Trust Association  Other ►   | L Year        | of formation: $1$ | <u>997 м s</u> | State of legal domicile: DO |
| Pa                          |                   | Summary   |               |                   |                |                             |
| Activities & Governance     | <b>1</b> Br       | iefly describe the organization's mission or most significant activities $\ \ \underline{SEE} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | PART I        | II, LIN           | E 1            |                             |
| rual                        | 2 Ch              | neck this box   if the organization discontinued its operations or dispos   | sed of more   | than 25% of r     | ts net asse    | ets                         |
| Ş.                          | 3 NL              | umber of voting members of the governing body (Part VI, line 1a)  |               |                   | 3              | 10                          |
| ŏ                           | i                 | umber of independent voting members of the governing body (Part VI, line 1b)  |               |                   | 4              | 14                          |
| 8                           | 5 To              | otal number of individuals employed in calendar year 2011 (Part V, line 2a)   |               |                   | 5              | 2!                          |
| Į                           | <b>6</b> To       | otal number of volunteers (estimate if necessary)   |               |                   | 6              | 16                          |
| Ę                           | <b>7 a</b> To     | otal unrelated business revenue from Part VIII, column (C), line 12   |               |                   | 7a             | 0 .                         |
| ⋖                           | b Ne              | et unrelated business taxable income from Form 990-T, line 34   |               |                   | 7b             | 0 .                         |
|                             |                   |   |               | Prior Year        |                | Current Year                |
| Φ                           | 8 Cc              | ontributions and grants (Part VIII, line 1h)  |               | 1,405,            | 391.           | 2,599,986                   |
| Ž                           | 9 Pr              | ogram service revenue (Part VIII, line 2g)  |               |                   | 0.             | 17,202                      |
| Revenue                     | 10 Inv            | vestment income (Part VIII, column (A), lines 3, 4, and 7d)   |               | 33,               | 740.           | 5,522                       |
| Œ                           | 11 Ot             | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 673,              | 305.           | 421,707                     |
|                             |                   | otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |               | 2,112,            | 436.           | 3,044,417                   |
|                             | 1                 | rants and similar amounts paid (Part IX, column (A), lines 1-3)   |               |                   | 0.             | 0                           |
|                             | 14 Be             | enefits paid to or for members (Part-IX, column (A), line 4)  |               |                   | 0.             | 0_                          |
| S                           | 15 Sa             | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |               | 879,              | 041.           | 989,561                     |
| Expenses                    | <b>16</b> a Pr    | ofessional fundraising fees (Part IX, column (A), line-11e)   |               |                   | 0.             | 0                           |
| ĝ                           | <b>b</b> To       | otal fundraising expenses (Part IX) column (D), line 25) $\blacktriangleright$ $\frac{ \wp }{202,82}$                               | <u> 19.</u>   |                   |                |                             |
| ω                           | 17 Ot             | ther expenses (Part IX, column (A), dines 1 1 a 1 d, 1 1 f 246) 2   |               | 1,695,            | 056.           | 1,541,259                   |
|                             | 18 To             | otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   |               | 2,574,            | 097.           | 2,530,820                   |
|                             | 19 Re             | evenue less expenses Subtract line 18 from line 12 \ UT   |               | -461,             | 661.           | 513,597                     |
| Net Assets or Fund Balances |                   | L GGDLIN, UI  | Ве            | ginning of Curre  |                | End of Year                 |
| sets                        | 20 To             | otal assets (Part X, line 16)   |               | 18,225,           | 380.           | 17,974,433                  |
| t As                        | 21 To             | otal liabilities (Part X, line 26)  |               | 10,560,           | 456.           | 9,795,910                   |
|                             |                   | et assets or fund balances Subtract line 21 from line 20  |               | 7,664,            | 924.           | 8,178,523                   |
|                             |                   | Signature Block   |               |                   |                |                             |
|                             |                   | es of perjucy, I dactare that I have examined this return, including accompanying schedule  |               |                   |                | knowledge and belief, it is |
| true                        | , correct,        | and complete: Declaration of preparer (other than officer) is based on all information of wi  | nich preparer | has any knowled   | dge.           |                             |
|                             |                   | W. W.   |               |                   |                |                             |
| Sıg                         | n 🏴               | Signature of officer  |               | Date              |                |                             |
| Her                         | e                 | W. CHRISTOPHER SMITH / CHAIRMAN   |               | _                 |                |                             |
|                             |                   | Type or print name and title  | 1.            | )ata              |                | TI DTIN                     |
| _                           |                   | Print/Type preparer's name  | AA            | Date 11 1         | Check          | DONALI 495                  |
| Paid                        | <u> </u>          | DAVID F. GRALING CPA David F. Baly CI   |               | 11-12-12          | self-employed  | P00366995                   |
|                             | ·                 | irm's name GELMAN, ROSENBERG & FREEDMAN   |               | Firm's            | S EIN 🛌        | 52-1392008                  |
| Use                         | Only F            | irm's address 4550 MONTGOMERY AVE SUITE 650N  |               |                   | , -            | 04 \ 054 000                |
|                             |                   | BETHESDA, MD 20814-2930   |               | Phon              | e no. (3       | 01) 951-909                 |
| Mar                         | v the IRS         | S discuss this return with the preparer shown above? (see instructions)   |               |                   |                | X Yes No                    |

|       | 990 (2011) BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 2 t III   Statement of Program Service Accomplishments                  |
|-------|--|
|       | Check if Schedule O contains a response to any question in this Part III   |
|       |  |
| 1     | Briefly describe the organization's mission:   |
|       | BUILDING BRIDGES ACROSS THE RIVER (BBAR) SEEKS TO IMPROVE THE QUALITY  |
|       | OF LIFE FOR CHILDREN, YOUTH AND FAMILIES WHO RESIDE EAST OF THE  |
|       | ANACOSTIA RIVER BY PROVIDING LEADERSHIP, MANAGEMENT AND FISCAL   |
|       | OVERSIGHT OF THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS   |
|       | Did the organization undertake any significant program services during the year which were not listed on                                   |
| 2     |  |
|       | the pnor 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                      |
|       | 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 and section 4947(a)(1) trusts 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 \$1, 114, 436. including grants of \$) (Revenue \$540, 706.)  |
|       | THE CAPITAL FUND - MONIES USED TO PAY CURRENT INTEREST ON LOANS  |
|       | OBTAINED DURING THE CONSTRUCTION OF A COMMUNITY CENTER KNOWN AS  |
|       | "THEARC". THIS COMBINED CULTURAL AND SOCIAL CAMPUS IS LOCATED IN A   |
|       | 110,000 SQUARE FOOT FACILITY THAT IS HOME TO TEN NON-PROFIT AGENCIES.  |
|       | THE COLLABORATION OF THESE TEN AGENCIES PROVIDES ACCESS TO QUALITY   |
|       |  |
|       | EDUCATION, HEALTH AND RECREATION PROGRAMS.   |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       | 402 271  |
| 4b    | (Code) (Expenses \$423,371. including grants of \$) (Revenue \$) (Revenue \$)  |
|       | "THEARC" THEATER PLAYS AN IMPORTANT ROLE IN THE FULFILLMENT OF BUILDING  |
|       | BRIDGES' MISSION. BBAR CURRENTLY MANAGES THE OPERATIONS OF THE THEATER,  |
|       | A FUNCTION THE MAJORITY OF THE BBAR BOARD FELT IT WAS NECESSARY TO   |
|       | MAINTAIN ITS DIVERSIFIED PROGRAMMING AND KEEP IT AFFORDABLE FOR THE  |
|       | COMMUNITY. THE THEATER HAS MORE THAN OUT PERFORMED ITS INITIAL INTENT  |
|       | EXPERIENCING OVER 300 EVENTS IN A CALENDAR YEAR, AND IS THE ONLY   |
|       |  |
|       | THEATER IN WARD 8.   |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       | (Code ) (Expenses \$ 511,750 • including grants of \$ ) (Revenue \$ )  |
| 4c    |  |
|       | THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS ("THEARC") IS A  |
|       | COMBINED CULTURAL AND SOCIAL SERVICES CAMPUS LOCATED IN A 110,000  |
|       | SQUARE FOOT FACILITY THAT IS HOME TO TEN NON-PROFIT AGENCIES. THE  |
|       | COLLABORATION OF THESE TEN AGENCIES PROVIDES ACCESS TO QUALITY   |
|       | EDUCATION, HEALTH AND RECREATIONAL PROGRAMS. BBAR THROUGH MANAGEMENT,  |
|       |  |
|       | LEADERSHIP AND FISCAL OVERSIGHT OF "THEARC" SEEKS TO IMPROVE THE   |
|       | QUALITY OF LIFE FOR EAST OF THE ANACOSTIA RIVER RESIDENTS.   |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
| 4d    |  |
|       | (Expenses \$ 91,458. including grants of \$ ) (Revenue \$ )  |
| _4e   | Total program service expenses ▶ 2,141,015.  |
|       | Form <b>990</b> (2011)   |
| 13200 | 2  |

52-2013526 BUILDING BRIDGES ACROSS THE RIVER, INC. Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X. line 16? If "Yes." complete Schedule D. Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2011)

19 20a X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) Part IV Checklist of Required Schedules (continued)

|     |  |      | Yes | No        |
|-----|--|------|-----|-----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the  |      |     | v         |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21   |     | X         |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,   |      |     | v         |
|     | 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   |      |     | ĺ         |
|     | 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   |      |     | 7.7       |
|     | Schedule K If "No", go to line 25  | 24a  |     | X         |
| 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  |     |           |
|     | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   |      |     | <b>.</b>  |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | <u> X</u> |
| 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  | 254  |     | Х         |
|     | Schedule L, Part I   | 25b  |     |           |
| 26  | 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 | 26   |     | х         |
| 07  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   | 20   |     |           |
| 27  | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |      |     |           |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27   | į   | х         |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |      |     | - 25      |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions)   |      |     | ,         |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a  |     | х         |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b  |     | X         |
|     | 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  |     | 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   |     | X         |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |     |           |
|     | Schedule N, Part II  | 32   |     | X         |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     |           |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | X         |
| 34  | Was the organization related to any tax-exempt or taxable entity?  |      | į   |           |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34   | X   |           |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  | X   |           |
| b   | 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  | X   | ļ         |
| 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   |     | X         |
| 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   |     | X_        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  |      |     |           |
|     | Note. All Form 990 filers are required to complete Schedule O  | 38   | X   | <u> </u>  |
|     |  | Form | 990 | (2011)    |

Form **990** (2011)

14a

X

organization is licensed to issue qualified health plans

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 in Schedule O

c Enter the amount of reserves on hand

13b

13c

<u>52-2013526</u>

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 in Schedule O See instructions.

|            | Check if Schedule O contains a response to any question in this Part VI  |         |       | X          |  |  |  |  |  |  |
|------------|--|---------|-------|------------|--|--|--|--|--|--|
| Sec        | tion A. Governing Body and Management  |         |       |            |  |  |  |  |  |  |
|            |  |         | Yes   | No         |  |  |  |  |  |  |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 16   |         |       |            |  |  |  |  |  |  |
|            | If there are material differences in voting rights among members of the governing body, or if the governing  |         |       |            |  |  |  |  |  |  |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |       |            |  |  |  |  |  |  |
| b          | Enter the number of voting members included in line 1a, above, who are independent 1b 14   |         |       |            |  |  |  |  |  |  |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |       |            |  |  |  |  |  |  |
|            | officer, director, trustee, or key employee?   | 2       | X     |            |  |  |  |  |  |  |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |       |            |  |  |  |  |  |  |
|            | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |       | X          |  |  |  |  |  |  |
| 4          | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |         |       |            |  |  |  |  |  |  |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |       | <u>X</u> _ |  |  |  |  |  |  |
| 6          | Did the organization have members or stockholders?   | 6       |       | X          |  |  |  |  |  |  |
| 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?  | 7a      |       | <u> </u>   |  |  |  |  |  |  |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |       |            |  |  |  |  |  |  |
|            | persons other than the governing body?   | 7b      |       | <u> </u>   |  |  |  |  |  |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |       |            |  |  |  |  |  |  |
| а          | The governing body?  | 8a      | Х     |            |  |  |  |  |  |  |
| b          | Each committee with authority to act on behalf of the governing body?  | 8b      | Х     |            |  |  |  |  |  |  |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |       |            |  |  |  |  |  |  |
| <u></u>    | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |       | <u> </u>   |  |  |  |  |  |  |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  |         |       |            |  |  |  |  |  |  |
| 40-        | Did the experient on here lead sheeters branches as efficience   | 40      | Yes   | No         |  |  |  |  |  |  |
| 10a        | Did the organization have local chapters, branches, or affiliates?   | 10a     |       | <u>X</u>   |  |  |  |  |  |  |
| D          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 401-    |       |            |  |  |  |  |  |  |
| 110        | and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b     | Х     |            |  |  |  |  |  |  |
| 11a<br>b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   | 11a     | Λ     |            |  |  |  |  |  |  |
| 12a        |  | 12a     | Х     |            |  |  |  |  |  |  |
| b          |  |         |       |            |  |  |  |  |  |  |
| c          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 12b     | Х     |            |  |  |  |  |  |  |
| ·          | in Schedule O how this was done  | 12c     | Х     |            |  |  |  |  |  |  |
| 13         | Did the organization have a written whistleblower policy?  | 13      | X     |            |  |  |  |  |  |  |
| 14         | Did 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?  |         |       |            |  |  |  |  |  |  |
| а          | The organization's CEO, Executive Director, or top management official   | 15a     |       | X          |  |  |  |  |  |  |
| b          | Other officers or key employees of the organization  | 15b     |       | X          |  |  |  |  |  |  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |         |       |            |  |  |  |  |  |  |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |       |            |  |  |  |  |  |  |
|            | taxable entity during the year?  | 16a     |       | X          |  |  |  |  |  |  |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |         |       |            |  |  |  |  |  |  |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |       |            |  |  |  |  |  |  |
|            | exempt status with respect to such arrangements?   | 16b     |       |            |  |  |  |  |  |  |
| <u>Sec</u> | tion C. Disclosure   |         |       |            |  |  |  |  |  |  |
| 17         | List the states with which a copy of this Form 990 is required to be filed ► NONE  |         |       |            |  |  |  |  |  |  |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a   | vailab  | le    |            |  |  |  |  |  |  |
|            | for public inspection. Indicate how you made these available. Check all that apply   |         |       |            |  |  |  |  |  |  |
|            | X Own website X Another's website X Upon request   |         |       |            |  |  |  |  |  |  |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and   | d finan | cıal  |            |  |  |  |  |  |  |
|            | statements available to the public during the tax year   |         |       |            |  |  |  |  |  |  |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organizal  | ion 🕨   | ·     |            |  |  |  |  |  |  |
|            | EDMUND FLEET - 202-889-5901  |         |       |            |  |  |  |  |  |  |
| 13200      |  |         |       |            |  |  |  |  |  |  |
| 01 22      |  | Form    | uun / | 20111      |  |  |  |  |  |  |

#### Part VII 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

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

- 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

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                | (do                            | Position<br>(do not check more that |          |              | than i                       | one           | Reportable                               | Reportable                                    | Estimated                |  |
|                                      | hours per              | box                            | , unle                              | ss pe    | rson         | s bot                        | h an          | compensation                             | compensation                                  | amount of                |  |
|                                      | week                   |                                | Cer au                              | luau     | recit        | ir/trus                      | iee)          | from                                     | from related                                  | other                    |  |
|                                      | (describe<br>hours for | lrect                          |                                     |          |              | _                            |               | the organization                         | organizations<br>(W-2/1099-MISC)              | compensation<br>from the |  |
|                                      | related                | 50                             | ste e                               |          |              | ısateo                       |               | (W-2/1099-MISC)                          | (***271099*********************************** | organization             |  |
|                                      | organizations          | Individual trustee or director | Institutional trustee               |          | ee A         | Highest compensated employee |               | (** = /* ******************************* |   | and related              |  |
|                                      | ın Schedule            | ld tral                        | Integr                              | ᡖ        | Key employee | est co                       | ĕ             |  |   | organizations            |  |
|                                      | O)                     | 횰                              | ISE                                 | Officer  | ξe,          | 돌                            | <b>Former</b> |  |   |                          |  |
| (1) W. CHRISTOPHER SMITH             |                        |                                |                                     | ļ        |              |                              |               |  |   |                          |  |
| CHAIRMAN                             | 5.00                   | X                              | <u>.</u>                            | X        |              |                              |               | 0.                                       | 0.  | 0.                       |  |
| (2) DOREA MCMAHON                    |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| /ICE-CHAIR                           | 1.00                   | X                              |                                     | X        | L            | l                            |               | 0.                                       | 0.  | 0.                       |  |
| (3) WINSTON ROBINSON                 |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| SECRETARY                            | 1.00                   | Х                              |                                     | X        |              |                              |               | 0.                                       | 0.  | 0.                       |  |
| (4) JEFFREY P. CAPRON                |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| TREASURER                            | 5.00                   | X                              |                                     | X        |              |                              |               | 0.                                       | 0.  | 0 .                      |  |
| (5) WILLIAM T. "SKIP" MCMAHON        |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| DIRECTOR/CO-FOUNDER (SEE SCHEDULE O) | 10.00                  | X                              | ļ                                   | X        |              | ļ                            |               | 36,000.                                  | 0.  |                          |  |
| (6) SANDRA ALLEN                     |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | <u> </u>                            |          |              | <u> </u>                     |               | 0.                                       | 0.  | 0.                       |  |
| (7) GINA F. ADAMS                    |                        |                                | ŀ                                   |          |              |                              |               |  |   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | <u> </u>                            | <u> </u> |              | ļ                            |               | 0.                                       | 0.  | 0.                       |  |
| (8) JUDITH DOBBINS                   |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | ļ                                   | ļ        | ļ            | ļ                            |               | 0.                                       | 0.  | 0 .                      |  |
| (9) GLORIA WHITFIELD                 |                        |                                |                                     |          |              |                              | ĺ             | _  | _   | _                        |  |
| DIRECTOR                             | 1.00                   | X                              | ļ                                   | ļ        |              | ļ                            |               | 0.                                       | 0.  | 0 .                      |  |
| (10) ELIZABETH CONAHAN               |                        |                                |                                     |          |              |                              |               |  | _   | _                        |  |
| DIRECTOR                             | 1.00                   | X                              | <u> </u>                            | ļ        | <u> </u>     | <u> </u>                     |               | 0.                                       | 0.  | 0 .                      |  |
| (11) CHRISTOPHER JENNINGS            |                        |                                |                                     |          |              |                              |               |  | _   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | -                                   | <u> </u> |              | <u> </u>                     |               | 0.                                       | 0.  | 0 .                      |  |
| (12) TIMOTHY BAKER                   |                        |                                |                                     |          |              |                              |               |  | _   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | <u> </u>                            | <u> </u> |              | <u> </u>                     |               | 0.                                       | 0.  | 0 .                      |  |
| (13) DANIEL J. BRANNEN               |                        |                                |                                     |          |              |                              |               |  | _   |                          |  |
| DIRECTOR                             | 1.00                   | X                              |                                     |          |              | <u> </u>                     |               | 0.                                       | 0.  | 0                        |  |
| (14) KAY KENDALL                     |                        |                                |                                     |          |              |                              |               |  |   |                          |  |
| DIRECTOR (SEE SCHEDULE O)            | 1.00                   | X                              |                                     | ļ        |              |                              |               | 48,000.                                  | 0.  | 0.                       |  |
| (15) ADAM OSTRACH                    |                        |                                | 1                                   |          |              |                              |               |  |   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | <u> </u>                            | <u> </u> |              | <u> </u>                     |               | 0.                                       | 0.  | 0.                       |  |
| (16) DALIA FATEH                     |                        |                                |                                     |          |              |                              | ĺ             |  |   |                          |  |
| DIRECTOR                             | 1.00                   | X                              | _                                   | _        | <u>_</u>     | <u> </u>                     | <u> </u>      | 0.                                       | 0.  | 0                        |  |
| (17) EDMUND FLEET                    |                        |                                | 1                                   | 1        |              |                              |               |  |   |                          |  |
| EXECUTIVE DIRECTOR                   | 40.00                  | 1                              | 1                                   | X        | 1            | 1                            | 1             | 110,005.                                 | _ 0.  | 15,251                   |  |

Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

3,457.

3044417.

132009 01-23-12

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

557,908.

-113477.

Form 990 (2011)

#### 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)

|          | Check if Schedule O contains a response to tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.                                      | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses        |
|----------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| 1        | Grants and other assistance to governments and   |                       | , -                          |                                     | · · · · · · · · · · · · · · · · · · · |
|          | organizations in the United States. See Part IV, line 21   |                       |                              |                                     |                                       |
| 2        | Grants and other assistance to individuals in  |                       |                              |                                     | -                                     |
|          | the United States See Part IV, line 22   |                       |                              |                                     |                                       |
| 3        | Grants and other assistance to governments,  |                       |                              |                                     |                                       |
|          | organizations, and individuals outside the   |                       |                              |                                     |                                       |
|          | United States See Part IV, lines 15 and 16   |                       |                              |                                     |                                       |
| 4        | Benefits paid to or for members  |                       |                              |                                     |                                       |
| 5        | Compensation of current officers, directors,   |                       |                              |                                     |                                       |
|          | trustees, and key employees  | 209,256.              | 118,712.                     | 15,251.                             | 75,293                                |
| 6        | Compensation not included above, to disqualified   |                       |                              |                                     |                                       |
|          | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                       |
|          | persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                       |
| 7        | Other salaries and wages   | 682,200.              | 554,674.                     |                                     | 127,526                               |
| 8        | Pension plan accruals and contributions (include   |                       |                              |                                     |                                       |
|          | section 401(k) and section 403(b) employer contributions)  | 4,606.                |                              | 4,606.                              |                                       |
| 9        | Other employee benefits  | 33,072.               |                              | 33,072.                             |                                       |
| 10       | Payroll taxes  | 60,427.               |                              | 60,427.                             |                                       |
| 11       | Fees for services (non-employees)  |                       |                              |                                     |                                       |
| а        | Management   |                       |                              |                                     |                                       |
| b        | Legal  | 10.061                |                              | 10.061                              |                                       |
| С        | Accounting   | 12,861.               |                              | 12,861.                             |                                       |
| d        | Lobbying   |                       |                              |                                     |                                       |
| е        | Professional fundraising services. See Part IV, line 17  |                       |                              |                                     |                                       |
| f        | Investment management fees   | 07 207                | 05 760                       | 11 (25                              |                                       |
| g        | Other  | 97,387.               | 85,762.                      | 11,625.                             |                                       |
| 12       | Advertising and promotion  | 17,968.               | 17,968.<br>6,836.            | 27 020                              |                                       |
| 13       | Office expenses  | 34,766.               | 0,030.                       | 27,930.                             |                                       |
| 14       | Information technology   | 1,300.                |                              | 1,300.                              |                                       |
| 15       | Royalties  |                       |                              |                                     |                                       |
| 16       | Occupancy  |                       |                              |                                     |                                       |
| 17       | Travel   |                       |                              |                                     |                                       |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |                                     |                                       |
| 40       | Conferences, conventions, and meetings   |                       |                              |                                     |                                       |
| 19<br>20 | Interest   | 477,285.              | 477,285.                     |                                     |                                       |
| 20<br>21 | Payments to affiliates   | 11,200.               | <u> </u>                     |                                     |                                       |
| 21<br>22 | Depreciation, depletion, and amortization  | 634,906.              | 634,906.                     |                                     | <u> </u>                              |
| 22<br>23 | Insurance  | 43,899.               | 43,899.                      |                                     |                                       |
| 23<br>24 | Other expenses. Itemize expenses not covered   | 20,000.               |                              |                                     | <del>"</del>                          |
| 47       | above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                              |                                     |                                       |
| а        | PRODUCTION COSTS   | 149,305.              | 149,305.                     |                                     |                                       |
| b        | THEATER EXPENSES   | 33,631.               | 33,631.                      |                                     |                                       |
| С        | BOX OFFICE EXPENSES  | 17,187.               | 17,187.                      |                                     |                                       |
| d        | CARTERAL RECEDURE BURENICE   | 10,295.               |                              | 10,295.                             |                                       |
| е        | All other expenses   | 10,461.               | 850.                         | 9,611.                              |                                       |
| 25       | Total functional expenses Add lines 1 through 24e  | 2,530,820.            | 2,141,015.                   | 186,986.                            | 202,819                               |
| 26       | Joint costs. Complete this line only if the organization   |                       | •                            | •                                   | <b>_t</b>                             |
|          | reported in column (B) joint costs from a combined   |                       |                              |                                     |                                       |
|          | educational campaign and fundraising solicitation.   |                       |                              |                                     |                                       |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                       |                              |                                     |                                       |

Form **990** (2011)

8,178,523.

17,974,433.

31

32

33

34

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

7,664,924.

18,225,380.

| Form | 990 (2011) BUILDING BRIDGES ACROSS THE RIVER, INC.  | 52-       | 201352  | 5 Pa         | ge 12      |
|------|---|-----------|---------|--------------|------------|
| Pai  | t XI Reconciliation of Net Assets   |           |         |              |            |
|      | Check if Schedule O contains a response to any question in this Part XI   |           |         |              | X          |
|      |   |           |         |              | _          |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 3,0     | 44,4         | 17.        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 2,5     | 30,8         | 20.        |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 5       | 13,5         | 97.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4         | 7,6     | 54,9         | 24.        |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)  | 5         | <u></u> |              | <u>2.</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         | 8,1     | 78 <u>,5</u> | <u>23.</u> |
| Pa   | t XII Financial Statements and Reporting  |           |         |              |            |
|      | Check if Schedule O contains a response to any question in this Part XII  |           |         |              |            |
|      |   |           |         | Yes          | No         |
| 1    | Accounting method used to prepare the Form 990  |           |         |              | İ          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0         |         |              |            |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a      |              | X          |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2h      | X            | <u> </u>   |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audıt,  |         |              | İ          |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | _20     | X            | —          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Scho    | edule O   |         |              | 1          |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued    | d on a    |         |              |            |
|      | separate basis, consolidated basis, or both   |           |         |              |            |
|      | Separate basis X Consolidated basis Both consolidated and separate basis  |           |         |              |            |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir   | ngle Aud  | ıt      |              |            |
|      | Act and OMB Circular A-133?   |           | 3a      | -            | <u> </u>   |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audi | ı       |              |            |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |           | 3t      |              | <u> </u>   |
|      |   |           | For     | n 990        | (2011)     |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

| lame of t | he organizati   | on  |  |  |  |  |  | 1  | Employer id  | dentificati   | on num   | nber             |
|-----------|---|---|--|--|--|--|--|--|--|---|--|------------------|
|           |   | BUILDIN   | G BRIDGES AC   | ROSS   | THE R  | IVER,  | INC.   |  | 52   | -2013   | 526  |                  |
| Part I    | Reason  | for Public Char   | ity Status (All organiz  | ations mu  | st complet   | te this part   | ) See inst   | ructions   |  |   |  |                  |
|           | A church, cor A school desi A hospital or A medical res city, and state An organizate section 170( A federal, sta An organizate section 170(I A community An organizate activities relati income and u See section 8 An organizate An organizate An organizate By checking to foundation m If the organizate supporting or Since August (I) A person the gove | for Public Char  I private foundation Invention of churches cribed in section 17 a cooperative hospic search organization of e.  on operated for the (b)(1)(A)(iv). (Complet te, or local governm on that normally rec b)(1)(A)(vi). (Complet trust described in s on that normally rec ted to its exempt fur inrelated business to 509(a)(2). (Complete on organized and op on organized organized this box, I certify that anangers and other to attorn received a write organization, check the on who directly or ind erning body of the se | because it is (For lines 1 is, or association of church (0(b)(1)(A)(ii). (Attach Solital service organization of operated in conjunction of the Part II ) ent or governmental unit elives a substantial part of the Part II ) elives a substantial part of the Part II ) elives (1) more than 33 1 inctions - subject to certal exable income (less section 170(b)(1)(A)(vi). (elives: (1) more than 33 1 inctions - subject to certal exable income (less section 170(b)(1)(a)(vi). (elives: (1) more than 33 1 inctions - subject to certal exable income (less section 170(b)(1)(a)(vi). (elives: (1) more than 33 1 inctions described in section exable income (less section 170(b)(1)(a)(vi). (elives: (1) more than 33 1 inctions described in section exable income (less section exable income exable income exable income (less section exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable income exable inc | tations multiple the IRS that it has been fit to supporte the IRS that it has been fit to supporte the IRS that it has been fit to supporte the IRS that it has been fit to supporte the IRS that it has been fit to supporte the IRS that it has been fit to supporte the IRS that it y gift or coone or together in the image. | st completed in section pital description or operation or operation of the section  te this part only one bection 170 (b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1) | (b) (1)(A)(i) (A)(iii). ction 170 (A)(iii). a governr (A)(A)(v). Intal unit of than 33 1 (cquired b) ( | nental ur r from th nembersh /3% of it y the org or to car stion 509 | iii). Enter the not described anization after yout the part of the | d in  ublic desc  d gross rec  rom gross  fter June 3  ourposes c  ck the box  Type III - ( | ribed in celpts from the cellpts from t | rom<br>nent<br>5 |
|           | (iii) A 35% c   | controlled entity of a  | person described in (i) o  | or (II) above  | 97   |  |  |  |  | 11g(III)  |  |                  |
| h         | Provide the fo  | ollowing information  | about the supported org  | ganization(  | (s)  |  |  |  |  |   |  |                  |
| (ı) Name  | of supported<br>anization   | (ii) EIN  | (iii) Type of organization   | -<br>T   | rganization<br>sted in your  | organizat  | ion in col.  | organizát<br>(i) organ   | Is the<br>ion in col<br>ized in the<br>S.?   |   | nount of   |                  |
|           |   |   | (see instructions))  | Yes  | No   | Yes  | No   | Yes  | No   |   |  |                  |
|           |   |   |  |  |  |  |  |  |  |   |  |                  |
|           |   |   |  |  |  |  |  |  |  |   |  |                  |
| otal      |   |   | <u> </u>   | L  | <u> </u>   | <u> </u>   |  |  |  |   |  |                  |
| HA For F  | aperwork Re   | duction Act Notice  | see the Instructions for   | or   |  |  |  | Schedu   | ile A (Form  | 990 or 90   | 10-F7) :   | 2011             |

Form 990 or 990-EZ.

## Schedule A (Form 990 or 990-EZ) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 2 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.)

| <u></u> | rails to qualify under the tests  | , ilotod below, pieds |                       | ··· <i>,</i>           |                     | · · · · · · · · · · · · · · · · · · · |                 |
|---------|---|-----------------------|-----------------------|------------------------|---------------------|---------------------------------------|-----------------|
|         | ction A. Public Support   |                       |                       |                        |                     | E                                     |                 |
|         | ndar year (or fiscal year beginning in)                                   | (a) 2007              | <b>(b)</b> 2008       | (c) 2009               | (d) 2010            | (e) 2011                              | (f) Total       |
| 1       | Gifts, grants, contributions, and   |                       |                       | -                      |                     |                                       |                 |
|         | membership fees received (Do not  |                       |                       |                        |                     |                                       |                 |
|         | include any "unusual grants ")  | 1,595,729.            | 1,030,320.            | 1,397,219.             | 1,405,391.          | 2,599,986.                            | 8,028,645.      |
| 2       | Tax revenues levied for the organ-  |                       |                       |                        |                     |                                       |                 |
|         | ization's benefit and either paid to                                      |                       |                       |                        |                     |                                       |                 |
|         | or expended on its behalf   |                       |                       | <del></del>            |                     |                                       |                 |
| 3       | The value of services or facilities                                       |                       |                       |                        |                     |                                       |                 |
|         | furnished by a governmental unit to                                       |                       |                       |                        |                     |                                       |                 |
|         | the organization without charge   |                       |                       |                        |                     |                                       |                 |
| 4       | Total. Add lines 1 through 3  | 1,595,729.            | 1,030,320.            | 1,397,219.             | 1,405,391.          | 2,599,986.                            | 8,028,645.      |
| 5       | The portion of total contributions  |                       |                       |                        |                     |                                       |                 |
|         | by each person (other than a  |                       |                       |                        |                     |                                       |                 |
|         | governmental unit or publicly   |                       |                       |                        |                     |                                       |                 |
|         | supported organization) included  |                       | İ                     |                        |                     |                                       |                 |
|         | on line 1 that exceeds 2% of the  |                       |                       |                        |                     |                                       |                 |
|         | amount shown on line 11,  |                       | İ                     | -                      |                     |                                       |                 |
|         | column (f)  |                       |                       |                        |                     |                                       | 5,352,851.      |
|         | Public support. Subtract line 5 from line 4                               |                       |                       |                        |                     |                                       | 2,675,794.      |
|         | ction B. Total Support  |                       |                       |                        |                     |                                       |                 |
|         | ndar year (or fiscal year beginning in)                                   | (a) 2007              | (b) 2008              | (c) 2009               | (d) 2010            | (e) 2011                              | (f) Total       |
|         | Amounts from line 4   | 1,595,729.            | 1,030,320.            | 1,397,219.             | 1,405,391.          | 2,599,986.                            | 8,028,645.      |
| 8       | Gross income from interest,   |                       |                       |                        |                     |                                       |                 |
|         | dividends, payments received on   |                       |                       |                        |                     |                                       |                 |
|         | securities loans, rents, royalties  |                       | 2 560                 | 1 100                  | 22 540              | 00 000                                |                 |
|         | and income from similar sources   | 1,245,103.            | 3,562.                | 1,102.                 | 33,740.             | 23,002.                               | 1,306,509.      |
| 9       | Net income from unrelated business  |                       |                       |                        |                     |                                       |                 |
|         | activities, whether or not the  |                       |                       |                        |                     |                                       |                 |
|         | business is regularly carried on  |                       |                       | ·····                  | <u></u>             |                                       |                 |
| 10      | Other income Do not include gain  |                       |                       |                        |                     | 1                                     |                 |
|         | or loss from the sale of capital  | 2 025                 | 7 641                 | 0 100                  | 10 560              | 2 457                                 | 24 504          |
|         | assets (Explain in Part IV)   | 3,935.                | 7,641.                | 9,182.                 | 10,569.             | 3,457.                                | 34,784.         |
| 11      |   |                       |                       |                        |                     |                                       | 9,369,938.      |
| 12      | Gross receipts from related activities,                                   | •                     | •                     |                        |                     |                                       | ,843,813.       |
| 13      | First five years. If the Form 990 is for                                  | •                     | first, second, third  | d, fourth, or fifth ta | x year as a section | n 501(c)(3)                           |                 |
| Sec     | organization, check this box and storection C. Computation of Publ        |                       | centage               |                        |                     |                                       | <u>▶</u>        |
|         | Public support percentage for 2011 (                                      |                       |                       | olumn (fi)             |                     | 14                                    | 28.56 %         |
|         | ., , , , ,  | ,                     | ,                     | Olumin (I))            |                     | 15                                    | 44 44           |
|         | Public support percentage from 2010                                       |                       |                       | n line 12 and line 1   | A 10 32 1/20/ 0~ ~  |                                       |                 |
| 103     | 33 1/3% support test - 2011. If the c                                     | -                     |                       |                        | 1/3/0 0/11          | iore, check this bo                   | ∧ allu<br>▶☐☐   |
| L       | stop here. The organization qualifies                                     |                       | -                     |                        | line 15 is 32 1/20/ | or more sheet +                       | us boy          |
| E.      | 33 1/3% support test - 2010. If the cand stop here. The organization qual | =                     |                       |                        | 1116 13 13 33 1/370 | or more, check th                     | IS 00X          |
| 17~     | and stop nere. The organization qual                                      | •                     |                       |                        | 13 162 or 16h       | and line 1/Lie 100/                   | or more         |
| 1/2     | and if the organization meets the "fac                                    | _                     |                       |                        |                     |                                       |                 |
|         | meets the "facts-and-circumstances"                                       |                       |                       |                        |                     | the now the organ                     | ► X             |
|         |   |                       |                       |                        | _                   | 17a and line 15 := 1                  |                 |
|         | 10% -facts-and-circumstances tes  |                       |                       |                        |                     |                                       |                 |
|         | more, and if the organization meets the                                   |                       |                       |                        |                     |                                       |                 |
| 40      | organization meets the "facts-and-circ                                    |                       | _                     |                        |                     |                                       |                 |
| 18      | Private foundation. If the organization                                   | n did not check a t   | JOX 011 IIIRE 13, 108 | a, 100, 178, 01 170    |                     |                                       |                 |
|         |   |                       |                       |                        | Sche                | dule A (Form 990                      | or 990-EZ) 2011 |

#### 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.)

| Section A. Public Support  | ov, piodoc com     | pioto i un ilj         |                       | -                  |                       |  |
|--|--------------------|------------------------|-----------------------|--------------------|-----------------------|--|
| alendar year (or fiscal year beginning in)                               | (a) 2007           | <b>(b)</b> 2008        | (c) 2009              | (d) 2010           | (e) 2011              | (f) Total                                    |
| 1 Gifts, grants, contributions, and                                      | <u>-</u>           |                        |                       |                    |                       |  |
| membership fees received (Do not   |                    |                        |                       |                    |                       |  |
| include any "unusual grants.")   |                    |                        |                       |                    |                       |  |
| 2 Gross receipts from admissions,  |                    |                        |                       |                    |                       |  |
| merchandise sold or services per-  |                    |                        |                       | 1                  |                       |  |
| formed, or facilities furnished in                                       |                    |                        |                       |                    |                       |  |
| any activity that is related to the organization's tax-exempt purpose    |                    |                        |                       |                    |                       |  |
|  |                    |                        |                       |                    | <del> </del>          | <del></del>                                  |
| 3 Gross receipts from activities that                                    |                    |                        |                       |                    |                       |  |
| are not an unrelated trade or bus-                                       |                    |                        |                       |                    |                       |  |
| iness under section 513  |                    |                        |                       |                    |                       |  |
| 4 Tax revenues levied for the organ-                                     |                    |                        |                       |                    |                       |  |
| ization's benefit and either paid to                                     |                    |                        |                       |                    |                       |  |
| or expended on its behalf  |                    |                        |                       | <u> </u>           |                       |  |
| 5 The value of services or facilities                                    |                    |                        |                       |                    |                       |  |
| furnished by a governmental unit to                                      |                    |                        |                       |                    |                       | l  |
| the organization without charge  |                    |                        |                       |                    |                       |  |
| 6 Total. Add lines 1 through 5   |                    |                        |                       |                    |                       |  |
| 7a Amounts included on lines 1, 2, and                                   |                    |                        |                       |                    |                       |  |
| 3 received from disqualified persons                                     |                    |                        |                       |                    |                       |  |
| 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   |                    | <u> </u>               |                       |                    |                       |  |
| c Add lines 7a and 7b  |                    |                        |                       |                    |                       |  |
| 8 Public support (Subtract line 7c from line 6) Section B. Total Support |                    |                        |                       | .1                 | ,1                    | ]  |
| ···  |                    | 1                      |                       | 1                  | 1                     | I  |
| alendar year (or fiscal year beginning in)                               | (a) 2007           | (b) 2008               | (c) 2009              | (d) 2010           | (e) 2011              | (f) Total                                    |
| 9 Amounts from line 6  |                    |                        |                       |                    |                       |  |
| IOa Gross income from interest,<br>dividends, payments received on       |                    |                        |                       |                    |                       |  |
| securities loans, rents, royalties                                       |                    |                        |                       |                    |                       |  |
| and income from similar sources  |                    |                        |                       |                    |                       |  |
| <b>b</b> Unrelated business taxable income                               |                    |                        |                       | 1                  |                       |  |
| (less section 511 taxes) from businesses                                 |                    |                        |                       | 1                  |                       |  |
| acquired after June 30, 1975   |                    |                        |                       |                    |                       |  |
| c Add lines 10a and 10b  |                    |                        |                       |                    |                       |  |
| I1 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 IV)  |                    |                        |                       |                    |                       |  |
| 13 Total support (Add lines 9, 10c, 11, and 12)                          |                    | <u> </u>               | <u> </u>              | <u> </u>           |                       | <u>.                                    </u> |
| 14 First five years. If the Form 990 is for t                            | he organization'   | 's first, second, thir | d, fourth, or fifth t | tax year as a sect | ion 501(c)(3) organiz | żation,                                      |
| check this box and stop here   |                    |                        |                       |                    |                       | <u> </u>                                     |
| Section C. Computation of Public   | Support Pe         | ercentage              |                       |                    | · <del></del>         |  |
| 15 Public support percentage for 2011 (lin                               | ie 8, column (f) c | divided by line 13, o  | column (f))           |                    | 15                    |  |
| 6 Public support percentage from 2010 S                                  | Schedule A, Par    | t III, line 15         |                       |                    | 16                    |  |
| section D. Computation of Invest   | <u>tment Incom</u> | ne Percentage          |                       |                    |                       |  |
| 17 Investment income percentage for 201                                  | 1 (line 10c, colu  | mn (f) divided by lii  | ne 13, column (f))    |                    | 17                    |  |
| 18 Investment income percentage from 20                                  | )10 Schedule A     | , Part III, line 17    |                       |                    | 18                    |  |
| 19a 33 1/3% support tests - 2011. If the c                               |                    |                        | on line 14, and lin   | ie 15 is more than | 33 1/3%, and line 1   | 17 is not                                    |
| more than 33 1/3%, check this box and                                    | -                  |                        |                       |                    |                       | ▶□   |
| b 33 1/3% support tests - 2010. If the c                                 | •                  | -                      |                       |                    |                       | and  |
| line 18 is not more than 33 1/3%, chec                                   | -                  |                        |                       |                    |                       | _  |
|  |                    |                        |                       |                    |                       |  |
| 20 Private foundation. If the organization                               | . uiu not check a  | 1 DOX OF BILE 14, 19   | a, or 190, check t    | uns vox and see f  | กอบนับเปียร           | <b>₽</b> L                                   |

| Schedule A (Form 990 or 990-EZ) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 4  Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions) |
|---|
| PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:   |
| BUILDING BRIDGES ACROSS THE RIVER QUALIFIES AS A PUBLIC CHARITY UNDER THE   |
| "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY  |
| REGULATIONS, BASED UPON THE FOLLOWING:  |
| 1. ITS SUPPORT, AS REPORTED FOR 2011 IS 28.56%, THEREBY MEETING THE   |
| REQUIREMENT OF 1.170A-9(F)(3)(I).   |
| 2. IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC  |
| AND GOVERNMENTAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE   |
| REQUIREMENT OF 1.170A-9(F)(3)(II).  |
| 3. BUILDING BRIDGES ACROSS THE RIVER'S PUBLIC SUPPORT, AT 28.56%, IS WELL   |
| ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST,  |
| THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(III).   |
|   |
| 4. IN MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I), BUILDING BRIDGES  |
| ACROSS THE RIVER HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF   |
| PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS  |
| OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. IN THIS RESPECT, BUILDING   |
| BRIDGES ACROSS THE RIVER MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(B).   |
|   |
| 5. BUILDING BRIDGES ACROSS THE RIVER, THROUGH ITS MAJOR PROGRAMS, SEEKS TO  |
| IMPROVE THE QUALITY OF LIFE FOR CHILDREN, YOUTH AND FAMILIES WHO RESIDE   |
| EAST OF THE ANACOSTIA RIVER BY PROVIDING LEADERSHIP, MANAGEMENT AND FISCAL  |
| OVERSIGHT OF THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS (THE ARC).   |
| THROUGH A COLLABORATION OF PARTNER ORGANIZATIONS, THE ARC PROVIDES ACCESS   |
| TO QUALITY EDUCATIONAL, HEALTH, CULTURAL, RECREATION, AND SOCIAL PROGRAMS.  132024 01-24-12 Schedule A (Form 990 or 990-EZ) 2011  |
| 16<br>19131106 745960 03764 2011.04040 BUILDING BRIDGES ACROSS THE 037641   |

| Par | t IV S     | upplementa | I Information.  2 Also complete the | Complete this p                        | art to provide | the expl | anations rec | uired by Par                           | t II, line | 52-2013526 F | 7b, |
|-----|------------|------------|-------------------------------------|--|----------------|----------|--------------|--|------------|--------------|-----|
| IN  | THIS       | MANNER,    | BUILDING                            | BRIDGES                                | ACROSS         | THE      | RIVER        | MEETS                                  | THE        | REQUIREMENT  | OF  |
| 1.1 | 70A-       | 9(F)(3)(   | III)(D).                            |  |                |          |              |  |            |              |     |
|     | >          | · · ·      |                                     | ·                                      |                |          |              |  | ····       |              |     |
|     |            |            |                                     |  |                |          |              | ······································ |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
| ,   |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            | -            |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     | ······································ |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          | - · ·        |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     | •                                      |                |          |              |  |            |              |     |
|     |            |            | -                                   |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              |  |            |              |     |
|     |            |            |                                     |  |                |          |              | •                                      |            |              |     |
| _   | · <u> </u> |            |                                     |  |                |          | ·            |  |            |              |     |
|     |            |            | <del></del>                         |  |                |          |              |  |            |              |     |

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

| _   |   | CROSS THE RIVER, INC.                           | 52-2013526                                 |
|-----|---|---|--|
| Par |   |   | r Accounts. Complete if the                |
|     | organization answered "Yes" to Form 990, Part IV, lin             |   |  |
|     |   | (a) Donor advised funds                         | (b) Funds and other accounts               |
| 1   | Total number at end of year                                       |   |  |
| 2   | Aggregate contributions to (during year)                          |   |  |
| 3   | Aggregate grants from (during year)                               |   |  |
| 4   | Aggregate value at end of year                                    |   |  |
| 5   | Did the organization inform all donors and donor advisors in      | writing that the assets held in donor advised   | funds                                      |
|     | are the organization's property, subject to the organization's    | exclusive legal control?                        | └── Yes └── No                             |
| 6   | Did the organization inform all grantees, donors, and donor a     | advisors in writing that grant funds can be us  | ed only                                    |
|     | for chantable purposes and not for the benefit of the donor of    | or donor advisor, or for any other purpose co   | nferring                                   |
| _   | impermissible private benefit?                                    |   | Yes No                                     |
| Par | ·   |   | IV, line 7                                 |
| 1   | Purpose(s) of conservation easements held by the organizat        | ·   |  |
|     | Preservation of land for public use (e.g., recreation or e        |   | rically important land area                |
|     | Protection of natural habitat                                     | Preservation of a certified                     | d historic structure                       |
|     | Preservation of open space  |   |  |
| 2   | Complete lines 2a through 2d if the organization held a quali     | fied conservation contribution in the form of a | a conservation easement on the last        |
|     | day of the tax year   |   |  |
|     | <del>-</del>  |   | Held at the End of the Tax Year            |
| a   | Total number of conservation easements                            |   | 2a   |
| b   | Total acreage restricted by conservation easements                | makan makatada (a)                              | <u>2b</u>                                  |
| C   | Number of conservation easements on a certified historic sti      | , ,   | 2c   |
| d   | Number of conservation easements included in (c) acquired         | after 8/17/06, and not on a historic structure  |  |
| _   | listed in the National Register                                   | looped auting wohed or terminated by the ex-    | 2d   |
| 3   | Number of conservation easements modified, transferred, revear ►  | neased, extinguished, or terminated by the or   | ganization during the tax                  |
| 4   | Number of states where property subject to conservation ea        | sement is located                               |  |
| 5   | Does the organization have a written policy regarding the pe      |   |  |
| 3   | violations, and enforcement of the conservation easements         | · · · · · · · · · · · · · · · · · · ·           | Yes No                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,      |   |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and        | _   |  |
| 8   | Does each conservation easement reported on line 2(d) abor        | _   |  |
|     | and section 170(h)(4)(B)(ii)?                                     | ,         | Yes No                                     |
| 9   | In Part XIV, describe how the organization reports conservat      | ion easements in its revenue and expense st     |  |
|     | include, if applicable, the text of the footnote to the organiza  | •   |  |
|     | conservation easements  |   |  |
| Pai | t III Organizations Maintaining Collections o                     | f Art, Historical Treasures, or Oth             | er Similar Assets.                         |
|     | Complete if the organization answered "Yes" to Form               | 990, Part IV, line 8                            |  |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS      | SC 958), not to report in its revenue statemer  | nt and balance sheet works of art,         |
|     | historical treasures, or other similar assets held for public ex  | hibition, education, or research in furtherance | e of public service, provide, in Part XIV, |
|     | the text of the footnote to its financial statements that descri  | ibes these items                                |  |
| b   | If the organization elected, as permitted under SFAS 116 (AS      | SC 958), to report in its revenue statement ar  | nd balance sheet works of art, historical  |
|     | treasures, or other similar assets held for public exhibition, e  | ducation, or research in furtherance of public  | service, provide the following amounts     |
|     | relating to these items   |   |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1              |   | <b>&gt;</b> \$                             |
|     | (ii) Assets included in Form 990, Part X                          |   | > \$<br>> \$                               |
| 2   | If the organization received or held works of art, historical tre | <del>-</del>                                    |  |
|     | the following amounts required to be reported under SFAS 1        | 116 (ASC 958) relating to these items           |  |
| а   | Revenues included in Form 990, Part VIII, line 1                  |   | ► \$<br>► \$                               |
| b   | Assets included in Form 990, Part X                               |   | <b>&gt;</b> \$                             |
|     |   |   |  |

Schedule D (Form 990) 2011

|       | dule D (Form 990) 2011 BUILDING t III Organizations Maintaining Co |                                     |            |                                       |                |              |             |            |             |                                       |
|-------|--|-------------------------------------|------------|---------------------------------------|----------------|--------------|-------------|------------|-------------|---------------------------------------|
| 3     | Using the organization's acquisition, accession                    |                                     |            |                                       |                |              |             |            |             |                                       |
| Ŭ     | (check all that apply)   | ,                                   | 20, 01.00. | · · · · · · · · · · · · · · · · · · · | .oovi.ing tina | t are a e    | gimount     | 200 O, 110 | 00110011011 | itomo                                 |
| а     | Public exhibition  | c                                   |            | Loan or exc                           | hange progra   | ıms          |             |            |             |                                       |
| b     | Scholarly research   | `                                   |            |                                       | go progra      |              |             |            |             |                                       |
| c     | Preservation for future generations                                | •                                   |            |                                       | •              |              |             |            |             |                                       |
| 4     | Provide a description of the organization's colle                  | ections and explai                  | ın how th  | nev further t                         | he organizatio | nn's exe     | mnt nurne   | nse in Pa  | rt XIV      |                                       |
| 5     | During the year, did the organization solicit or n                 |                                     |            |                                       | _              |              |             | ,50 III u  | 1670        |                                       |
| Ū     | to be sold to raise funds rather than to be main                   |                                     |            |                                       |                | Ji Siiriilai | 233013      | Г          | Yes         | ☐ No                                  |
| Par   | t IV Escrow and Custodial Arrange                                  |                                     |            |                                       |                | Yes" to      | Form 990    | Part IV    |             | 110                                   |
|       | reported an amount on Form 990, Part                               |                                     |            |                                       |                | , , , ,      |             | , ,        |             |                                       |
| 1a    | Is the organization an agent, trustee, custodian                   | · · · · · · · · · · · · · · · · · · | diary for  | contribution                          | ns or other as | sets not     | ıncluded    |            |             |                                       |
|       | on Form 990, Part X?   |                                     |            |                                       |                |              |             |            | Yes         | ☐ No                                  |
| b     | If "Yes," explain the arrangement in Part XIV an                   | d complete the fo                   | ollowina i | table                                 |                |              |             |            |             |                                       |
|       | , ,  |                                     |            |                                       |                |              |             |            | Amount      |                                       |
| С     | Beginning balance  |                                     |            |                                       |                |              | 1c          |            |             |                                       |
| d     | Additions during the year  |                                     |            |                                       |                |              | 1d          |            | ··          |                                       |
| e     | Distributions during the year                                      |                                     |            |                                       |                |              | 1e          |            |             |                                       |
| f     | Ending balance   |                                     |            |                                       |                |              | 1f          |            |             |                                       |
| 2a    | Did the organization include an amount on Forr                     | m 990. Part X. line                 | 212        |                                       |                |              | <u> </u>    |            | Yes         | No                                    |
|       | If "Yes," explain the arrangement in Part XIV                      | , ,                                 |            |                                       |                |              |             | _          | _ ,,,,      |                                       |
| Par   |  | ne organization ar                  | nswered    | "Yes" to Fo                           | rm 990, Part   | IV, line 1   | 0           |            |             |                                       |
|       |  | (a) Current year                    | (b) P      | rior year                             | (c) Two year   | s back       | (d) Three y | ears back  | (e) Four y  | ears back                             |
| 1a    | Beginning of year balance  |                                     |            |                                       |                |              |             |            | ' ' ' '     |                                       |
| b     | Contributions  |                                     |            |                                       |                |              |             |            |             |                                       |
| С     | Net investment earnings, gains, and losses                         |                                     |            |                                       | 1              |              |             |            |             |                                       |
| d     | Grants or scholarships   |                                     |            |                                       | -              |              |             |            |             |                                       |
| е     | Other expenditures for facilities                                  |                                     |            |                                       |                |              |             |            |             |                                       |
|       | and programs   |                                     |            |                                       |                |              |             |            |             |                                       |
| f     | Administrative expenses  |                                     |            |                                       |                |              |             |            |             |                                       |
| g     | End of year balance  |                                     | ŀ          |                                       |                |              |             |            |             |                                       |
| 2     | Provide the estimated percentage of the currer                     | nt year end baland                  | ce (line 1 | g, column (a                          | a)) held as    | •            |             |            |             |                                       |
| а     | Board designated or quasi-endowment >                              |                                     | _%         |                                       |                |              |             |            |             |                                       |
| b     | Permanent endowment >  | %                                   |            |                                       |                |              |             |            |             |                                       |
| С     | Temporarily restricted endowment ▶                                 | %                                   |            |                                       |                |              |             |            |             |                                       |
|       | The percentages in lines 2a, 2b, and 2c should                     | equal 100%                          |            |                                       |                |              |             |            |             |                                       |
| 3a    | Are there endowment funds not in the possess                       | ion of the organiz                  | ation tha  | at are held a                         | nd administe   | red for th   | ne organiz  | ation      |             |                                       |
|       | by   |                                     |            |                                       |                |              |             |            |             | es No                                 |
|       | (i) unrelated organizations  |                                     |            |                                       |                |              |             |            | 3a(i)       |                                       |
|       | (ii) related organizations   |                                     |            |                                       |                |              |             |            | 3a(ii)      |                                       |
| b     | If "Yes" to 3a(II), are the related organizations II               | sted as required o                  | on Sched   | dule R?                               |                |              |             |            | 3b          |                                       |
| 4     | Describe in Part XIV the intended uses of the o                    |                                     |            |                                       |                |              |             |            |             |                                       |
| Par   | t VI   Land, Buildings, and Equipme                                | nt. See Form 99                     | 0, Part X  | , line 10                             |                |              |             |            |             |                                       |
|       | Description of property  | (a) Cost or o                       | other      | (b) Cost                              | or other       | (c) A        | ccumulate   | :d         | (d) Book    | value                                 |
|       |  | basis (investi                      | ment)      | basis                                 | (other)        | dep          | preciation  |            |             | · · · · · · · · · · · · · · · · · · · |
| 1a    | Land   |                                     |            |                                       |                |              |             |            |             |                                       |
| b     | Buildings  |                                     |            |                                       | 7,722.         |              | 220,7       |            | 6,196       | ,945.                                 |
| С     | Leasehold improvements   |                                     |            |                                       | 4,299.         |              | L58,8       |            | 345         | ,458.                                 |
| d     | Equipment  |                                     |            |                                       | 7,125.         |              | 594,5       | 31.        |             | ,594.                                 |
| e     | Other  | _                                   |            | 6                                     | 8,870.         |              | 62,5        | 50.        | 6           | ,320.                                 |
| Total | Add lines 1a through 1e. (Column (d) must equ                      | al Form 990 Part                    | Y colur    | nn (P) (mo 1                          | 10/611         |              |             | <b>1</b>   | 6 891       | 317                                   |

| Schedule D (Form 990) 2011 BUILDING D Part VII Investments - Other Securities.  | See Form 990 Part Y June                | S THE RIVER,                    | INC. 52                         | <u>-2013526</u>        | Page 3   |
|---|---|---------------------------------|---------------------------------|------------------------|----------|
| (a) Description of security or category   |   | 12                              | (c) Method of value             | ation                  |          |
| (including name of security)  | (b) Book value                          | Со                              | st or end-of-year ma            |                        |          |
| (1) Financial derivatives   |   |                                 |                                 |                        |          |
| (2) Closely-held equity interests   |   |                                 |                                 |                        |          |
| (3) Other   |   |                                 |                                 |                        |          |
| (A)   |   |                                 |                                 |                        |          |
| (B)   |   |                                 |                                 |                        |          |
| (C)   |   |                                 |                                 |                        |          |
| (D)   |   |                                 |                                 |                        |          |
| (E)   |   |                                 |                                 |                        |          |
| <u>(F)</u>  |   |                                 | <del> </del>                    |                        |          |
| (G)   |   |                                 |                                 |                        |          |
| (H)   |   |                                 |                                 | <del></del>            |          |
| (l)   |   |                                 |                                 |                        |          |
| Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.  | O = 5 = = 000 B = 1 V 1                 |                                 |                                 |                        |          |
|   | See Form 990, Part X, lin               | e 13                            | (c) Method of value             | ation                  |          |
| (a) Description of investment type  | (b) Book value                          | Co                              | st or end-of-year ma            |                        |          |
| (1)   |   |                                 |                                 |                        |          |
| (2)   | <del></del>                             | <del></del>                     |                                 | ·                      |          |
| (3)   |   | -                               |                                 |                        |          |
| (4)   |   |                                 |                                 |                        |          |
| (5)   |   |                                 |                                 |                        |          |
| (6)   |   |                                 |                                 |                        |          |
| (7)   |   |                                 |                                 |                        |          |
| (8)   |   |                                 | ·                               |                        |          |
| (9)   |   |                                 |                                 |                        |          |
| (10)  |   |                                 |                                 |                        |          |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.)   | <b>&gt;</b>                             |                                 |                                 |                        |          |
| Part IX Other Assets. See Form 990, Part X, I   | ine 15                                  |                                 |                                 |                        |          |
|   | (a) Description                         |                                 |                                 | (b) Book va            | lue      |
| (1)   |   |                                 |                                 |                        |          |
| (2)   |   |                                 |                                 |                        |          |
| (3)   |   |                                 |                                 |                        |          |
| (4)   |   |                                 |                                 |                        |          |
| (5)   |   |                                 |                                 |                        |          |
| (6)   |   |                                 |                                 |                        |          |
| (7)   |   |                                 |                                 |                        |          |
| (8)   |   |                                 | <del> </del>                    |                        |          |
| (9)   |   |                                 |                                 |                        |          |
| (10)  |   |                                 |                                 |                        |          |
| Total. (Column (b) must equal Form 990, Part X, col (B)   | line 15 )                               |                                 | <b>&gt;</b>                     |                        |          |
| Part X Other Liabilities. See Form 990, Part  | X, line 25                              |                                 |                                 |                        |          |
| 1. (a) Description of liability   |   | (b) Book value                  |                                 |                        | -        |
| (1) Federal income taxes  |   |                                 |                                 |                        |          |
| (2) ACCRUED INTEREST PAYABLE  | E                                       | 1,511.                          |                                 |                        |          |
| (3)   |   |                                 |                                 |                        |          |
| (4)   |   |                                 |                                 |                        |          |
| (5)   |   |                                 |                                 |                        |          |
| (6)   |   |                                 |                                 |                        |          |
| (7)   |   |                                 | ]                               |                        |          |
| (8)   |   |                                 |                                 |                        |          |
| (9)   |   |                                 |                                 |                        |          |
| (10)  |   |                                 | 1                               |                        |          |
| (11)  |   |                                 |                                 |                        |          |
|   | line 25 )                               | 1,511.                          |                                 |                        |          |
| Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. FIN 48 (ASC 740) | ote to the organization's financial sta | atements that reports the organ | ization's liability for uncerta | in tax positions under |          |
| 132053<br>01-23-12  |   |                                 |                                 | edule D (Form 9        | 90) 2011 |
|   |   |                                 |                                 |                        |          |

|                | t XI Reconciliation of Change in Net Assets from Form 990 to  |              |   |           |        | 2013526 Page<br><b>ts</b> |
|----------------|---|--------------|---|-----------|--------|---------------------------|
| 1              | Total revenue (Form 990, Part VIII, column (A), line 12)  |              |   | 11        |        | 3,044,417                 |
| 2              | Total expenses (Form 990, Part IX, column (A), line 25)   |              |   | 2         |        | 2,530,820                 |
| 3              | Excess or (deficit) for the year. Subtract line 2 from line 1   |              |   | 3         |        | 513,597                   |
| 4              | Net unrealized gains (losses) on investments  |              |   | 4         |        | ···                       |
| 5              | Donated services and use of facilities  |              |   | 5         |        |                           |
| 6              | Investment expenses   |              |   | 6         |        |                           |
| 7              | Prior period adjustments  |              |   | 7         |        |                           |
| 8              | Other (Describe in Part XIV)  |              |   | 8         |        | 2                         |
| 9              | Total adjustments (net) Add lines 4 through 8   |              |   | 9         |        | 2                         |
| 10<br>Dor      | Excess or (deficit) for the year per audited financial statements. Combine lines 3 are  |              | lith Dave                                     | 10        | Datur  | 513,599                   |
| Par<br>1       | t XII Reconciliation of Revenue per Audited Financial Stateme  Total revenue, gains, and other support per audited financial statements | ents v       | vitn Reve                                     | nue per i | Return | 3,174,032                 |
| 2              | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |              |   |           | '      | 3,174,032                 |
| a              | Net unrealized gains on investments   | 2a           | 1   |           |        |                           |
| b              | Donated services and use of facilities  | 2b           |   |           | -      |                           |
|                | Recoveries of prior year grants   | 2c           |   |           | -      |                           |
| C              | Other (Describe in Part XIV)  | 2d           | ۵,  | 70,678    | -      |                           |
| d              | ,   | <u></u>      | <u>, , , , , , , , , , , , , , , , , , , </u> | 10,010    | 7 1    | 970,678                   |
| e<br>2         | Add lines 2a through 2d Subtract line 2e from line 1  |              |   |           | 2e     | 2,203,354                 |
| 3<br>4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |              |   |           | 3      | 2,203,334                 |
|                | Investment expenses not included on Form 990, Part VIII, line 7b  | 140          | 1   |           |        |                           |
| a<br>b         | Other (Describe in Part XIV)  | 4a<br>4b     | 8,  | 41,063    | -      |                           |
| C              | Add lines 4a and 4b   | 40           | <u> </u>                                      | ±1,005    | 4c     | 841,063                   |
| 5              | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   |              |   |           | 5      | 3,044,417                 |
|                | t XIII Reconciliation of Expenses per Audited Financial Statem  | ents \       | With Exp                                      | enses pe  |        |                           |
| 1              | Total expenses and losses per audited financial statements  |              |   |           | 1      | 3,500,604                 |
| 2              | Amounts included on line 1 but not on Form 990, Part IX, line 25  |              |   |           |        | 0,000,001                 |
| -<br>а         | Donated services and use of facilities  | 2a           | 1   |           |        |                           |
| b              | Prior year adjustments  | 2b           |   |           | -      |                           |
| C              | Other losses  | 2c           |   |           | -      |                           |
| d              | Other (Describe in Part XIV )   | 2d           | Q I   | 52,304    | -      |                           |
| e              | Add lines 2a through 2d   | Zu           | 1 ,   | <u> </u>  | 2e     | 952,304                   |
| 3              | Subtract line 2e from line 1  |              |   |           | 3      | 2,548,300                 |
| 4              | Amounts included on Form 990, Part IX, line 25, but not on line 1   |              |   |           |        | 2,340,300                 |
|                | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a           | 1   |           |        |                           |
|                | Other (Describe in Part XIV)  | 4b           |   | 17,480    | -      |                           |
| C              | Add lines 4a and 4b   | 40           |   | 17,400    | 4c     | -17,480                   |
| 5              | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |              |   |           | 5      | 2,530,820                 |
|                | t XIV Supplemental Information  |              | · <u>·</u>                                    |           |        | 2,330,020                 |
|                | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part   |              |   |           |        |                           |
|                | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b $$ Also com   |              |   |           |        |                           |
| PAI            | RT X, LINE 2: IN JUNE 2006, THE FINANCIAL   | ACCC         | NITINO  | G STAN    | DARD   | S BOARD                   |
| ( ፑን           | ASB) RELEASED FASB ASC 740-10, INCOME TAXE  | เร. T        | יום יים איי                                   | ROVIDE    | s GII  | IDANCE FOR                |
|                |   | •            |   |           |        |                           |
| REI            | PORTING UNCERTAINTY IN INCOME TAXES. FOR T  | HE Y         | EARS 1  | ENDED I   | DECE   | MBER 31,                  |
| 20:            | 1 AND 2010, THE ORGANIZATIONS HAVE DOCUME   | NTEL         | THEI  | R CONS    | IDER   | ATION OF                  |
| TP A (         | TO ACC 740 10 AND DEMEDIATION MILAM NO MAMED  | <b>T</b> 2 T | IMOED/  | natai m   | ת ענג  | OGTETONG                  |
| r A            | SB ASC 740-10 AND DETERMINED THAT NO MATER  | <u>TAL</u>   | UNCER   | TAIN T    | AX P   | OSITIONS                  |
| QUZ            | ALIFY FOR EITHER RECOGNITION OR DISCLOSURE  | IN           | THE C   | ONSOLI    | DATE   | D FINANCIAL               |
| ST             | ATEMENTS. IRS FORM 990, RETURN OF ORGANIZA  | TION         | 1 EXEM  | PT FRO    | M_IN   | COME TAX,                 |
| IS             | SUBJECT TO EXAMINATION BY THE INTERNAL RE   | VENU         | JE SER  | VICE. (   | GENE   | RALLY FOR                 |
|                |   |              |   |           |        | dule D (Form 990) 201     |
| 13205<br>01-23 | 32  |              |   |           |        |                           |
|                | 34  |              |   |           |        |                           |

| Schedule D (Form 990) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013 Part XIV Supplemental Information (continued) | 3526 Page 5     |
|--|-----------------|
| THREE YEARS AFTER IT IS FILED.   |                 |
|  |                 |
| PART XI, LINE 8 - OTHER ADJUSTMENTS:   |                 |
| ROUNDING   | 2.              |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:   |                 |
| FBBAR REVENUE INCLUDED IN CONSOLIDATED FINANCIAL   | 572,765.        |
| STATEMENTS AND EXCLUDED FOR BBAR FORM 990 REPORTING.   |                 |
| SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON FINANCIAL  | 169,456.        |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE   | 8C.             |
| RENTAL EXPENSES INCLUDED AS EXPENSE ON THE FINANCIAL   | 228,457.        |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE   | 6C.             |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D   | 970,678.        |
|  |                 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:   | 050 543         |
| FBBAR DONATION TO BBAR, ELIMINATED IN CONSOLIDATED   | 858,543.        |
| FINANCIAL STATEMENTS AND INCLUDED IN BBAR FORM 990.  | 17 490          |
| LOSS ON DISPOSAL INCLUDED AS EXPENSE ON THE FINANCIAL STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 7. |                 |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B   |                 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS:  |                 |
| FBBAR EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL  | 554,391.        |
| STATEMENTS AND EXCLUDED FOR BBAR FORM 990 REPORTING.   |                 |
| SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON FINANCIAL  | 169,456.        |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE   | 8C.             |
| RENTAL EXPENSES INCLUDED AS EXPENSE ON THE FINANCIAL   | 228,457.        |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE   |                 |
| 132055<br>01-23-12   | (Form 990) 2011 |

| Schedule D (Form 990) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-201  Part XIV Supplemental Information (continued) | 3526 | Page 5 |
|--|------|--------|
| TOTAL TO SCHEDULE D, PART XIII, LINE 2D  | 952  | ,304.  |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS:  |      |        |
| LOSS ON DISPOSAL INCLUDED AS EXPENSE ON THE FINANCIAL  | -17  | ,480.  |
| STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 7.   |      |        |
|  |      |        |
|  |      |        |
|  |      |        |
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#### **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" 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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

| Name of the organization                                   |   |   |   |   |            | Employer ide  | ntification number                                      |
|--|---|---|---|---|------------|---|---|
| BUILDIN  | NG BRIDGES ACROSS '   | THE   | RIV   | ER, INC.  |            | 52-2013   | 526   |
| Part I Fundraising Activities required to complete this pa | <ol><li>Complete if the organization answ<br/>rt.</li></ol>   | ered "\   | es" to  | o Form 990, Part IV, I  | ine 17     | 7 Form 990-EZ   | I filers are not  |
| b If "Yes," list the ten highest paid inc                  | e X Solicita f X Solicita g X Specia  or oral agreement with any individual  Part VII) or entity in connection with p  dividuals or entities (fundraisers) pure | ation of<br>ation of<br>Il fundra<br>al (inclui | non-g<br>gover<br>using d<br>ding of<br>ional f | overnment grants nment grants events fficers, directors, true fundraising services? |            | X Yes   |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (rii)<br>fundr<br>have c<br>or con<br>contrib   | ustody<br>trol of                               | (iv) Gross receipts from activity   | tò (o<br>f | Amount paid<br>r retained by)<br>undraiser<br>ed in col (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| KAY KENDALL - 2428 TRACY                                   |   | Yes   | No  |   |            |   |   |
| PLACE, NW, WASHINGTON, DC                                  | GALA  |   | х   | 748,625.  |            | 48,000.   | 700,625.  |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   | ,   |            |   |   |
|  |   |   |   |   |            |   |   |
| Fotal  3 List all states in which the organization         | on is registered or licensed to solicit   | contrib   | <b>▶</b>  | 748,625.  | 1 11 10    | 48,000.   | 700,625.  |
| or licensing   |   | Contine   | utions  | o or rias been notinet  | 11115      | exempt nom te   |   |
|  |   |   |   | 77.7  |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |
|  |   |   |   |   |            |   |   |

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

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

|                 |        | of fundraising event contributions and gr  | oss income on Form 990     | EZ, lines 1 and 6b. List e          | events with gross recei  | pts greater than \$5,000.                |
|-----------------|--------|--|----------------------------|-------------------------------------|--------------------------|--|
|                 |        |  | (a) Event #1               | (b) Event #2                        | (c) Other events<br>NONE | (d) Total events<br>(add col (a) through |
|                 |        |  | GALA<br>(event type)       | (event type)                        | (total number)           | col (c))                                 |
| ЭÜ              |        |  | (event type)               | (event type)                        | (total number)           |  |
| Revenue         | 1      | Gross receipts   | 748,625.                   |                                     |                          | 748,625.                                 |
|                 | 2      | Less Charitable contributions  | 701,625.                   |                                     | <del></del>              | 701,625.                                 |
|                 | 3      | Gross income (line 1 minus line 2)   | 47,000.                    |                                     |                          | 47,000.                                  |
|                 | 4      | Cash prizes  |                            |                                     |                          |  |
| ses             | 5      | Noncash prizes   |                            |                                     | <u></u>                  |  |
| Direct Expenses | 6      | Rent/facility costs  |                            |                                     |                          |  |
| Direct          | 7      | Food and beverages   | 67,080.                    |                                     |                          | 67,080.                                  |
|                 | 8      | Entertainment  | 18,447.                    |                                     |                          | 18,447.<br>83,929.                       |
|                 | 9      | Other direct expenses  | 83,929.                    |                                     |                          |  |
|                 | ı.     | Direct expense summary Add lines 4 through Net income summary Combine line 3, column |                            |                                     |                          | 169,456,                                 |
| Pá              | art    |  |                            | 990. Part IV. line 19. or r         | eported more than        | -122,450.                                |
| L               |        | \$15,000 on Form 990-EZ, line 6a   |                            | ,                                   |                          |  |
|                 |        |  | /-> D                      | (b) Pull tabs/instant               | (-) Other commo          | (d) Total gaming (add                    |
| Revenue         |        |  | (a) Bingo                  | bingo/progressive bingo             | (c) Other gaming         | col (a) through col (c))                 |
| eve             | ļ      |  |                            |                                     |                          |  |
|                 | 1      | Gross revenue  |                            |                                     |                          |  |
| ses             | 2      | Cash prizes  |                            |                                     |                          |  |
| Direct Expenses | 3      | Noncash prizes   |                            |                                     |                          |  |
| Direct          | 4      | Rent/facility costs  |                            |                                     |                          |  |
|                 | 5      | Other direct expenses  |                            |                                     |                          |  |
|                 |        |  | Yes %                      | Yes %                               | Yes %                    | ,  |
|                 | 6      | Volunteer labor  | No No                      | No No                               | No No                    |  |
|                 | 7      | Direct expense summary Add lines 2 throug  | h 5 ın column (d)          |                                     | •                        | (  |
|                 | 8      | Net gaming income summary Combine line   | 1, column d, and line 7    |                                     | •                        |  |
|                 |        |  |                            |                                     |                          | <u> </u>                                 |
| 9               | En     | iter the state(s) in which the organization opera                                    | ates gaming activities _   |                                     |                          |  |
|                 | a Is   | the organization licensed to operate gaming a  | ctivities in each of these | states?                             |                          | Yes No                                   |
| ١               | b If ' | "No," explain  | <del></del>                | <u>.</u>                            |                          |  |
|                 |        |  |                            |                                     |                          |  |
|                 |        | ere any of the organization's gaming licenses r<br>"Yes," explain                    | · ·                        | =                                   |                          | Yes No                                   |
|                 | _      | <del> </del>   |                            | · · · · · · · · · · · · · · · · · · |                          | · · · · · · · · · · · · · · · · · · ·    |
|                 | _      |  | <u> </u>                   |                                     | 0.1.1.0:=                |  |
| 1320            | 082 C  | 11-23-12   |                            |                                     | Schedule G (F            | orm 990 or 990-EZ) 2011                  |

| Sch       | edule G (Form 990 or 990-EZ) 2011 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-  | <u> 2013526</u> | Page 3      |
|-----------|--|-----------------|-------------|
| 11        | Does the organization operate gaming activities with nonmembers?   | Yes             | ☐ No        |
| 12        | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed       |                 |             |
|           | to administer charitable gaming?   | . ☐ Yes         | ☐ No        |
| 13        | Indicate the percentage of gaming activity operated in:  |                 |             |
| а         | The organization's facility  | 13a             | %           |
| b         | An outside facility  | 13b             | %           |
| 14        | Enter the name and address of the person who prepares the organization's gaming/special events books and records           |                 |             |
|           | Name   |                 |             |
|           | Address >  |                 |             |
| 15a       | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?             | Yes             | ☐ No        |
| b         | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount                            |                 |             |
|           | of gaming revenue retained by the third party > \$   |                 |             |
| c         | : If "Yes," enter name and address of the third party  |                 |             |
|           | Name   |                 |             |
|           | Address >  | ·- ·- ·- ·      |             |
|           |  |                 | <del></del> |
| 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 to                |                 |             |
| ٠         | 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 in the |                 |             |
|           | organization's own exempt activities during the tax year ▶ \$  |                 |             |
| Pa        | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii         | , ,,,           |             |
|           | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information      | n (see instruc  | tions)      |
| SC        | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE  | RS:             |             |
|           |  |                 |             |
|           |  |                 | ···         |
| <u>(1</u> | ) NAME OF FUNDRAISER: KAY KENDALL  |                 |             |
| <u>(I</u> | ) ADDRESS OF FUNDRAISER: 2428 TRACY PLACE, NW, WASHINGTON, DC  | 20008           |             |
|           |  |                 |             |
|           |  |                 | <del></del> |
|           |  |                 |             |
|           |  | <del> </del>    |             |
|           |  |                 |             |
|           |  |                 |             |

#### 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.

QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

BUILDING BRIDGES ACROSS THE RIVER, INC.

Employer identification number 5.2 – 2.0.1.3.5.2.6

| BUILDING BRIDGES ACROSS THE RIVER, INC.   52-2013526                     |
|--|
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:         |
| ("THEARC"). THROUGH A COLLABORATION OF PARTNER ORGANIZATIONS, "THEARC"   |
| PROVIDES ACCESS TO QUALITY EDUCATIONAL, HEALTH, CULTURAL, RECREATION,    |
| AND SOCIAL PROGRAMS.   |
|  |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                     |
| COMMUNITY SERVICE AND SAFETY COORDINATOR - PROVIDES DIRECT INTERVENTION  |
| SERVICES THROUGH COUNSELING, MENTORING & TRAINING. THE COORDINATOR       |
| ALSO DOES LIFE SKILLS ASSESSMENTS AND TRAINING.                          |
| EXPENSES \$ 63,458. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.              |
|  |
| DATABASE PROGRAM - A PROJECT THE TEN PARTNERS HAVE COLLECTIVELY WORKED   |
| ON SINCE 2007. THE FUNDS ARE USED TO MAINTAIN A DATABASE TO TRACK        |
| CUSTOMERS' USE OF THE PROGRAMS EACH PARTNER IN "THEARC" OFFERS. HAVING   |
| A DATABASE SYSTEM THAT TRACKS THE CHILDREN AND PARENTS USE OF THE        |
| "THEARC'S" PROGRAMS AND SERVICES IS CRITICAL COMPONENT FOR OUR FUTURE    |
| SUCCESS. THIS GRANT WILL ALSO HELP US TO EFFECTIVELY PLAN AND MANAGE     |
| PROGRAMS TO FULFILL OUR MOST IMPORTANT VISION OF HELPING THE FAMILIES    |
| IN WARDS 7 AND 8 LIVE HEALTHY AND PRODUCTIVE LIVES.                      |
| EXPENSES \$ 28,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.              |
|  |
| FORM 990, PART VI, SECTION A, LINE 2: W. CHRISTOPHER SMITH (CHAIRMAN AND |
| THE CO-FOUNDER OF BBAR) AND W. THOMAS "SKIP" MCMAHON (BOARD MEMBER AND   |
| CO-FOUNDER OF BBAR) HAVE A BUSINESS RELATIONSHIP.                        |

W. THOMAS "SKIP" MCMAHON AND DOREA MCMAHON (BOARD VICE-CHAIR) HAVE A FAMILY

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

BUILDING BRIDGES ACROSS THE RIVER, INC.

Employer identification number 52-2013526

RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY THE TREASURER, THE CHAIRMAN AND THE

EXECUTIVE DIRECTOR. COPIES OF FORM 990 ARE ALSO PROVIDED TO THE BOARD

BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: UNLESS SPECIFICALLY AUTHORIZED BY
THE BOARD OF DIRECTORS, BBAR AND ITS SUBSIDIARIES AND AFFILIATES WILL NOT
DO BUSINESS WITH ANY FIRM OR ENTITY OWNED OR CONTROLLED BY ANY MEMBER OF
THE BOARD OF DIRECTORS OR ANY OFFICER OR ANY MEMBER OF THE IMMEDIATE FAMILY
OF ANY DIRECTOR OR OFFICER, OR ANY FIRM OR ENTITY, IN WHICH ANY SUCH PERSON
HAS A SUBSTANTIAL FINANCIAL INTEREST. EACH DIRECTOR AND OFFICER PROMPTLY
NOTIFIES THE CHAIRPERSON OF THE BOARD UPON BECOMING AWARE THAT THE AGENCY
DOES BUSINESS, OR IS CONSIDERING DOING BUSINESS WITH A FIRM OR BUSINESS IN
WHICH A DIRECTOR OR OFFICER HAS A SIGNIFICANT INTEREST. ALL CONTRACTS OR
PURCHASES OF MORE THAN \$5,000 ARE DISCLOSED TO THE BOARD PRIOR TO
EXECUTION. BOARD MEMBERS AND OFFICERS DISCLOSE ANY SIGNIFICANT INTEREST IN
ANY FIRM OR BUSINESS WITH WHICH THE AGENCY IS CONSIDERING DOING BUSINESS.
THE MEMBER OR MEMBERS WITH THE CONFLICT OF INTEREST MUST ABSTAIN FROM
VOTING ON THIS CONTRACT.

THE POLICY IS PUBLISHED IN THE EMPLOYEE MANUAL AND DISCLOSED TO ALL NEW EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: A BUDGET IS DONE IN THE FALL FOR ALL EMPLOYEE SALARIES & BENEFITS WHICH IS APPROVED BY THE BOARD OF

DIRECTORS. FOR THE EXECUTIVE DIRECTOR, A MEETING WAS HELD IN JANUARY 2011

132212
01-23-12
Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 52-2013526

BUILDING BRIDGES ACROSS THE RIVER, INC.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part 1

|  |  |   | (g)<br>controlled<br>entity?  | ╀   |
|--|--|---|---|---|
|  |  | elated tax-exempt   |   |   |
|  |  | d one or more r   |   |   |
|  |  | ecause it ha  | (e) Public ch status (if se 501(c)(   |   |
|  |  | art IV, line 34 b   | (d)<br>Exempt Code<br>section   |   |
|  |  | swered "Yes" to Form 990, F   | (c)<br>Legal domicile (state or<br>foreign country)   |   |
|  |  | ns (Complete if the organization ans  | (b) Primary activity  |   |
|  |  | Identification of Related Tax-Exempt Organization organizations during the tax year ) | (a)<br>Name, address, and EIN<br>of related organization  | HIM DOGGE DEDGIGE ONIG IIIG GOD NOIMEGIGIOS   |
|  |  |   | cation of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | empt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt  (b) (c) (d) (e) (ft)  Primary activity Legal domicile (state or form 990, Part IV, line 34 because it had one or more related tax-exempt foreign country) section status (if section form) entity rection form (ft) (ft) (ft) (ft) (ft) (ft) (ft) (ft) |

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

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Schedule R (Form 990) 2011

×

ACROSS THE RIVER

LINE 11, TYPE 1

LINC.

DISTRICT OF COLUMBIA 501(C)(3)

SUPPORTS BBAR ACTIVITIES

1901 MISSISSIPPI AVENUE

20-2222214 WASHINGTON DC

RIVER

20020-6118

52-2013526 Page 2

BUILDING BRIDGES ACROSS THE RIVER, INC

Schedule R (Form 990) 2011

Part III

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

General or Percentage managing ownership € Yes No Code V-UBI amount in box 7 20 of Schedule – K-1 (Form 1065) Ξ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
I Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization

Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Share of end-of-year assets <u>6</u> Share of total Ξ Type of entity (C corp, S corp, or trust) **e** Direct controlling entity ਉ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2011

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132 162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 transactions with one or more related organizations listed in Parts II-IV? | s with one or more re            | lated organizations listed  | ın Parts II-IV?   |            |      |      |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                                  |                             |   | 19         |      | ×    |
| b Gift, grant, or capital contribution to related organization(s)   |                                  |                             |   | <b>1</b> p |      | ×    |
|   |                                  |                             |   | 10         | X    |      |
|   |                                  |                             |   | 19         |      | ×    |
| d coans or loan goalantees by related organization(s)   |                                  |                             |   | <b>1</b>   |      | ×    |
|   |                                  |                             |   |            |      |      |
| f Sale of assets to related organization(s)   |                                  |                             | •   | <b>+</b>   |      | ×    |
| Purchase of assets from related organization(s)   |                                  |                             |   | 19         |      | ×    |
|   |                                  |                             |   | ŧ          |      | ×    |
|   |                                  |                             |   | ÷          |      | ×    |
|   |                                  |                             |   |            | -    |      |
| J Lease of facilities, equipment, or other assets from related organization(s)  |                                  |                             |   | ÷          |      | ×    |
| k Performance of services or membership or fundraising solicitations for related organization(s)  | ınızatıon(s)                     |                             |   | 羊          |      | ×    |
| I Performance of services or membership or fundraising solicitations by related organization(s)   | ınızatıon(s)                     |                             |   | =          |      | ×    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | ion(s)                           |                             |   | Ę          |      | ×    |
| n Sharing of paid employees with related organization(s)  |                                  |                             |   | 두          | ×    |      |
| •   |                                  |                             |   |            |      | ;    |
| <ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>  |                                  |                             |   | 9          |      | ×    |
| p Reimbursement paid by related organization(s) for expenses  |                                  |                             |   | 9          | ×    |      |
| n Other transfer of cash or property to related organization(s)   |                                  |                             |   | Þ          |      | ×    |
|   |                                  |                             |   | -          |      | ×    |
| s for info  | who must complete the            | iis line, including covered | ormation on who must complete this line, including covered relationships and transaction thresholds |            |      |      |
| (a)<br>Name of other organization   | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved      | (d) Method of determining amount involved   |            |      |      |
| FOUNDATION FOR BUILDING BRIDGES ACROSS THE  | υ                                | 858,543.                    | CASH  |            |      |      |
| FOUNDATION FOR BUILDING BRIDGES ACROSS THE  | Z                                | 0                           | 0.NO CHARGE   |            |      |      |
| FOUNDATION FOR BUILDING BRIDGES ACROSS THE  | <b>D</b> .                       | 0.                          | 0.NO CHARGE   |            |      |      |
| (4)   |                                  |                             |   |            |      |      |
| (5)   |                                  |                             |   |            |      |      |
| (9)   |                                  |                             |   |            |      |      |
| 132163 01-23-12   | 43                               |                             | Schedule R (Form 990) 2011  | 3 (Form    | 6066 | 2011 |

5 Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

| ( <del>X</del>  | entage<br>iership  |                           |      |  |   |   |  |
|-----------------|--|---------------------------|------|--|---|---|--|
|                 | Perc   |                           |      |  |   |   |  |
| S               | eneral or<br>ranaging<br>sartner?  | S NO                      |      |  |   |   |  |
| (9)             | Oce V-UBI General or Percentage tubiate amount in box 20 managing ownership of Schedule K-1 partner? | (ruin 1003)               |      |  |   |   |  |
| 3               | propor-<br>pnate al  | 9                         |      |  | - |   |  |
| Ĕ               | Disp<br>to<br>alloc  | × K                       |      |  |   |   |  |
| (6)             | Share of end-of-year   |                           |      |  |   |   |  |
|                 | Share of total   |                           |      |  |   |   |  |
| (e)             | 6 partners sec<br>501(c)(3)<br>orgs ?  | S<br>S                    |      |  |   | - |  |
|                 | 92 S   | 4)<br>4)                  | <br> |  |   |   |  |
| (p)             | Predominant income parines sec (related, unrelated, 501(c)(3) excluded from tax                      | C-21C IOIDE SECTION STATE |      |  |   |   |  |
| (0)             | nicile<br>veign  |                           |      |  |   |   |  |
| (q)             | Primary activity   | !                         |      |  |   |   |  |
| (a) (b) (c) (d) | Name, address, and EIN<br>of entity  |                           |      |  |   |   |  |

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Schedule R (Form 990) 2011

| Schedule R | R (Form 990) 2011                     | BUILDING  | BRIDGES          | ACROSS        | THE      | RIVER,                                | INC.        | <u>52-2013526</u>                     | Page 5 |
|------------|---------------------------------------|---|------------------|---------------|----------|---------------------------------------|-------------|---------------------------------------|--------|
| Part VII   | R (Form 990) 2011  Supplemental Infor | mation  |                  |               |          |                                       |             |                                       |        |
| <u> </u>   | Complete this part to pro             |   | rmation for room | onece to auce | tions on | Schodulo D /                          | aaa matau   | ations)                               |        |
|            | Complete this part to pro             | vide additional into                            | mation for resp  | onses to ques | LIONS ON | Scriedule H (                         | see instruc | cuons)                                |        |
|            |                                       |   |                  |               |          |                                       |             |                                       |        |
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|            |                                       |   |                  |               |          |                                       |             |                                       |        |
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|            |                                       |   |                  |               |          |                                       |             |                                       |        |
|            |                                       |   |                  |               |          |                                       |             |                                       |        |
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|            |                                       |   |                  |               |          |                                       |             |                                       |        |
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|            |                                       |   |                  |               |          |                                       |             |                                       |        |
|            |                                       |   |                  |               |          |                                       |             |                                       |        |
|            |                                       |   |                  |               |          |                                       |             | <del></del>                           |        |
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|            |                                       |   |                  |               |          |                                       |             |                                       | -      |
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|            | ******                                | •••   |                  |               |          |                                       |             |                                       |        |
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