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rom	J	J	L

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

_		_	(ex	cept black lung benefit	trust or private	foundation	n)		123	Openito	77.5	9.50
Depa	artment of the	e Treasury Service	► The organizate	on may have to use a copy of (ihis return to sæisfy	state reporting	requirem	ents.		ina pi	ction	
A			r year, or tax year begi			ind ending			(20).43	2013	THE PORCE	er constant
В	Check if ap		Name of organization BR		,		- UMI		ver Iden	diffication Nu	mber	
		ss change	Doing Business As	TOTAL THOUSENCE				1				
	\vdash	change		ox if mail is not delivered to street	ecdr)	Room/su	ılæ	E Telepho		3234 nber		
	Install	·	81 S. THOMAS ST		,			1				
	Tem	F-	City, town or country	TREET	State	302 ZIP code + 4		(90	9) 6	23-900	1 /	
	├ ─┤		-					۔ ا				
	\vdash	-	OMONA Name and eddress of principal		CA	91766	Val. la ibia	Gross o		\$1,729		
								- •		L	Yes	X No
				THOMAS ST. POMON		91766	If No,	affiliates inclu altach a list. (sec insi	ructions)	Yes	∐ No
<u> </u>			501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527				_		
<u></u>	Websi		 					exemption nu				
K			Corporation Trust	Association Other	LY	ar of Formation	200	1 M:	State of	lagal domicila	CA	
il/a		Summary										
				on or most significant acti		ovide co	llege	admis	ă Ț O Î	s and:	reten	tion
çe	91	mrgauce i	cor_high_school	and college st	tudenta fr	.ow Jom-	incon	ue com	mni	<u>ties.</u>		-
ם	-	 .										
že.	2 5.								-			
Activities & Governance	_	eck this box •		n discontinued its operationing body (Part VI, line 1a						1		
•3				of the governing body (P					4	 		9
Se.				calendar year 2012 (Part					5	 		<u>9</u> 15
1				ecessary)					6	 		0
Ac	7a To	tal unrelated b	ousiness revenue from P	Part VIII, column (C), line	12				7a			0.
	b Ne	t unrelated bu	isiness taxable income f	rom Form 990-T, line 34	. 		. 		7b			
							P	rlor Year		Curr	ent Ye	ar
đ				lh)			1	,427,3	42.	1,	706,	772.
Revenue				2g)								
ě), lines 3, 4, and 7d)				2,8	76.		13,	015.
α				es 5, 6d, 8c, 9c, 10c, and				5,8	149.		9,	365.
				(must equal Part VIII, coli			1	.,436,0	67.	1,	729,	152.
				(, column (A), lines 1-3)				264,2	201.	<u></u>	347,	326
				column (A), líne 4)					0.			0.
ø	15 Sa	ilanes, other c	ompensation, employee	benefits (Part IX, column	n (A), lines 5-10)			597,9	73.		743,	650.
Expenses	16a Pr	ofessional fun	draising fees (Part IX, co	olumn (A), line 11e)					0.			0.
g	ь то	tal fundraising	expenses (Part IX, colu	ımn (D), line 25) ►	251	1,412.	北风湖	影響	的跨	THE PROPERTY	* 3790	
ú	17 Ot	=	(Part IX, column (A), line	· · · · -			19(95:1C2:1552:	304,2		salamadan est	301	40 E
		•		qual Part IX, column (A).	line 25)		-	,166,4			<u>382,</u>	_
				3 from line 12						 + /	473,	
8	10 110	701100 1000 04	spended dublication is	THOM IN TECHNICAL			Danimi	269,6		End	of Yea	741.
8	20 To	tal assets (Pa	rt X, line 16)					ng of Currer .,074,6		 		
A B			Part X, line 26)		. 	· · · · ·		11,7		 	320,	880.
3.5				e 21 from line 20			-					
<u> </u>				e 21 from line 20	· • · • · · · · · ·		1 1	,062,5	145.	1,	<u>318,</u>	<u>687.</u>
		Signature										
count	r panailies i dete Declar	of perjury, I declare ation of preparer (c	that I have examined this return other than officer) is based on all	n, including accompanying schedo i information of which preparer ha	ules and Statements, : s any knowledge	and to the best	of my know	ledge and bel	lef, it is	true, correct, e	snd	
_		K			· · · · · · · · · · · · · · · · · · ·							
Q:-	. n	Signature o	f officer				TO Da	<u>9/26/1</u>	د.			
Sig	jn ro	CMEDI	ANTE CAMPORIT									
. 10			ANIE CAMPBELL It name and title.				EXEC	JTIVE I	TKE	CTOR		
		Print/Type prept		Preparer's signature		Date		Charl k	7] 12	PTIN		
D-1					İ			l	∑] if	1		
Pai	oparer	MYRA LAI		<u> </u>				salf-employe	ed	P00072	794	
Us	e Only	Firm's address	Myra Lau, CF					S				
_ 3		Laura Gortege	TISO N MORUE	ain Ave Suite	TOT			Firm's EIN	-			

CA

917863668

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

Upland

TEEADIO1 05/09/13 77-2 4 No

982-8189

(909)

	990 (2012) BRIGHT PROSPECT		52-2363234	Page 2
Par	划圖 Statement of Program Se			
	Check if Schedule O contains a r	esponse to any question in this Part III	• • • • • • • • • • • • • • • • • • • •	<u></u>
1	Briefly describe the organization's mission			
	Provide college admission	ons and retention		
	guidance for high school	and college students from low-in	come communities.	
2	Did the organization undertake any signi	ficant program services during the year which were not l	isted on the prior	
_				No No
	if 'Yes,' describe these new services on			₽ 140
3	Did the organization cease conducting, or	or make significant changes in how it conducts, any prog	ram services? Yes	X No
	If 'Yes,' describe these changes on Sche			EJ
4	Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organiza- others, the total expenses, and revenue,	vice accomplishments for each of its three largest progra ations and section 4947(a)(1) trusts are required to report if any, for each program service reported.	m services, as measured by expens t the amount of grants and allocation	ses. 1s to
4 a	(Code:) (Expenses \$	1,093,476. including grants of \$ 347	. 326) (Revenue \$ 1.7	06,772.)
		students from the seven high school		
	grade, guiding them towa	ard college readiness and through	the application proce	68
		es to track and mentor students the		
	until they reach graduat	ion. During FY 2013, Bright Prosp	ect served 1021 high	school
		students. 31% of Bright Prospect		
	UC's, 24% Cal States, 28	% private college, and 17% start	at community college	with the
	goal of transferring. E	right Prospect has an overall per	sistence rate (year-t	o-vear
	re-enrollment) of 92% ar	nd an overall graduation rate of	1%. Bright Prospect'	 8
		college retention is called the Co		
	students attending the s	same college are organized into pe	er-support teams with	
	trained peer leaders, an	nd supported by an assigned staff	coach.	
	(Code) (France &			
40	(Code) (Expenses \$	including grants of \$) (Revenue \$	······································
				
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·	
			·	
				
				
4 d	Other program services. (Describe in Sci	hedule O.)		
	(Expenses \$		Revenue \$)
4e BAA	Total program service expenses ▶	1,093,476. TEEA0102 08/08/12	For	n 990 (2012)
		TELEPHIA UCANOTIZ	ruii	550 (2012)

		52-236323	4	Р	age :
Pa	নিটার্Vঐ Checklist of Required Schedules			V	- N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," comple	40		Yes	No
•	Schedule A		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candi for public office? If 'Yes,' complete Schedule C, Part I	dates • • • • • • •	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ele in effect during the tax year? If "Yes," complete Schedule C, Part II	ction	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part II		5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Sche Part (e right dule D,	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part !!		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account flability; serve as a custo for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	dian 	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Pert V		10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VI or X as applicable.	II, IX,			
ŧ	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>if 'Yes,' complete Sch. D, Part VI</i>		11 a	х	
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of it assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	ts total	11 b		x
C	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	its total	110		x
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	orted	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 257 if 'Yes,' complete Schedule D, Part X		11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addre the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Pai	sses 1X	11f		x
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	9	12a	х	
ì	b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes if the organization enswered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	'and	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		13		Х
14 E	a Did the organization maintain an office, employees, or agents outside of the United States?		148		Х
t	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 at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	valued	14b		х
15	Did the organization report on Part IX. column (A), line 3, more than \$5,000 of grants or assistance to any organi or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	zatlon	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	,	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Percolumn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	t IX,	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part lines 1c and 8a? If Yes,' complete Schedule G, Part II	VIII,	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Ye complete Schedule G, Part III	s, ' · · · · · · ·	19		х
	a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H		20		Х
	o If 'Yes' to line 20a, dld the organization attach a copy of its audited financial statements to this return?		20 ь		
BAA	TEFA0103 12/13/12		Form	990 /	2012

	990 (2012) BRIGHT PROSPECT 52-236323	4	F	Page 4
Par	划划 Checklist of Required Schedules (continued)			
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes' complete			<u>.</u>
	Schedule J	23	<u> </u>	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
		200		
D	that the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29	t - t	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	†	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV.	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
	of Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	100	-	
	entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, Ilne 2	35b		X
35	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2012)

Form 990 (2012) BRIGHT PROSPECT	52-2363234	- 1	Page :
Part V. Statements Regarding Other IRS Filings and Tax Compliance			_
Check If Schedule O contains a response to any question in this Part V	· · · · · · · · · · · · · · · · · · ·	1	حليت
4 a Enter the guarden are added in Day 2 of Form 4000 Cartes 0 if and any limited	- A (22)	Yes	No
	a 82		
	b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reg (gambling) winnings to prize winners?		IC X	a creek
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1		展等
ments, filled for the calendar year ending with or within the year covered by this return	a 15		10
b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)	起 整弦	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u>[</u>	3 Б	<u> </u>
4 e At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a		
financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4 a	X
b If 'Yes,' enter the name of the foreign country:		關門的	
See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	148		X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	<u> </u>	5 a	$\frac{\hat{x}}{x}$
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact of if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	 	5 b	 ^-
	 		+
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	· · · · · · · · · · · · <u> </u>	ба	х
b If Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?		6 b	
7 Organizations that may receive deductible contributions under section 170(c).			1962
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for operations provided to the payor?	goods and	7 8	X
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	+-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	┼──
Form 8282?		7 c	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	'd	数数	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7 f	X
g if the organization received a contribution of qualified intellectual property, did the organization file Fo as required?		7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	ition file a	7 h	T
	366		0.00000
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded in the section of	asa business		X
holdings at any time during the year?	(SE)		
Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	1	9 a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9 h	$\frac{1}{x}$
10 Section 501(c)(7) organizations. Enter:	NO.	ST PER	NECTE:
1	oal 💆		
b Gross receipts, included on Form 890, Part VIII, line 12, for public use of club facilities 10	3/0		
11 Section 501(c)(12) organizations. Enter:	, 5		
a Gross income from members or shareholders	la l		
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	7183		
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form	1	2 a	
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year 12	2b		心影
13 Section 501(c)(29) qualified nonprofit health Insurance Issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	1	3 a	DETEN
Note. See the Instructions for additional Information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	abl Si		
c Enter the amount of reserves on hand	1107		
14a Did the organization receive any payments for indoor tenning services during the tax year?	2004	48	X
b If Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule		4b	+=-
BAA TEEA0105 08/08/12		om 990	(2012)

Form	990 (2012) BRIGHT PROSPECT 52-2363234		P	age 6
Par	的 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v. an		
<u> </u>	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in		
	Schedule O. See instructions.			
800	Check if Schedule O contains a response to any question in this Part VI	• • •	• • •	· K
380	uon A. Governing Body and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	24144	y and a	NO PRODE
	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			
t	Enter the number of voting members included in line 1a, above, who are independent 1 b			
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	4556754
3	Did the organization delegate control over management duties customerily 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	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		RUG.	
-	the following.			
а	The governing body?	8 a	х	L
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	rue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
t	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_		MAN
	Did the organization have a written conflict of interest policy? If No, go to line 13	12a	X	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	x	
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
45	Did the process for determining compensation of the following persons include a review and approval by independent	WAL.	137.00	37.00
15	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 of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	機器		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	o for pu	iplic	
	Own website X Another's website X Upon request Other (explain In Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availating the tax year.	ble 10		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on:		
٠		09)	623-	9007
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Form 990 (2012) BRIGHT PROSPECT									52-2363	234 Page 7	
Part VIII Compensation of Officers Independent Contractors	s, Direct	ors,	Tru	ıste	es ,	Key	En	nployees, Highes	t Compensated E	mployees, and	
Check if Schedule O contains a re		any d	ues	tion	in th	is Pari	l VII			П	
Section A. Officers, Directors, Tru	stees, K	ey E	mp	loy	ees	s, an	a H	ighest Compensa	ted Employees		
1 a Complete this table for all persons required organization's tax year.	to be liste	d. Re	port	com	pen	sation	for t	he calendar year endir	g with or within the		
 List all of the organization's current offic compensation. Enter -0- in columns (D), (E), a 	cers, direct nd (F) if no	ors, tr	uste cens	es (1 atlo	whei n wa	ther in is paid	dıvıd	luals or organizations),	regardless of amount	of	
 List all of the organization's current key 		-	-						•		
 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 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 tremployees; and former such persons.										ited	
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
				((;)						
(A) Neme and Trite	(B) Average hours per week (ilst	l ona bo	x. un	1888 D	6FSOF	more the ls both r/in/stee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (ilst any hours for related	9 8	ब्र	3	ê	3.5	Ş,	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the	
	organiza-	e è	8	Micer	3	inghest co	ormer			organization and related organizations	
	below dotted	2 5	豎		omployee	° con				EX BUILDERSON	
	line)	Individual trusice or director	istitutional trustee		°	highest compensated amployee					
			e	ļ		8				ļ 	
(1) Stephanie L Campbell Exe Dir/Secretary	40.00	х		x	x	х		94,500.	· .	0.	
(2) Eric R Garen	10.00			-				34,500.			
President/Director		х			L			0.	0.	0.	
_(3) Curt Hessler	1.00	1	1		\		1				
CFO/Director_		X		ļ	ļ		ļ	0.	0.	0.	
_(4)_Alan_Fox	_1_00							_	0		
Director (5) Dr. Michael Ortiz	1.00	<u>x</u> _		_		-		0.	0.	0.	
Director	-=.55	x						0.	o.	0.	
(6) Dr. Stephen Morgan	1.00										
Director		_X_					<u> </u>	0.	0.	0.	
_(7) Richard Crean	_1.00									1	
Director	_1.00	<u> </u>		┝		·	-	0.	0.	0.	
(8) Emmett Terrell Director	- = -00	x						0.	0.	0.	
(9) Mark Warren	1.00			_				<u></u>			
Director		x						0.	0.	0.	
(10)											
(11)											
(12)		_	<u> </u>							 	
(13)				-	-						

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Form 990 (2012)

Form 990 (2012) BRIGHT PROSPECT									52-236323	4	Рв	ge 8
Partivil Section A. Officers, Directors, Trus		Key	En			es,	and	Highest Con	pensated Emp	loyees	(cor	1t)
(A) Name and ute	Average hours per week	off	(C) Position (do not check more than one box, unless person is both en officer end a director/trustee)				en 88)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		e r
	(fist any hours for related organiza - tions below dotted line)	or director	rishtutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fri onga and	om the inization related inization	
(15)												
(16)	 											
(17)									,,,,,,			
(18)												
(19)												
(20)												
(21)												
(22)												
(23)						<u> </u>				,		
(24)			<u> </u>			<u> </u>						
(25)	 				L	<u> </u>	L					
t b Sub-total							-	94,500.	0.			0.
d Total (add lines 1b and 1c)							•	94,500.	· .			0.
2 Total number of individuals (including but not limited from the organization ►							eive		000 of reportable ∞	npensai	ion	
Did the organization list any former officer, director on line 1a? If Yes, complete Schedule J for such inc.										. 3	Yes	No X
For any individual listed on line 1a, is the sum of reprishe organization and related organizations greater the companization and related organizations.	ortable o an \$150,	ompe 0007	nsa ' /f '\	tion /es'	and com	other	co Sd	mnensation from				
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensat	ion fi	om	eny	unre	elated	long					X
Section B. Independent Contractors												
 Complete this table for your five highest compensation from the organization. Report compensation. 	id Indepe isation fo	ender ir the	t co cale	ntra Inda	ctors r ye	that ar en	rec ding	elved more than \$ with or within the	100,000 of organization's tax ye	ar.		
(A) Name and business addre	5S							Description of) If services	Compe	C) nsatlo	п
	···											
2 Total number of Independent contractors (including to	out not lir	nited	to ti	nose	list	ed ab	ove	l) who received mo	re than 화현			
\$100,000 in compensation from the organization	<u> </u>	TEEA						·	5.7	Form	990 (2012)

		(2012) BRIGHT PR		Γ				52-2363234	Page 9
Par	ťVII	Statement of Rev							
国际		Check if Schedule O c	ontains a	respon	ise to any question i	n this Pert VIII (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
ANT	1 a	Federated campaigns .	,	1 a			建筑建筑		
20.00	b	Membership dues		1 b					
AR A	C	Fundraising events	1	10					
IS, G	0	Related organizations . Government grants (contributions)		1 d					
ITAN ER S		• .	· ·						
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,706,772								
		Noncash contributions include Total. Add lines 1a-1f.							
PROGRAM SERVICE REVENUE	''	Total. Aud lines 14-11 .	<u>· · · · · · </u>	```	Business Code	1,706,772.	APPENDING TO SELECT	THE STREET WAS	
EK	2 a			t		THE REAL PROPERTY.			TO STATE OF THE PARTY OF THE PA
3	b								
. E	С								
\$ E	đ							· · · · · · · · · · · · · · · · · · ·	
88	6				·····				
윤	Ť	All other program service Total. Add lines 2a-2f					MANAGERALISA SA S		Maria mar concessoroù
	2	Investment income (inclu			internet and			· 现在的复数形式 (1995年)	ON ASSESSMENT WAS
	3	other similar amounts)				13.015.	13.015.	0.	0.
	4	Income from investment	of tax-exe	mpt bo	and proceeds				
	5	Royalties				Science in the second		na na taon 2500 at anns agus anns a	
		Canan santa	(a) Re		(ii) Personal		A MARKET OF	11 11 11 11 11 11 11 11 11 11 11 11 11	Part of the last
		Gross rents			·- 				
	1	Rental income or (loss)			 				Martin Company
	l	Net rental income or (los	s)				is many ne-department of the second		
		Gross amount from sales of	(i) Secu		(il) Other				
		assets other than inventory							
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
띨	8 a	Gross income from funda	alsing eve	ents					
EVENUE		(not including. \$ of contributions reported	on line 1c).					
RE		See Part IV, line 18			a				
OTHER R	þ	Less direct expenses .			b		200		
0	С	Net income or (loss) from	n fundreisi	ng eve	ents				
	9 a	Gross income from game See Part IV, line 19	ng activitie	es 	a				
		Less: direct expenses .			b	SEE SEE SEE			
	С	Net income or (loss) fron	n gaming a	activitie	98 ▶	المسرد منافعة المتراكسية الألغ والمترازة	ruba e lederboliedadek ki olaset		the continuous account on the
	10 a	Gross sales of inventory, and allowances			a				
	ı	Less: cost of goods sold			b[
	_ <u>c</u>	Net income or (loss) from Miscellaneous Revenu		invento T		Batt Harman	WELL-TERES	THE FAME HATTERFACE OF	
	11 a				Business Code	DESCRIPTION OF THE PROPERTY OF			
	ь								
	C]					
	d	All other revenue	• • • • •	• • [9,365.	9,365.	O.	O.
_	12	Total revenue. See instr	uctions .			1,729,152.	22,380.	O.	O.
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	990 (2012) BRIGHT PROSPECT	506	···· <u>-</u>	52-236	3234 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must con		the emerizations must	complete column (A)	
366	Check if Schedule O contains a res				
			(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and	Fundralsing
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0.	0.		expenses
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	347,326.			PUBLISHED TO THE THE SAME
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0.	0.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	94,500.	4,725.	42,525,	47,250,
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	500,327.	422,927.	7,400.	70,000.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b)	300,327.	422,327.	7,400.	70,000.
	employer contributions)	10,510.	7,422.	1,496.	1,592.
9	Other employee benefits	87,546.	54,393.	11,317.	21,836.
10	Payroll taxes	50,767.	37,225.	4,047.	9,495.
11	Fees for services (non-employees):				
8	Management	0.	٥.	o.	0.
ŧ	Legal	8,725.	0.	8,725.	0.
c	: Accounting	4,800.	0.	4,800.	0.
c	Lobbying	0.	0.	0.	0.
e	Professional fundraising services See Part IV, line 17	0.			0.
f	Investment management fees	0.	0.	0.	0.
9	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)	4,461.	708.	3,551.	202.
12	Advertising and promotion	51,806.	0.	0,	51,806.
13	Office expenses	1,251,	886.	112.	253.
14	Information technology	22,903.	16,230,	2,054.	4,619.
15	Royalties	0.	0.	0,	0.
16	Occupancy	45,032.	31,911,	4.039.	9,082.
17	Travel	42,866.	34,101.	8.765.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	60,692.	59,335.	0.	1,357.
20	Interest	0.692.	99,333.	0.	1,33/.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	9,323.	0.	9,323.	0.
23	Insurance	11,322.	0.	11,322.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
s	expenses on Schedule O.)		421.	53.	
	Postage & shipping	1,961,			1,487.
	Program evaluation	10.000. 20.222.	10.000.	0.	0.
	Program supplies		20,222.	0.	0,
	Other program expenses	45,623. 41,448.	45,623. 21.	0. 8,994.	32,433.
25	Total functional expenses. Add lines 1 through 24e	1,473,411.	1,093,476.	128,523.	251,412.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here In if following SOP 98-2 (ASC 958-720)				
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		0 (2012) BRIGHT PROSPECT	52-2	2363	234 Page 11
1 ,5	ILIAY.	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	81,215.	1	251,098.
	2	Savings and temporary cash investments	249,366.	2	478,657.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
•	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
A S S E T	7	Notes and loans receivable, net	17.721.	7	33,129.
Ę	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges	3,067.	9	4,207.
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 35, 155.	15,481.	10 c	22,556.
	11	Investments – publicly traded securities	700,000.	11	522,763.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	6,869.	14	7,207
	15	Other assets. See Part IV, line 11	950.	15	950.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,074,669.	16	1,320,567.
	17	Accounts payable and accrued expenses	11,724.	17	1,880.
	18	Grants payable		18	
	19	Deferred revenue		19	
L I	20	Tax-exempt bond llabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D	THE ALL MESSAGE ASSESSED FOR	21	Makan makan makan katakan saka
) 	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	11,724.	26	1,880.
X	}	Organizations that follow SFAS 117 (ASC 958), check here ► k and complete		颐建	
Ŧ		lines 27 through 29, and lines 33 and 34.		超级	
Ş	27	Unrestricted net assets	748.044.	27	814,541.
SETS	28	Temporerily restricted net assets	314,901.	28	504,146.
	29	Permanently restricted net assets	Erendese La Serve James Inc.	29	E. M. Sergii en livenmonera, NV No. S. V.
מבביו אס		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Ñ	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĥ	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
WITC ZOF >0	33	Total net assets or fund balances	1,062,945.	33	1,318,687.
<u>\$</u>	34	Total liabilities and net assets/fund balances	1,074,669.	34	1,320,567.
BA	A				Form 990 (2012)

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Form 990 (2012)

(310) 231-8434

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

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

Department of the Treasu Internal Revenue Service	 Fy	► Attach to F	orm 990 or Form 99 0- E	Z. > Se	e separa	ate instr	uctions			Inspec	uon	
Name of the organization	en.							Employe	r identificat	ion number		
BRIGHT PROS			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						363234			
			(All organizations r				art.) S	ee insl	ruction	S.		
- -	•		is: (For lines 1 through 1		•							
			tion of churches describ	ed in sec	ction 17	0(b)(1)(A	.)(i).					
			i). (Attach Schedule E.)									
			organization described in									
ld	al research or ty, and state:		conjunction with a hosp	Ital desci	ribed ın ı	section '	170(Ь)(1	I)(A)(III)	Enter th	e hospitel's		
5 An organ 170(b)(1	uzation opera)(A)(Iv). (Co	ited for the benefit of a mplete Part II.)	college or university own	ned or o	perated I	by a gov	emmen	el unit d	escribed	in section		
		•	mmental unit described				•					
∷ in section	n 170(b)(1)(A)(vi). (Complete Part			governn	nental ur	nt or fro	m the ge	eneral pu	blic described	i	
			(b)(1)(A)(vi). (Complete	•					_			
related to	its evennt f	inctions - subject to c	re than 33-1/3% of its sup ertain exceptions, and (2 on 511 tax) from business	i na mar	o than 3	3-1/3%	f ita aire	nort from	i sema n	ovestment inc	nme s	and
10 An organ	nzation organ	rized and operated exc	lusively to test for public	safety.	See sect	tion 509	(a)(4).					
supporte 🖵	d organizatio	zed and operated excluing described in section on and complete lines.	sively for the benefit of, to 1 509(a)(1) or section 50 I 1e through 11h	perform 9(a)(2)	the fund See sect	tions of, tion 509	or carry (a)(3). C	out the p heck the	ourposes box tha	of one or more t describes th	e type	idy e of
a ∏Ty	pel b	Type II c	Type III - Function	ally integ	rated	c	ı 🖪 -	Гуре III -	– Non-fu	nctionally inte	grater	ď
e By check	ang this box,	I certify that the organi managers and other th	zation is not controlled d nan one or more publicly	irectly or	r indlrect	ly by one	or mor describ	e disqua ed in sec	ilified per ation 509	sons (a)(1) or		
f If the org check th	anization rec	eived a written determ	nation from the IRS that	is a Typ	e I, Type	e II or Ty	pe III su	pporting	organiza	ation,		
g Since AL	igust 17, 200	6, has the organization	accepted any gift or co	ntnbutio	n from a	ny of the	fallowin	g perso	ns?	r.		
			trois, either alone or toge orted organization?)	. 11 g (l)	Yes	No
(ii) A f	amily membe	er of a cerson describe	d in (i) above?							. 11g (ii)	$\neg \uparrow$	
	•	•	scribed in (i) or (ii) above				• • • •				 +	
		• •	upported organization(s		• • • • •					11 g (iii)		
(i) Name o	supported ization	(ii) EIN	(III) Type of arganization (described on lines 1-9 above or IRC section (see instructions))	(lv) is organiza column (i) your go	etlon in) listed in	(v) Old you the organi column (i) supp	natify eation in of your	(vi) in sinegro colun coganize	ation in	(vii) Amount of		Bry
				Yes	No	Yes	No	Yes	No			
(A)												
(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									···		_
(5)								 				
(C)					<u> </u>	-						
(D)												
(E)	·											
Total												
BAA For Paperwe	ork Reductio	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		· · · · · · · · · · · · · · · · · · ·	Schedul	e A (For	n 990 or 990-	EZ) 2	012

Schedule A (Form 990 or 990-EZ) 2012 Page 2 BRIGHT PROSPECT 52-2363234 Rancil 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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) 646,623 726,740 1,706,772 833,893. 1,427,342. 5,341,370. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 . . 646,623 726.740 833,893. 1,427,342. 1,706,772 5,341,370 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,616,966. Public support. Subtract line 5 from line 4 2,724,404. Section B. Total Support Calendar year (or fiscal year (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 7 Amounts from line 4 646,623 726,740 833,893. 1,427,342. 706,772 5,341,370. Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources 13,015 34,518. 10,015 5,450 3,162 2.876 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 3.457 5,846 9 365 a 18,668. Total support. Add lines 7 through 10 5,394,556. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here...... Section C. Computation of Public Support Percentage

b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-droumstances' test, check this box and stop here. Explain in Part IV how the

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Schedule A (Form 990 or 990-EZ) 2012

(310) 231-8434

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	dule A (Form 990 or 990-EZ) 2012			- 041 500	(-)(O)	52-2363234	Page
श्रद्धाः	Support Schedule fo (Complete only if you check to qualify under the tests list	ed the box on line 9	of Part I or if the	organization failed	(a)(2) I to qualify under P	art II. If the organiza	ation falls
Sec	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	that are not an unrelated trade or business under section 513.						
	Tax revenues levled for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualifled 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						
C	Add lines 7a and 7b · · · · ·						
В	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	T +10000 T	(1) 0000		T	1	40 T 1 1
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add ins 9, 10c, 11, and 12)				<u> </u>		
	First five years. If the Form 890 i organization, check this box and s			hird, fourth, or fifth	h tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201	• •	•				<u> </u>
16 Sec	Public support percentage from 20 tion D. Computation of Inv					16	
	Investment income percentage for				n)		
18	Investment income percentage fro						*
19 a	33-1/3% support tests — 2012. It is not more than 33-1/3%, check t	f the organization di his box and stop h	id not check the ba ere. The organiza	ox on line 14, and tion qualifies as a	line 15 is more that publicly supported	in 33-1/3%, and line organization	17

b 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

TEEA0403 08/09/12

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 BRIGHT PROSPECT		age 4
Partily: Supplemental Information. Complete this part to provide the explorant II, line 17a or 17b; and Part III, line 12. Also complete this part f (See instructions).	anations required by Part II, line 10; or any additional information.	
Other Income Part II, Line 10		-
Description: Miscellaneous		
_2008;_0		
2009: 0		- - ·
2010: 3457		
2011: 5846		
2012: 9365.		
		-
		·
		- - ·
		- .
	~	
DAA		
BAA	Schedule A (Form 990 or 990-EZ) 20	012

TEEA0404 08/10/12

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2012

interne	Il Revenue Service	art IV, lines 6, 7, 8, ► Attach to F	9, 10, 11a, 11b, 11c, orm 990. ► See sep	11d, 11e, 11f, 12a, or 1 arate instructions.		Open to Public
мато	of the organization				Employer Idea	ntification number
	GHT PROSPECT	too Donos Adv	deed France on Ot	01 P 1	52-2363	
Par	竹家 Organizations Maintain the organization answere	ed 'Yes' to Form	990, Part IV, line	n er Sim ilar F unds 6.	s or Accounts. Co	omplete it
			(a) Donor advised	funds	(b) Funds and oth	ner accounts
1	Total number at end of year				·	
2	Aggregate contributions to (during ye	· —				
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors are the organization's property, subje	s and donor advisor oct to the organizati	rs in writing that the ass on's exclusive legal co	sets held in donor advis itrol?	ed funds	Yев По
6	Did the organization inform all grante for charitable purposes and not for th impermissible private benefit?	le benefit of the dor	tor or donor advisor, or	for any other purpose of	conferring	Yes No
Pär	tille Conservation Easemen	ts. Complete if	the organization a	nswered 'Yes' to F	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easemen					
	Preservation of land for public us	se (e.g., recreation	or education)	Preservation of an	historically important l	and area
	Protection of natural habitat			Preservation of a	certified historic structu	re
	Preservation of open space			—		
2	Complete lines 2a through 2d if the olast day of the tax year.	rganization held a	qualified conservation			
					ф. 19 Д.Ш.	nd of the Tax Year
	a Total number of conservation easem			· ·	2a	
	Total acreage restricted by conserva				2b	
	Number of conservation easements of			` '	2c	
C	Number of conservation easements in structure listed in the National Regist	ter	• • • • • • • • • • • •		2 d	·····
3	Number of conservation easements at year	·	-	•	e organization during ti	ne
4	Number of states where property sub	oject to conservation	n easement is located	·		
5	Does the organization have a written and enforcement of the conservation	easements it holds	s?		· · · · · · · · · · <u> </u>	Yes No
6	Staff and volunteer hours devoted to	monitoring, inspec	ting, and enforcing con	servation easements du	uring the year	
7	Amount of expenses incurred in mon	Itoring, inspecting,	and enforcing conserve	ation easements during	the year	
8	Does each conservation easement reand section 170(h)(4)(B)(ii)?		<i></i>		.````````	Yes No
9	In Part XIII, describe how the organiz include, if applicable, the text of the fi conservation easements					
Pär	Complete if the organizations	ing Collection tion answered	s of Art, Historica Yes' to Form 990,	I l Treasures, or O Part IV, line 8.	ther Similar Asse	its.
1 &	alf the organization elected, as permit art, historical treasures, or other simi in Part XIII, the text of the footnote to	lar assets held for p	oublic exhibition, educa	tion, or research in furti	ment and balance she herance of public servi	et works of ce, provide,
t	of the organization elected, as permit historical treasures, or other similar e following amounts relating to these it	assets held for publ ems	ic exhibition, education	, or research in furthera	ince of public service, i	orks of art, provide the
	(i) Revenues included in Form 990,				·	
_	(ii) Assets Included in Form 990, Pa					
	If the organization received or held wamounts required to be reported und	ier SFAS 116 (ASC	958) relating to these	tems:		owing
	Revenues included in Form 990, Par					
- L	Assets included in Form 990, Part X			<u> </u>		
DAA	For Paperwork Reduction Act Not	ice, see the Instru	ctions for Form 990.	TEEA3301 09/1	8/12 Schedul	e D (Form 990) 2012

Schedule D (Form 990) 2012 BRIGHT PROSP		orical Treasures, o	52-236	
3 Using the organization's acquisition, accession,				
Items (check all that apply) a Public exhibition	a 🗀			
b Scholarly research	 	or exchange programs		
c Preservation for future generations	e [_] Other			
Provide a description of the organization's colle Part XIII.	ctions and explain how the	ey further the organizatio	n's exempt purpose in	
 5 During the year, did the organization solicit or n to be sold to raise funds rather than to be maint 	eceive donations of art, his tained as part of the organ	storical treasures, or other	er similar assets	Yes No
Partity Escrow and Custodial Arrangem reported an amount on Form 990	ents. Complete If the	organization answer	ed 'Yes' to Form 990,	
1 a ls the organization an agent, trustee, custodian on Form 990, Part X?	, or other intermediary for	contributions or other as	sets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and				
a Baginaina balanca				Amount
c Beginning balance			16	
d Additions during the year		i .	. 1d	
e Distributions during the year			. <u>1e</u>	
2 s Did the organization include an amount on For				Yes No
b If 'Yes,' explain the arrangement in Part XIII. Ch			Ļ	
Part Vi Endowment Funds. Complete if				
(a) Curre	ent (b) Prior ye	ar (c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the current	t year end balance (line 19	g, column (a)) held as:		
a Board designated or quasi-endowment	*			
b Permanent endowment ►	*			
c Temporarily restricted endowment	<u></u> 8			
The percentages in lines 2a, 2b, and 2c should	equal 100%			
3 a Are there endowment funds not in the possessi organization by:	on of the organization that	t are held and administer	ed for the	Yes No
(i) unrelated organizations				. 3a(i)
(ii) related organizations				. 3a(ii)
b If 'Yes' to 3a(ii), are the related organizations lis	ated as required on Sched	ule R?		. 3b
4 Describe in Part XIII the intended uses of the o	rganization's endowment f	unds.		,
Part VI Land, Buildings, and Equipmen	nt. See Form 990, Pa	art X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			第15000000000000000000000000000000000000	
b Buildings				
c Leasehold improvements	•	11,886.	6,455.	5,431.
d Equipment		45,825.	28,700.	17,125.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colu	mn (B), line 10(c).)		22,556.
BAA			Sched	ule D (Form 990) 2012

Schedule D (Form 990) 2012 BRIGHT PROSPECT		52-2363234	Page 3
Part VIII Investments - Other Securities. See F	orm 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			
(3) Other	- •		
(A)			
(8)			
(C)			
(D)			
(E)			·
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Part VIII Investments - Program Related. See Fo	orm 990, Part X, I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	
		end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13.).			到自己的特殊
Part X Other Assets. See Form 990, Part X, line	15.	T (4) D	1 1
(a) Descr	iption	(b) Boo	k value
(1) (2)			
(3)			
(4)		· ·	
(6)	······································		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), line	15)		
Part X Other Liabilities. See Form 990, Part X. I			-
(a) Description of liability	(b) Book value		A STANKE TO LAND
(1) Federal income taxes	12/ 000/ 12/100		
(2)			
(3)			
(4)	 		
(5)	+		
(6)	 		
(7)	†		
(8)	 		
(9)			
(10)	 		
(11)	 		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) >	-		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the	e organization's financial s	processors and utilide a chartering and abone that almost the	Participant
under FIN 48 (ASC 740) Check here if the text of the footnote has been provide	ed in Part XIII	· · · · · · · · · · · · · · · · · · ·	
BAA	TEEA3303 12/23/12	Schedule D (Form	

BAA

PartXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 1,731,0 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments 2b Contact services and use of facilities 2b Contact services and use of facilities 2b Contact services and use of facilities 2c Contact Conta	Schedule D (Form 990) 2012 BRIGHT PROSPECT	52-2363234	Page 4
1 Total revenue, gains, and other support per audited financial statements	PartXI器 Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
a Net unrealized gains on investments b Donated services and use of facilities. c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,731,0 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses and 4a. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. 2 Pericy year equipatments c Other losses d Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 15 and 4; Part IV. lines 15 and 2b; Part IV. lines 2d and 4b. Also complete this part to provide any additional information			31,003.
b Donated services and use of facilities	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.) 5 1,473,4 Part XIII.) Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional Information	a Net unrealized gains on investments		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1,731,0 Eart XIII/Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donaled services and use of facilities. b Prior year adjustments c Other Rosses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d. 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.) 5 1,473,4 Fart XIIII; Supplemental Information Complete this part to provide the descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information	b Donated services and use of facilities		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1: a investment expenses not included on Form 990, Part Vill, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1, 473, 4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) a Add lines 2a through 2d 3 Subtract line 26 from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add Ines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III.) lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	c Recoveries of prior year grants		
3 Subtract line 2e from line 1	d Other (Describe in Part XIII.)		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1, 731, 0 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1, 473, 4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. b Prior year adjustments. c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 16.) 5 1, 473, 4 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information informati	e Add lines 2a through 2d	2e	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 75. b Other (Describle in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1, 731, 0 Part XIII. Reconcillation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1 1, 473, 4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donaled services and use of facilities. b Prior year adjustments. 2 2a b Prior year adjustments. 2 2b c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 1, 473, 4 Part XIII. Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information informa	3 Subtract line 2e from line 1	3 1.7	31.003.
b Other (Describe in Part XIII.) c Add Imes 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and loses per audited financial statements. 1 1,473,4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. 2 a b Prior year adjustments. c Other lossas. 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,473,4 Part XIII. Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	5/4/4	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 1, 731, 0 PartXIIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1, 473, 4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 7 Total expenses. Add lines 2 and 4b; and Part XII, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	a investment expenses not included on Form 990, Part VIII, line 7b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 1,731,0 Part XIIIS Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1,473,4 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Doneled services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b. 4 Amounts included on Form 990, Part IX, line 7b. 4 All lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,473,4 Part XIII. Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information	b Other (Describe in Part XIII.)		
Ratrixilia Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c Add lines 4a and 4b	4c	
Ratrixilia Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1.7	31 003.
1 Total expenses and losses per audited financial statements			31,000.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart-XIII. Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			73 411
a Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	6.7.4E	,,,,,,,,,
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information			
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1, 473, 4 Part XIII; Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III. lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	· · · · · · · · · · · · · · · · · · ·		
s Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			
3 1,473,4 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	· · · · · · · · · · · · · · · · · · ·	20	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b	· · · · · · · · · · · · · · · · · · ·	<u> </u>	72 411
a Investment expenses not included on Form 990, Part VIII, line 7b		1000	13,411.
b Other (Describe in Part XIII)	· · · · · · · · · · · · · · · · · · ·		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,473,4 Part XIII: Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	· · · · · · · · · · · · · · · · · · ·		
Part XIII; Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	· · · · · · · · · · · · · · · · · · ·		
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Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			
		es 1b and 2b: Part V.	
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information	
		. – – – – – – –	
			. – – – –

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 BRIGHT PROSPECT Part XIII Supplemental Information (continued)	52-2363234 Page 5
RanXIII强 Supplemental Information (continued)	
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<u> </u>	
BAA TEEA3305 06/08/12	Schedule D (Form 990) 2012

SCHEDULE			inte and Oth	Grants and Other Assistance to Organizations	o Organization	ú		OMB No 1545-0047
(Form 990)		900	ernments, ar	iovernments, and Individuals In the United States	the United Sta	ž, ates		2012
Department of the Treasury Infernal Revenue Service		Complet	e if the organizatio	Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. Attach to Form 990.	rm 990, Part IV, line 2').	l or 22 .		Apanio Publication
Name of the organization							Employer Identification number	cation number
BRIGHT PROSPECT	BRIGHT PROSPECT Partial General Information on Grants and Assistance	and Assista	nce				52-2363234	34
1 Does the organizate the selection criteria 2 Describe in Part IV t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ostanuate the amo or assistance?	ount of the grants o	r essusiance, the grantee	s' eligibility for the grant	s or assistance, and	and X Yes	X Yes No
<u> Patifill</u> Grants and Form 990, P	[Batill] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	o Governmer	nts and Organit received more	zations in the Unit than \$5,000. Part I	ed States. Comple can be duplicated	ete if the organizati if additional space	ion answered 'Ye is needed.	ss' to
1 (a) Name and eddress of orgenization or government	s of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of casts grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisel, other)	(g) Description of non-cash austriance	(h) Purpose of grant or easistence
(1)								
(2)								
(<u>s)</u>								
[4]								
(5)								
(6)								
(b)							·	
(8)								
2 Enter total number o 3 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the lins 1 table Enter total number of other organizations listed in the line 1 table	overnment organiza d in the line 1 table	zations listed in the	Ine 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	duction Act Notice, see t	he Instructions	for Form 990.		TEEA3901 11/30/12	11/30/12	Schod	Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

IDSENTING COMPANY (COLS) BALGAL PROSPECT	Contract of the second	111	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	5	- 1	Page 2
Part III can be duplicated if additional space is needed.	naividuais in me al space is needed.	d.	mpiete if the organi	zation answered 'Yes' t	5 Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipents	(c) Amountof cash grant	(d) Amount of bor-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 Scholarship	132	323,797.				
2 Textbooks, supplies, transportation, etc.	49	23,529.				
8						
4						
5						
ယ						
2						
Partity Supplemental Information. Complete the additional Information.	lete this part to pro	is part to provide the information required in Part I, line 2,	n required in Part I,		Part III, column (b), and any other	
Pt.1.14ng-2Due_to_the_requireme	irements place	nts placed won Bright Prospect by the College Access	rospect by the		Foundation of California (CARC).	7 7
		erity of fundir	g_it_ugeg_for_	disect_financial_	Vast_majority_of_funding_it_uses_for_direct_financial_assistance_(scholarships)	
	es the studen	cs,_Bright_Pres	pect_goes_thro	ugh_a rigorous_pr	e students, Bright Prospect goes through a rigorous process of evaluating the	
tī pātladva-sagē-supplied tī	ed financial	aid offer recei	ved by every s	t <u>udent, who, appi</u> ie	nancial aid offer received by every student who applies for a Bright Prospect	
	<u>etermining ho</u>	<u>« much unmet ne</u>	ed_there_is_a	<u>nd customizing th</u>	_scholarship, determining how much unmet_need there is, and customizing the Bright Prospect	
	to each	student based o	n_need _ factor	ing_in_their_tran	student based on need. factoring in their transportstion. books and	
	th insurance.	<u>and winter clo</u>	thing_as_part_	of their budget.	-swpplies. health insurance, and winter clothing as part of their budget, in addition to tuition	
	- board - Brig	ot Prospect is	required by CA	PC_to award_schol	dBright Frospect is required by CARC to award scholarships to the students	
	ਹੁਤੂ_ਰੁਣੂ_ਵੁਰੂਹੇ	ਾ≎ਾ <u>ਰ ਮੁ</u> ਦਕੁਧੂ ਕੁਧਾਰੇ ਮ	eport_the_amou	each school vear and report the amounts to the colleges.	<u> </u>	1
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		

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 980 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2012

OMB No. 1545-0047

Name of the organization		Employer identification number
BRIGHT PROSPECT		52-2363234
Pt_VI, Line 2	Board President Eric Garen and Executive Director	r Stephanie Campbell
	are cousins.	
Pt VI, Line 11b	Draft copy of 990 was reviewed by the Board Pres	ident and Executive
	Director before Form 8879-EO was signed to autho	rize e-filing
	of the return.	
Pt_VI, Line 12c_	Conflict of interest policy is an agenda item of	the fall Board
	of Directors meeting every year, at which time i	t is reviewed and
	re-signed by every director.	
Pt_VI,_Line_19	Upon request.	
Pt_XI	Difference due to rounding.	
	~	

4500	l					1	OMB No 1545-0172
Form 4562	(Inc	lepreciation and luding Information	d Amortizat on Listed Pr	ion operty))		2012
Department of the Treasury internal Revenue Service (99)	► See se	eparate instructions.	► Attach to yo	ur tax re	turn.		Attachment Sequence No. 179
Name(s) shown on return							ntifying number
BRIGHT PROSPECT Business or activity to which this form	relates					52	-2363234
Form 990 / Form	990EZ						
Part Election To					····		·
	e instructions)					.] 1	T
	79 property placed in ser					` 	
3 Threshold cost of sect	tion 179 property before r	eduction in limitation (see	instructions) .			. 3	
4 Reduction in limitation	. Subtract line 3 from line	2. If zero ar less, enter -	0			. 4	
	k year. Subtract line 4 from					5	
6	(a) Description of property	<u>. , ,</u>	(b) Cost (business		(C) Elected co	<u>'\</u>	
	(-1		(47,000,000	,,	(-,		
	the amount from line 29						
	ection 179 property Add		nes 6 and 7	• • • • •		. 8	
	Enter the smaller of line 5 and deduction from line 13						
	ation. Enter the smaller o	•				11	
	deduction. Add lines 9 an	•	•		•	. 12	
	ed deduction to 2013 Add			▶ 13			禁告的信息
Note: Do not use Part II or I							
Partill Special De						(See I	nstructions.)
	allowance for qualified pro					. 14	
15 Property subject to se	ction 168(f)(1) election -					. 15	
	cluding ACRS) - · · · ·			<u></u>		. 16	300.
Randilla MACRS De	epreciation (Do not in	idude listed property) (S Section			,		·····
17 MACRS deductions fo	or assets placed in service	a in tax years beginning t	pefore 2012			. 17	5,048.
18 If you are electing to g asset accounts, check	group any assets placed i	n service during the tax y	rear into one or m	ore gene	ral · · · · . ▶ 🗍		
Sect	ion B - Assets Placed	n Service During 2012	Tax Year Using 1	he Gene	ral Depreciation	Syste	m
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conven	tron (f)	d	(g) Depreciation deduction
19 a 3-year property							
b 5-year property		11,881.	5.0 yrs	НА	200	DB	2,376.
c 7-year property		3,054.	7.0 yrs	НУ	200	DB	437.
d 10-year property	TO SERVICE SERVICE SERVICES			ļ			-
e 15-year property				 			
f 20-year property g 25-year property			25 yrs	 	S/1	·	
h Residential rental	· · · · · · · · · · · · · · · · · · ·		27.5 yrs	MM			· · · · · · · · · · · · · · · · · · ·
property			27.5 yrs	MM			
Nonresidential real			39 yrs	MM			<u> </u>
property				MM	S/1	J	
	n C – Assets Placed In	Service During 2012 T	ax Year Using th	e Alterna	ative Depreciati	on Sys	item
20 a Class life	Programme Stranger Colored April 1			ļ	S/1		
b 12-year		-	12 yrs	 	S/1		
C 40-year			40 yrs	MM	s/1		<u> </u>
Parf IV Summary (see instructions) amount from line 28	·				21	
22 Total, Add amounts from fi	ine 12. lines 14 through 17. line	es 19 and 20 in column (e), an	d line 21. Enter here	and on	••••		
23 For assets shown abo	of your return. Partnership	during the current year.	enter 🗀			22	8,161.
BAA For Paperwork Redu	s attributable to section 2 uction Act Notice, see se			23 312 08/19/1:	2		Form 4562 (2012)

$\overline{}$	Form 4562 (2012) BRIGHT PROSPECT 52-23632														1	Page 2
Partivise Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)																
	Note: Fo	r any vehicle for (a) through (c) o	which you ar	d of Section	n B, <u>e</u> nd	Section	C if app	olical	ble.		-	_		_	46,	
	Section	A — Depreciat	ion and Othe	er informa	tion (Ca	ution: S	ee the ir	nstru	ctions fo	or limit	s for pa	ssenge	r autom	obiles.)		
24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If Yes,' is the evidence written? Yes															No	
				(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)			(f) Recovery period		(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	used more than 50% in a qualified business use (see instructions)															
26	Property used m	ore than 50% in	a qualified b	usiness us	e:											
						 	····									
_			 			 	·								+	
27	Property used 50	0% or less in a q	uslified busin	ess use:		<u>. </u>					<u> </u>		I			
															183	
		<u> </u>				ļ					ļ		<u> </u>			
		L	1 1					4	<u> </u>		1	100	-		- 通路	
28 29	Add amounts in											28	·	. 29	1981	USANG CARE
Add amounts in column (i), line 26, Enter here and on line 7, page 1																
Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.																
30	Total business/investment miles driven during the year (do not include			(a) Vehicle 1		(b) Vehicle 2		\	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
24	commuting miles)			·												
	Total other personiles driven															
33	Total miles drive	en during the yea	ar. Add													
	lines 30 through	132	• • • • • •	Yes	No	Yes	No	Ye	s N	10	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?															
35	than 5% owner or related person?															
36 ——	personal use?															<u> </u>
Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).														re than		
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									Yes	No					
38	and the state of the															
39 40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the															
41	Note: If your appropriate 27, 20, 20, 40, as 44 in Way I do not complete Continue Differ the anymore unbusiness															
:P3	rt VIE Amorti		, , , , , , , , , , , , , , , , , , ,	. 703, 00				J. 117		JU 7611	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PURRE	切的自己
<u> </u>	(a) Description of coals			Date ar	(b) Date amortizațion begins		(c) Amortizable amount		(d) Code section		a Amo				(f) Amortization for this year	
42	Amortization of	2012 tax y	12 tax year (see Instructions).									1				
				 					+-			+		 		
43	Amortization of	costs that began	n before your	2012 tax y	ear							• • •	43		1	,162.
44		unts in column			for where	to repo	rt						44		1	
		: -			FO	120812 08	V18/12							Fo	rm 456	2 (2012)