

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www irs.gov/form990.

Open to Public Inspection

| Α | For th | e 2013 calendar year, or tax year beginning and ending | | |
|---------------|-------------------|--|------------------------------|---|
| В | Check if applicab | C Name of organization | D Employer identifi | cation number |
| | Addre | BUILDING BRIDGES ACROSS THE RIVER, INC. | | |
| | Name | Do so Division A | 52-2 | 013526 |
| | Initial | N / PO / P | | |
| | Termi | | • |)889-5901 |
| | Amer | ded O | G Gross receipts \$ | 3,921,277. |
| | Appli | WASHINGTON, DC 20020-6118 | H(a) Is this a group re | |
| | pend | F Name and address of principal officer W. CHRISTOPHER SMITH | for subordinates | Yes X No |
| | | SAME AS C ABOVE | H(b) Are all subordinates in | ncluded? Yes No |
| 1 | Tax-ex | empt status X 501(c)(3) | | list (see instructions) |
| | | te: ► WWW.THEARCDC.ORG | H(c) Group exemption | n number |
| <u>K</u> | Form o | organization: X Corporation Trust Association Other Ly | ear of formation 1997 | A State of legal domicile. DC |
| Р | art I | Summary | | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities SEE PART | III, LINE 1. | |
| rna | 2 | Check this box I if the organization discontinued its operations or disposed of n | nore than 25% of its net as | ssets |
| ove ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 21 |
| <u>ن</u> ھ | | Number of independent voting members of the governing body (Part VI, line 1b) | me and 1 4 | 19 |
| Se | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | , 11, 11, 11 5 | 32 |
| Activities | 6 | Total number of volunteers (estimate if necessary) | . 6 | 750 |
| ć | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| _ | | Net unrelated business taxable income from Form 990 T, line 34 | 7b | 0. |
| | € | | Prior Year | Current Year |
| Φ | ₽ | Contributions and grants (Part VIII, line 1h) | 10,698,962. | 2,248,481. |
| n. | 2 9 | Program service revenue (Part VIII, line 2g) | 10,344. | 10,685. |
| eke | Zio | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 98,667. | 131,856. |
| Œ | 1177 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 481,510. | 533,460. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,289,483. | 2,924,482. |
| | <u>i</u> 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 171,875. |
| | T14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 940,589. | 978,128. |
| ŠÚš | J 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| ž | | Total fundraising expenses (Part IX, column (D), line 25) 117,887. | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,187,210. | 1,537,576. |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,127,799. | 2,687,579. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 9,161,684. | 236,903. |
| SOF | 3 | | Beginning of Current Year | End of Year |
| Set | 20 | Total assets (Part X, line 16) | 19,813,256. | 19,928,238. |
| Net Assets or | 21 | Total liabilities (Part X, line 26) | 494,658. | 288,125. |
| | | Net assets or fund balances Subtract line 21 from/line 20 | 19,318,598. | 19,640,113. |
| _ | art II | Signature Block | | |
| | | lties of perjury, declare that thave examined this return, including accompanying schedules and sta | | y knowledge and belief, it is |
| true | e, correc | t, and complete Declaration of pyeparer (piner than officer) is based on all information of which prep | arer has any knowledge. | |
| | | | 12/ | 6/14 |
| Sig | ın | Signature of officer | Date | • • |
| He | re | W. CHRISTOPHER SMITH, CHAIRMAN | <u></u> | |
| _ | | Type or print name and title | - | - - |
| _ | | Print/Type preparer's pame Preparer's signature Preparer's signature | Date Check Check | pillo 1000009 |
| Pai | | Andreas Mexandria | self-employ | |
| | parer | Firm's name GELMAN, ROSENBERG & FREEDMAN | Firm's EIN | 52-1392008 |
| Use | Only | Firm's address 4550 MONTGOMERY AVE SUITE 650N | | 041 074 555 |
| | | BETHESDA, MD 20814-2930 | Phone no. (3 | |
| | | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No |
| 3320 | 001 10-2 | 9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | Form 990 (2013) |

| | rt III Statement of Program Service Accomplishments |
|-----|--|
| l a | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| • | BUILDING BRIDGES ACROSS THE RIVER (BBAR) SEEKS TO IMPROVE THE QUALITY |
| | OF LIFE FOR CHILDREN, YOUTH AND FAMILIES WHO RESIDE EAST OF THE |
| | ANACOSTIA RIVER BY PROVIDING LEADERSHIP, MANAGEMENT AND FISCAL |
| | OVERSIGHT OF THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| _ | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported |
| 4a | 554 30C |
| | THE CAPITAL FUND - MONIES USED TO PAY CURRENT INTEREST ON LOANS |
| | OBTAINED DURING THE CONSTRUCTION OF A COMMUNITY CENTER KNOWN AS |
| | "THEARC". THIS COMBINED CULTURAL AND SOCIAL CAMPUS IS LOCATED IN AN |
| | 110,000 SQUARE FOOT FACILITY THAT IS HOME TO TEN NON-PROFIT |
| | AGENCIES. THE COLLABORATION OF THESE TEN AGENCIES PROVIDES ACCESS TO |
| | QUALITY EDUCATION, ARTS, HEALTH AND RECREATION PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code) (Expenses \$ 541,378 · including grants of \$) (Revenue \$) |
| | "THEARC" THEATER PLAYS AN IMPORTANT ROLE IN THE FULFILLMENT OF BUILDING |
| | BRIDGES' MISSION. BBAR CURRENTLY MANAGES THE OPERATIONS OF THE THEATER, |
| | A FUNCTION THE MAJORITY OF THE BBAR BOARD FELT IT WAS NECESSARY TO MAINTAIN ITS DIVERSIFIED PROGRAMMING AND KEEP IT AFFORDABLE FOR THE |
| | MAINTAIN ITS DIVERSIFIED PROGRAMMING AND KEEP IT AFFORDABLE FOR THE COMMUNITY. THE THEATER HAS MORE THAN OUT PERFORMED ITS INITIAL INTENT |
| | EXPERIENCING OVER 300 EVENTS IN A CALENDAR YEAR, AND IS THE ONLY |
| | THEATER IN WARD 8. |
| | |
| | |
| | |
| | |
| | 000 450 |
| 4c | (Code) (Expenses \$ 802,450. including grants of \$ 60,482.) (Revenue \$) THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS ("THEARC") IS A |
| | THE TOWN HALL EDUCATION, ARTS & RECREATION CAMPUS ("THEARC") IS A COMBINED CULTURAL AND SOCIAL SERVICES CAMPUS LOCATED IN A 110,000 |
| | SOUARE FOOT FACILITY THAT IS HOME TO TEN NON-PROFIT AGENCIES. THE |
| | COLLABORATION OF THESE TEN AGENCIES PROVIDES ACCESS TO QUALITY |
| | EDUCATION, ARTS, HEALTH AND RECREATIONAL PROGRAMS. BBAR THROUGH |
| | MANAGEMENT, LEADERSHIP AND FISCAL OVERSIGHT OF "THEARC" SEEKS TO |
| | IMPROVE THE QUALITY OF LIFE FOR EAST OF THE ANACOSTIA RIVER RESIDENTS. |
| | |
| | |
| | |
| | |
| | Other program services (Describe in Schedule O) |
| -tu | (Expenses \$ 378 , 572 • including grants of \$ 111 , 393 •) (Revenue \$) |
| 4e | Total program service expenses 2,276,726. |
| | Form 990 (2013) |

| | 990 (2013) BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013 | <u>526</u> | P | 2age 3 |
|-----|--|------------|----------|---------------|
| Pa | rt IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | ŀ | | |
| | If "Yes," complete Schedule A | 1 | X | ↓ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | ļ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | <u> </u> | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | sımılar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | İ |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7_ | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | ĺ | ĺ | |
| | If "Yes," complete Schedule D, Part IV | 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, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | _11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | L | Х |

Form **990** (2013)

20a

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

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

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
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
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization liquidate, terminate, or dissolve and cease operations?

contributions? If "Yes," complete Schedule M

If "Yes," complete Schedule N, Part I

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

X

28b

28c

29

30

31

32

33

34

35a

35b

36

37

29

31

Form 990 (2013) BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|---|-----|-----|----------|
| | • | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable 1a 54 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 32 | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | · | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | _4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | i 1 | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | _ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | _ |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 1 | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | _X_ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u>X</u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A | | | |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | , } | | |
| a | Did the organization make any taxable distributions under section 4966? N/A | 9a_ | | |
| 10 10 | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b_ | | |
| 10 | Section 501(c)(7) organizations. Enter | . | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | . | | |
| ь 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter | . | | |
| | Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a | , | | |
| a | Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against | | į | |
| b | | | | |
| 120 | amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 40. | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | 12a | | —— |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? N/A | 120 | | |
| а | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | , [| 1 | |
| IJ | organization is licensed to issue qualified health plans | | | |
| ^ | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a | | |
| ~ | | | 990 | (2013) |

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHANTA SVAY - 202-889-5901 DC 20020-6118

1901 MISSISSIPPI AVENUE, SE, WASHINGTON,

Form 990 (2013)

| Form 990 (2013) |
|-----------------|
|-----------------|

BUILDING BRIDGES ACROSS THE RIVER INC

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

| Check if Schedule | O contains a response | or note to any line | in this Part VII |
|--------------------|-----------------------|---------------------|------------------|
| OTHERN II OCHEGUIE | O COMBINS & RESDONSE | or note to any line | in uns Pan VII |

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

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

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

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

| (A) Name and Title | (B) Average hours per | | not c | Pos heck | more | than | | (D) Reportable compensation | (E) Reportable compensation | (F) - Estimated amount of |
|----------------------------------|--|------------------|----------------------|-------------|----------|----------|-------|--|--|--|
| | week (list any hours for related organizations below | stee or director | nstitutional trustee | | recto | | itee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099 MISC) | other compensation from the organization and related organizations |
| (1) WILLIAM T. "SKIP" MCMAHON | line) 5 • 0 0 | Ĕ | Ĕ | 5 | <u> </u> | 훈등 | 요 | | | |
| DIRECTOR/CO-FOUNDER (SEE SCH. O) | 3,00 | x | | x | | | | 36,000. | 0. | 0. |
| (2) WINSTON ROBINSON | 1.00 | | | | | | | | | |
| SECRETARY | | X | | x | | | | 0. | 0. | 0. |
| (3) JEFFREY P. CAPRON | 1.00 | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (4) JUDITH DOBBINS | 1.00 | | | | | | | | - | |
| DIRECTOR | | X | <u> </u> | | | | | 0. | 0. | 0. |
| (5) TIM BAKER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | _ | | 0. | 0. | 0. |
| (6) DANIEL J. BRANNEN | 1.00 | ļ | | | | | | | | |
| DIRECTOR | | Х | | ļ | | _ | | 0. | 0. | 0. |
| (7) DOREA MCMAHON | 1.00 | l | | | | | | _ | _ | _ |
| DIRECTOR | 1 00 | Х | | | | <u> </u> | | 0. | 0. | 0. |
| (8) GLORIA WHITFIELD | 1.00 | l | | | | | | | | _ |
| DIRECTOR | 0.00 | X | - | | | | | 0. | 0. | 0. |
| (9) KAY KENDALL | 8.00 | | | | | | | 40.000 | | |
| DIRECTOR (SEE SCHEDULE O) | 1 00 | Х | - | | | | | 40,000. | 0. | 0. |
| (10) SANDRA ALLEN | 1.00 | | | | | | | _ | | |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (11) ELIZABETH CONAHAN | 1.00 | ٠, | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) ADAM OSTRACH | 1.00 | x | | | | | | 0. | 0. | _ |
| DIRECTOR (13) CURY A TENNING | 1.00 | ^ | | | | | | | 0. | 0. |
| (13) CHRIS JENNINGS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DALIA FATEH | 1.00 | ^ | | | | | | <u> </u> | 0. | <u> </u> |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) GINA F. ADAMS | 1.00 | 1 | - | | | | | 0. | 0. | <u> </u> |
| DIRECTOR | 1100 | x | | | | | | 0. | 0. | 0. |
| (16) RHONA WOLFE FRIEDMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (17) JESUS AGUIRRE | 1.00 | Ť | | | | | | | | |
| DIRECTOR | | x | | L | L | | | 0. | 0. | 0. |
| 332007 10-29-13 | | | | | | | | | | Form 990 (2013) |

Form 990 (2013)

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

\$100,000 of compensation from the organization

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 5.401 b Membership dues 1b Fundraising events 1c 833,944 d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,409,136 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a 1f 2 248 481 Business Code Program Service Revenue 2 a TICKET SALES 900099 10,685 10,685 f All other program service revenue Total. Add lines 2a-2f 10,685 Investment income (including dividends, interest, and other similar amounts) 46,986 46 986 Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents 1,017,740 **b** Less rental expenses 189,994 Rental income or (loss) 827,746 d Net rental income or (loss) 827,746 827,746 7 a Gross amount from sales of (i) Securities (II) Other 5<u>25,050</u> assets other than inventory b Less cost or other basis and sales expenses 440,180 c Gain or (loss) 84.870 d Net gain or (loss) 84,870 84.870. 8 a Gross income from fundraising events (not Other Revenue including \$ 833,944, of contributions reported on line 1c) See Part IV. line 18 60,395 b Less direct expenses 366,621 c Net income or (loss) from fundraising events -306,226 -306 226. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 11,940 11,940. d All other revenue Total. Add lines 11a-11d 11,940 Total revenue See instructions. 2.924.482 838,431 -162 430 332009 10-29-13 Form 990 (2013)

| | on 501(c)(3) and 501(c)(4) organizations must com | | er organizations must co | mplete column (A) | |
|-------------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | *Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 171,875. | 171,875. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 219,360. | 140,086. | 23,013. | 56,261. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | ĺ | | ĺ | |
| 7 | Other salaries and wages | 618,783. | 478,521. | 80,192. | 60,070. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 4,077. | 3,628. | 449. | <u></u> |
| 9 | Other employee benefits | 35,986. | 32,024. | 3,962. | |
| 10 | Payroll taxes | 99,922. | 88,920. | 11,002. | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | <u> </u> | | |
| С | Accounting | 54,894. | | 54,894. | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| q | | | | | |
| • | column (A) amount, list line 11g expenses on Sch O.) | 91,376. | 91,310. | 66. | |
| 12 | Advertising and promotion | 23,812. | 23,812. | | |
| 13 | Office expenses | 38,771. | 34,502. | 4,269. | |
| 14 | Information technology | 16,639. | 14,807. | 1,832. | |
| 15 | Royalties | _ | | | |
| 16 | Occupancy | 247,774. | 220,589. | 27,185. | |
| 17 | Travel | 878. | 781. | 97. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,183. | 6,787. | 840. | 1,556 |
| 20 | Interest | 6,650. | 5,918. | 732. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 616,261. | 548,408. | 67,853. | |
| 23 | Insurance | 26,208. | 21,857. | 4,351. | |
| 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 expenses on Schedule 0.) | | | | |
| а | PROG/PRODUCTION COSTS | 151,252. | 151,252. | | |
| b | PROGRAM EXPENDITURES | 120,302. | 120,302. | | |
| С | BOX OFFICE EXP | 37,550. | 37,550. | | |
| d | GEN. MAINT. & REPAIR | 28,281. | 25,167. | 3,114. | |
| | All other expenses | 67,745. | 58,630. | 9,115. | |
| 25 | Total functional expenses Add lines 1 through 24e | 2,687,579. | 2,276,726. | 292,966. | 117,887 |
| 26 | Joint costs Complete this line only if the organization | | | | • |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| _ | Check here If following SOP 98-2 (ASC 958-720) | | | | |
| 33201 | 0 10-29-13 | | | | Form 990 (2013 |

| Par | t X | Balance Sheet | | | |
|-----------------------------|----------|---|---------------------------------|----------|----------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| _ | | • | (A) Beginning of year | | (B) End of year |
| Ī | 1` | Cash · non-interest bearing | 358,678. | 1 | 315,992. |
| | 2 | Savings and temporary cash investments | 1,549,809. | 2 | 2,287,838 |
| | 3 | Pledges and grants receivable, net | 186,989. | 3 | 170,783 |
| ļ | 4 | Accounts receivable, net | 250,319. | 4 | 14,867 |
| | 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)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ध | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | <u> </u> |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | 8_ | |
| | 9 | Prepaid expenses and deferred charges | 18,958. | 9_ | 31,017 |
| ļ | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 21,047,141. | | | |
| | b | Less accumulated depreciation 10b 5,281,324. | 16,289,021. | 10c | 15,765,817 |
| | 11 | Investments - publicly traded securities | 1,141,927. | 11 | 1,324,369 |
| l | 12 | Investments - other securities See Part IV, line 11 | 17,555. | 12 | 17,555 |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 19,813,256. | 15 | 10 000 000 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 133,602. | 16 | 19,928,238 |
| Ì | 17 | Accounts payable and accrued expenses | 133,002. | 17 | 91,540 |
| | 18 | Grants payable Deferred revenue | | 18 19 | 16,585 |
| | 19 20 | Tax-exempt bond liabilities | | 20 | 10,363 |
| - 1 | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| " | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons | | | |
| <u>ā</u> | | Complete Part II of Schedule L | | 22 | |
| ڐ | 23 | Secured mortgages and notes payable to unrelated third parties | 360,000. | 23 | 180,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 2007000 |
| Ì | 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 | 1,056. | 25 | 0 |
| } | 26 | Total liabilities. Add lines 17 through 25 | 494,658. | 26 | 288,125 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | _ | | |
| ဖွ | | complete lines 27 through 29, and lines 33 and 34. | | · | |
| 5 | 27 | Unrestricted net assets | 18,884,989. | 27 | 19,191,012 |
| <u>aa</u> | 28 | Temporarily restricted net assets | 433,609. | 28 | 449,101 |
| 틸 | 29 | Permanently restricted net assets | | 29 | |
| [] | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ | | | |
| 5 | | and complete lines 30 through 34. | | | |
| [| 20 | Capital stock or trust principal, or current funds | | 30 | |
| l & | 30 | · | | | |
| Assets | 31 | Paid in or capital surplus, or land, building, or equipment fund | | 31 | |
| et Assets | | Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 31 | | 19,318,598. 19,813,256. | | 19,640,113. 19,928,238. |

332012

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Employer identification number

| | | BUILDIN | IG BRIDGES AC | ROSS | THE R | IVER, | INC. | | 5 | 2-2013 | 526 | |
|--------------|------------------|---------------------------------------|--|------------------------|--------------------|-------------------|--------------------|--------------------|-------------------|---------------|----------------|-----------|
| Part I | Reason | for Public Char | rity Status (All organiz | ations mu | st complet | e this part |) See inst | ructions | | | | |
| The organ | ization is not a | private foundation | because it is (For lines 1 | l through ⁻ | 11, check d | only one b | ox) | | | | | |
| 1 🖳 | A church, cor | nvention of churche | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(ı) | | | | | |
| 2 | A school des | cribed in section 17 | 70(b)(1)(A)(II). (Attach Sc | hedule E) | | | | | | | | |
| з 🖳 | A hospital or | a cooperative hosp | ıtal service organization o | described | n section | 170(b)(1)(| A)(in). | | | | | |
| 4 🔲 | A medical res | earch organization | operated in conjunction | with a hos | pıtal descr | ibed in se | ction 170 | (b)(1)(A)(i | ı). Enter | the hospital | 's nam | ıe, |
| | city, and stat | | | | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | wned or op | erated by | a govern | nental uni | t describ | ed in | | |
| | section 170 | (b)(1)(A)(ıv). (Compl | ete Part II) | | | | | | | | | |
| 6 | A federal, sta | te, or local governm | nent or governmental unit | t described | d in sectio | n 170(b)(1 |)(A)(v). | | | | | |
| 7 X | An organizati | on that normally rec | ceives a substantial part o | of its supp | ort from a | governme | ntal unit o | r from the | general | public desc | rıbed ı | n |
| | section 170(| b)(1)(A)(vi). (Comple | ete Part II) | | | | | | | | | |
| 8 📙 | • | | section 170(b)(1)(A)(vi). (| = | - | | | | | | | |
| 9 📖 | An organizati | on that normally red | ceives (1) more than 33 1 | 1/3% of its | support fi | rom contri | butions, m | nembershi | p fees, a | nd gross red | eipts | from |
| | activities rela | ted to its exempt fu | nctions - subject to certa | un excepti | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | from gross | ınvest | ment |
| | | | axable income (less sect | tion 511 ta | x) from bu | sinesses a | cquired b | y the orga | ınızatıon | after June 3 | 0, 197 | 75 |
| | | 509(a)(2). (Complete | • | | | | | | | | | |
| 10 | _ | = | perated exclusively to te | | = | | | • | | | | |
| 11 📖 | - | - | perated exclusively for the | | | | | | - | | | or |
| | | | ations described in section | | | | ?) See se o | tion 509(| a)(3) . Ch | eck the box | that | |
| | | · · · · · · · · · · · · · · · · · · · | organization and comple | | - | | | | | | | |
| | a Type I | | • | | nctionally i | _ | | | | n-functionall | | - |
| e | - | - | at the organization is not | | • | • | • | | • | • | | ın |
| | | = | than one or more publicly | | - | | | | 9(a)(1) or | section 509 | (a)(2) | |
| f | - | | tten determination from t | ine iks ina | atitisa iy | ре і, туре | ii, or Type |) | | | | |
| | | rganization, check t | | av ouft or o | antribuitian | from on. | of the fall | | | | | L |
| g | = | | organization accepted ar directly controls, either al | - | | - | | | | i | Vaa | NI- |
| | | • | supported organization? | one or tog | eulei wiai | persons c | iescribed i | iii (ii) and (| iii) below | 11g(ı) | Yes | No |
| | - | | n described in (i) above? | ı | | | | | | 11g(ii) | l | |
| | | • | a person described in (i) o | | e? | | | | | 11g(iii) | - - | |
| h | | | about the supported or | | | | | | | [119(11) | L | |
| | Trovide trie i | onowing imprimation | rabout the supported of | gamzanon | (0) | | | | | | | |
| /i) Nama | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | organization | (v) Did voi | ı notify the | (vi) ls | s the | (vii) Amount | of mou | notary |
| | anization | (11) (11) | (described on lines 1-9 | | sted in your | organizat | ion in col. | l organizáti | on in col | sup | | i iciai y |
| | | | above or IRC section | governing | document? | (ı) of you | r support? | (i) organiz U S | 7 | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No |] | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | ì | | | | | } | | | |
| | | | | | | | | <u></u> | <u></u> | | | _ |
| | | | | | | | | | | | | |
| | | | | | L | | | | <u> </u> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| <u>Total</u> | | | | <u> </u> | L | | <u> </u> | <u> </u> | 1 | <u> </u> | | |
| LHA For P | aperwork Re | duction Act Notice | e, see the Instructions f | or | | | | Schedu | le A (For | m 990 or 99 | 0-EZ | 2013 |

Form 990 or 990-EZ. 332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar Year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,397,219 1,405,391 2 599 986. 10,698,962 2,248,481 18,350,039. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,397,219. 1,405,391 2,599,986 10,698,962 2,248,481 18,350,039. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 11,679,715. 6 Public support. Subtract line 5 from line 4 6 670 324. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 1,397,219 1,405,391 2.599 986 10,698,962 2,248,481 18,350,039. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 33,740. 1,102. 23,002. 5,695. 46,986. 110,525. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 10,569. 9,182. 3,457. 3.497. 11.940. assets (Explain in Part IV) 38,645. 11 Total support. Add lines 7 through 10 18,499,209. 3,869,887. 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 36.06 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) 14 26.04 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. 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-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2013

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990 EZ) 2013 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Sec | tion A. Public Support | | | | | | |
|-----------|--|---------------------------|--|---|--|--|--------------------|
| Cale | ndar ỳear (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | 1 | | ļ | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | 1 | |
| | organization's tax-exempt purpose | | | | - | | |
| 3 | Gross receipts from activities that | | | | Ĭ | } | Ĭ |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | <u></u> | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | - | | | |
| J | furnished by a governmental unit to | | j | | į | İ | i |
| | the organization without charge | İ | | | | | |
| _ | | <u> </u> | | | | | |
| | Total. Add lines 1 through 5 | | | | | | + |
| 7a | Amounts included on lines 1, 2, and | İ | | | | | |
| | 3 received from disqualified persons | | ļ | - | 1 | | |
| b | Amounts included on lines 2 and 3 received | | | | | | ļ |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | İ |
| | amount on line 13 for the year | | _ | | | | |
| c | Add lines 7a and 7b | | | | | | |
| R | Public support (Subtract line 7¢ from line 6) | | | | | | |
| | ction B. Total Support | | <u> </u> | <u> </u> | .l | <u> </u> | |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | (a) 2005 | (5) 2010 | (0) 2011 | (0) 2012 | (e) 2013 | (i) Total |
| - | Gross income from interest, | | | | | | |
| iua | dividends, payments received on | |] | | 1 | | |
| | securities loans, rents, royalties | | | | 1 | | |
| | and income from similar sources | | | ļ | ļ | | ļ |
| b | Unrelated business taxable income | |] | | ł | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | - | | - | | | T |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income Do not include gain | | | | + | | |
| 12 | or loss from the sale of capital | | 1 | | | 1 | |
| | assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | L | <u> </u> | <u> </u> | <u> </u> | J | |
| 14 | First five years. If the Form 990 is for | the organization's | s fırst, second, thı | rd, fourth, or fifth | tax year as a secti | on 501(c)(3) organı | zation, |
| | check this box and stop here | | | | | | |
| <u>Se</u> | ction C. Computation of Publ | <u>ic Support Pe</u> | rcentage | · • | | | |
| 15 | Public support percentage for 2013 (I | ine 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2012 | Schedule A, Part | : II <u>I, lin</u> e 15 | | | 16 | % |
| | ction D. Computation of Inves | | | · · · · · · · · · · · · · · · · · · · | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u>/</u> % |
| | 33 1/3% support tests - 2013. If the | | | on line 14 and lin | e 15 is more than | | |
| 198 | more than 33 1/3%, check this box a | = | | | | | ., is not ▶ |
| | | • | - | | | | |
| b | 33 1/3% support tests - 2012. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | = |) <u> </u> |
| 20 | Private foundation. If the organization | <u>in did not check a</u> | <u>box on line 14, 19</u> | a, or 19b, check | | | |
| 2220 | 22 00 25 12 | | | | 80 | hadula A /Earm 00 | 00 or 990-F71 2013 |

| Part IV Supplemental Information. Provide the explanations required by Part III, line 10, Part III, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions) | Schedule A | (Form 990 or 990- | EZ) 2013 BUI | LDING | BRIDGES | ACROSS | THE RIV | ER, INC. | <u>52-20135</u> | 26 Page 4 |
|---|-------------|-------------------|-------------------|-------------------|-----------------|-----------------|--------------------|----------------------|--------------------|-----------|
| | Part IV | Supplementa | al Informatio | n. Provide | the explanation | s required by F | art II, line 10, F | Part II, line 17a or | 17b, and Part III, | ine 12 |
| | | Also complete th | is part for any a | dditional info | ormation (See i | nstructions) | | | | |
| | | • | | | | | | | | |
| | | | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | ··- <u>_</u> . | | | | | | |
| | | | | | | | | | | |
| | | , | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | · |
| | | | | | | | | | | |
| | | | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u>-</u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | <u>-</u> | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | <u> </u> | <u></u> | | | |
| | | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| _ | BUILDING BRIDGES A | | | INC. | <u> </u> | 52-2013 | |
|----|--|------------------|-----------------------|--------------------|--------------|-----------------------|---------------|
| Pa | rt I Organizations Maintaining Donor Advise | ed Funds o | r Other Simila | r Funds or A | Account | S. Complete if | the |
| | organization answered "Yes" to Form 990, Part IV, lin | | | | | | |
| | | (a) Do | onor advised funds | | (b) Funds | and other acco | ounts |
| 1 | Total number at end of year | | _ | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | |
| 3 | Aggregate grants from (during year) | | | | - | | - |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that th | e assets held in do | nor advised fur | nds | | |
| • | are the organization's property, subject to the organization's | - | | | | Yes | □ No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | | ls can be used . | only | | 1140 |
| Ü | for charitable purposes and not for the benefit of the donor | | | | • | | |
| | impermissible private benefit? | or donor advis | or, or for arry other | purpose come | iiiig | Yes | ☐ No |
| Pa | | ranuzation and | worod "Vos" to Eo | rm 000 Port IV | Juno 7 | res | <u>INO</u> _ |
| | | | | 1111 990, Fait IV, | inte / | | |
| 1 | Purpose(s) of conservation easements held by the organizat | | | | | | |
| | Preservation of land for public use (e.g., recreation or | education | | of an historical | | | |
| | Protection of natural habitat | | Preservation | of a certified h | istoric stru | acture | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conserva | tion contribution in | the form of a co | onservatio | n easement on | the last |
| | day of the tax year | | | | | | |
| | | | | | He | ld at the End of t | the Tax Year |
| а | Total number of conservation easements | | | | 2a | | |
| b | Total acreage restricted by conservation easements | | | | 2b | | |
| С | Number of conservation easements on a certified historic st | ructure includ | ed ın (a) | | 2c | | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, | and not on a histo | ric structure | | | |
| | listed in the National Register | | | | 2d | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, exting | juished, or termina | ted by the orgar | nızatıon dı | uring the tax | |
| | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation ea | asement is loc | ated ▶ | | | | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitor | ing, inspection, hai | ndling of | | | |
| | violations, and enforcement of the conservation easements | ıt holds? | | | | Yes | └ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , and enforcing | g conservation eas | ements during t | the year 🕨 | · | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing cor | servation easemer | nts during the ye | ear▶ \$ _ | | _ |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the | requirements of se | ction 170(h)(4)(E | 3)(ı) | | |
| | and section 170(h)(4)(B)(ii)? | | | | | Yes | No |
| 9 | In Part XIII, describe how the organization reports conservat | tion easement | s in its revenue and | l expense state | ment, and | balance sheet | , and |
| | include, if applicable, the text of the footnote to the organization | ation's financia | l statements that o | lescribes the or | ganızatıon | i's accounting f | or |
| | conservation easements | | | | _ | | |
| Pa | rt III Organizations Maintaining Collections o | of Art, Histo | orical Treasure | es, or Other | Similar | Assets. | |
| | Complete if the organization answered "Yes" to Form | n 990, Part IV, | line 8 | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not t | o report in its rever | ue statement a | nd balanc | e sheet works | of art, |
| | historical treasures, or other similar assets held for public ex | chibition, educ | ation, or research ii | n furtherance of | public se | rvice, provide, i | ın Part XIII, |
| | the text of the footnote to its financial statements that descri | ribes these ite | ms | | | | |
| b | If the organization elected, as permitted under SFAS 116 (A) | SC 958), to re | port in its revenue : | statement and b | alance sh | eet works of a | t, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or re | esearch in furthera | nce of public se | rvice, prov | vide the followi | ng amounts |
| | relating to these items | | | , | | | 3 |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | | ▶ \$ | | |
| | (ii) Assets included in Form 990, Part X | | | | ▶ \$ | | |
| 2 | If the organization received or held works of art, historical tre | easures, or oth | ner sımılar assets fo | or financial dain. | | | |
| _ | the following amounts required to be reported under SFAS 1 | | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | ,, | <u> </u> | | ▶ \$ | | |
| | Assets included in Form 990, Part X | | | | ▶ \$ | | |
| | | | | | _ | | |

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

Schedule D (Form 990) 2013

| | | G BRIDGES | | | | | | | <u>013526</u> | |
|--------|---|------------------------|--------------|----------------|---------------|---|-------------|--|----------------|-------------|
| Par | | | | | | | | _ | | |
| `3 | Using the organization's acquisition, accessi | on, and other record | ds, chec | k any of the | following tha | it are a siç | gnificant | use of it | s collection i | tems |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | C | ; <u> </u> | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | € | • 📖 | Other | | | _ | _ | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın how tl | ney further tl | ne organizati | on's exen | npt purpo | ose in Pa | art XIII | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, h | istorical trea | sures, or oth | er sımılar | assets | _ | | |
| | to be sold to raise funds rather than to be ma | | | | | | _ | | Yes | No_ |
| Pai | t IV Escrow and Custodial Arran | | ete if the | e organizatio | n answered | "Yes" to F | orm 990 |), Part IV | /, line 9, or | |
| | reported an amount on Form 990, Pa | | . | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for | contribution | s or other as | sets not i | ncluded | _ | | |
| | on Form 990, Part X? | | | | | | | L | Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing | table | | | | · | | |
| | | | | | | | | <u> </u> | Amount | |
| | Beginning balance | | | | | | _1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | 0.4.0 | | | | 1f | ــــــــــــــــــــــــــــــــــــــ | | |
| | Did the organization include an amount on F | | | | | | | L | Yes | ∐ No |
| Par | t V Endowment Funds. Complete | | | | | | | | | Ш. |
| rai | Endownient i dilds. Complete i | | | | 1 | | | | le Contract | |
| | Dmm. ofou balance | (a) Current year | (a) - | Prior year | (c) Two year | SUACK | a) Tillee | years bac | k (e) Four y | Bars Dack |
| _ | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | - | | | | |
| C | Net investment earnings, gains, and losses | | <u> </u> | | | | | | _ | |
| d | Grants or scholarships | | | | | | | _ | | |
| е | Other expenditures for facilities | | ĺ | | | | | | | |
| | and programs | | - | | | | | | | |
| | Administrative expenses End of year balance | | <u> </u> | | | | | | _ | |
| g 2 | Provide the estimated percentage of the cur | rent year end halan | na (lina 1 | a column (s |)) hold as | | | | | |
| a | Board designated or quasi-endowment | • | % | g, column (a | ijj rielu as | | | | | |
| | Permanent endowment | % | | | | | | | | |
| | Temporarily restricted endowment | % % | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | ation tha | at are held a | nd administe | red for th | e organi | zation | | |
| | by | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | [v | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 110 |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Sche | dule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | • | | | | | | | | <u></u> |
| Par | | | | | | | · | | | |
| | Complete if the organization answere | d "Yes" to Form 990 |), Part IV | /, line 11a S | ee Form 990 | , Part X, I | ne 10 | | | |
| | Description of property | (a) Cost or o | other | (b) Cost | or other | (c) Ac | cumulate | ed | (d) Book v | /alue |
| | | basis (investi | ment) | basis | (other) | dep | reciation | ı | | |
| | Land | | | | | | | | | |
| | Buildings | | | 19,41 | 7,722. | 4,1 | 91,6 | 63. | 15,226 | ,059. |
| С | Leasehold improvements | | | | 3,449. | | 30,1 | | | ,342. |
| d | Equipment | | | | 5,226. | 7 | 89,6 | 66. | | ,560. |
| e | Other | | | | 0,744. | | 69,8 | | | ,856. |
| Total | . Add lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, colur | mn (B), line 1 | 0(c)) | | | | 15,765 | ,817. |

Schedule D (Form 990) 2013

332053 09-25-13 Schedule D (Form 990) 2013

| Sche Par | gule D (Form 990) 2013 BUILDING BRIDGES ACROSS t XI Reconciliation of Revenue per Audited Financial Sta | | 52- Returi | 2013526 Page 4 |
|--------------------|--|----------------------|--|------------------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, lin | ie 12a | | |
| 1 | Total revenue, gains, and other support per audited financial statements | - | 1 | 3,375,715. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | 5,5,5,,255 |
| а | Net*unrealized gains on investments | 2a 84,612 | | |
| b | Donated services and use of facilities | 2b | Ť | |
| c | Recoveries of prior year grants | 2c | _ | |
| d | Other (Describe in Part XIII) | 2d366,621 | _ | |
| e | Add lines 2a through 2d | 20 1 2 3 3 3 7 3 2 1 | 2e | 451,233. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,924,482. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | 2/321/102. |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | 7 | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |) | 5 | 2,924,482. |
| | t XII Reconciliation of Expenses per Audited Financial St | | | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, lin | • | | |
| 1 | Total expenses and losses per audited financial statements | 0.120 | 1 | 3,054,200. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | 3,034,200. |
| a | Donated services and use of facilities | 2a | - | |
| b | Prior year adjustments | 2b | - | |
| | Other losses | 2c | - | |
| d | Other (Describe in Part XIII) | 2d 366,621 | - | |
| e | Add lines 2a through 2d | 20 300,021 | • 2e | 366,621. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,687,579. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | 2,001,313. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | \dashv | |
| | Add lines 4a and 4b | 40 | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8) | 5 | 2,687,579. |
| | t XIII Supplemental Information. | | 1. 3 | 2,001,313. |
| lines | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a | | e 4, Part | X, line 2, Part XI, |
| PAF | T X, LINE 2: | | | |
| EXF | LANATION: FOR THE YEAR ENDED DECEMBER | 31, 2013, BBAR HAS | DOC | UMENTED ITS |
| CON | SIDERATION OF FASB ASC 740-10, INCOME | TAXES, THAT PROVID | ES G | UIDANCE FOR |
| DDE | ODDING INGODOSTNOV TN TNOONE ESVEG SNO | NIA DEMEDIATION MIL | 377 37 | 0 M3 mmp T3 T |
| KEF | ORTING UNCERTAINTY IN INCOME TAXES AND | HAS DETERMINED TH | A.I. N | O MATERIAL |
| UNC | ERTAIN TAX POSITIONS QUALIFY FOR EITHE | R RECOGNITION OR D | ISCL | OSURE IN |
| THE | FINANCIAL STATEMENTS. THE FEDERAL FOR | M 990, RETURN OF O | RGAN | IZATION |
| EXE | MPT FROM INCOME TAX, IS SUBJECT TO EXA | MINATION BY THE IN | TERN | AL REVENUE |
| SEF | VICE, GENERALLY FOR THREE YEARS AFTER | IT IS FILED. | | |
| PAR | T XI, LINE 2D - OTHER ADJUSTMENTS: | | | |
| <u>SP</u> E | CIAL EVENT EXPENSES INCLUDED AS EXPENS | E ON FINANCIAL | | |
| STA | TEMENTS AND NETTED AGAINST REVENUE ON | FORM 990 PART | | |
| 332054 09-25- | | | Schee | dule D (Form 990) 2013 |

| VIII, LINE 8C. | 366,621. |
|---|----------|
| • | 300,021. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| SPECIAL EVENT EXPENSES INCLUDED AS EXPENSE ON FINANCIAL | |
| STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART | |
| VIII, LINE 8C. | 366,621. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | <u> </u> |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Open To Public

Department of the Treasury Internal Revenue Service

Inspection

OMB No 1545-0047

| Name of the organization | Dout Schedule G (For | rm 990 01 990-EZ] | and its | instru | cuons is | at www.iis g | | maidia a A. am milimaha au |
|---|--|--|---|---|--|--|---|---|
| · | G BRIDGES | 70D066 4 | יםטי | נדת מדת | מים: | TNC | 52-2 <u>0</u> 13 | entification number |
| Part I Fundraising Activities required to complete this par | Complete if the or | | | | | | | |
| 1 Indicate whether the organization rais a | sed funds through a s or oral agreement w Part VII) or entity in c ividuals or entities (i | e Solicita f Solicita g X Special with any individua | tion of tion of fundra (inclui | non-g gover alsing of ding of ional f | overnmonment of events fficers, of tundrals | ent grants grants directors, trus ing services? | XYes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Act | tivity | or cor | Did aiser ustody itrol of utions? | 1 ' ' | oss receipts n activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| KAY KENDALL - 2428 TRACY | | | Yes | No | | | | |
| PLACE, NW, WASHINGTON, DC | GALA | | | _ x | | 808,949. | 40,000. | 768,949. |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | |] | | | <u>: </u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | _ | | | i | |
| | | · | | | | - | | |
| | | | <u> </u> | | | | | |
| Cotal | | | <u>'</u> | | | 808,949. | 40,000 | 768,949. |
| 3 List all states in which the organization or licensing | on is registered or lic | censed to solicit | contrib | outions | s or has | been notified | d it is exempt from r | egistration |
| DC | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

Schedule G (Form 990 or 990 EZ) 2013 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through GALA BBAR TEA col (c)) (event type) (event type) (total number) Revenue 85,390 808,949. Gross receipts <u>894,339.</u> 74,995 2 Less Contributions 758,949 833,<u>9</u>44. 10,395 50,000 Gross income (line 1 minus line 2) 60,395. Cash prizes Noncash prizes Direct Expenses 19,739. Rent/facility costs <u> 19,739.</u> 79,533. 1,664. 81,197. Food and beverages 34,839. 1,067 35,906. 8 Entertainment 229,779. 209,639 20,140 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 366,621. 11 Net income summary Subtract line 10 from line 3, column (d) -306,226. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? Yes . No **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

| Sch | equie G (Form 990 or 990 Ez) 2013 BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2 | <u> </u> | 5 Page 3 |
|-----------|--|--------------|-------------|
| 11 | Does the organization operate gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name | | |
| | | - | |
| | Address > | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| h | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party \$\Bigs\\$ \square\$ | | |
| _ | If "Yes," enter name and address of the third party | | |
| · | in 165, enter hame and address of the time party | | |
| | Nama - | | |
| | Name | | |
| | Address > | | |
| | Address > | | |
| 46 | Coming manager information | | |
| 16 | Gaming manager information | | |
| | Nama 🏲 | | |
| | Name | | |
| | Common | | |
| | Gaming manager compensation \$ | | |
| | December of control of the control o | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | L No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Ii | nes 9, 9b, 1 | 0b, 15b, |
| | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions) | | |
| | | | |
| <u>SC</u> | <u>HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER</u> | เร: | |
| | | | |
| | | | |
| | | | |
| <u>(I</u> |) NAME OF FUNDRAISER: KAY KENDALL | | |
| | | | |
| (I |) ADDRESS OF FUNDRAISER: 2428 TRACY PLACE, NW, WASHINGTON, DC | 20008 | 3 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2013 Open to Public

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

2 Employer identification number 52-2013526 X Yes 1 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 INC. THE RIVER BUILDING BRIDGES ACROSS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 2 Desc

| recipient that received more than \$5,000 Part II can be duplicated | \$5,000 Part II car | n be duplicated if additi | I if additional space is needed | ed | | | |
|--|----------------------|-------------------------------|---------------------------------|-----------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CORCORAN GALLERY OF ART | | | | | | | |
| 500 17TH STREET, NW | | | | | | | ARTS FUND/ONE MONTH FREE |
| WASHINGTON, DC 20006 | 53-0196641 | 501(C)(3) | 21,090. | 0 | | | RENT |
| LEVINE SCHOOL OF MUSIC | | | | | | | |
| 2801 UPTON ST NW WASHINGTON, DC 20008 | 52-1063325 | 501(C)(3) | 38 029 | 0 | | | ARTS FUND/ONE MONTH FREE RENT |
| | | | | | | | |
| 3515 WISCONSIN AVE., NW | | | | | | | ARTS FUND/ONE MONTH FREE |
| WASHINGTON, DC 20016 | 52-0846173 | 501(C)(3) | 43,024, | 0 | | | RENT |
| | | | | | | | |
| CHILDREN S HEALTH PROJECT OF DC | | | | | | | |
| | 53-0196580 | 501(C)(3) | 5,611. | 0 | | | ONE MONTH FREE RENT |
| | | | | • | | | |
| WASHINGTON MIDDLE SCHOOL FOR GIRLS | | | | | | | |
| 1901 MISSISSIPPI AVE SE | | | | | | | |
| WASHINGTON, DC 20020 | 52-2031849 | 501(C)(3) | 9,521. | 0 | | | ONE MONTH FREE RENT |
| ROVE & CIRIC CHIRS OF GREATER | | | | | - | | |
| ELIK HUGHOOF MODEL WITHOUT WAS A PROPERTY OF THE PROPERTY OF T | | | - | - | | | |
| WASHINGTON - 1901 MISSISSIFFI AVE | | | | | | | |
| SE - WASHINGTON, DC 20006 | 53-0236759 501(C)(3) | 501(C)(3) | 15,943. | 0. | | | ONE MONTH FREE RENT |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | nd government or | rganizations listed in th | e line 1 table | | | | • 9 |
| 3 Enter total number of other organizations listed in the line 1 table | s listed in the line | 1 table | | | | | • 0 |
| | | | | | | | |

332101 10-29-13

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: BUILDING BRIDGES WORKS CLOSELY WITH EACH ORGANIZATION TO ENSURE FUNDS ARE USED IN CONJUNCTION WITH THE AWARDED GRANT PURPOSE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE 332102 10-29-13 PART I, Part III

Page 2

52-2013526

BUILDING BRIDGES ACROSS THE RIVER, INC.

Schedule I (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Bepartment of the Treasury

, ₂ - 3,

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Public

Open to Public Inspection

Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

BUILDING BRIDGES ACROSS THE RIVER, INC. | Employer identification number | 52-2013526

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

("THEARC"). THROUGH A COLLABORATION OF PARTNER ORGANIZATIONS, "THEARC"

PROVIDES ACCESS TO QUALITY EDUCATIONAL, ARTS, HEALTH, CULTURAL,

RECREATION, AND SOCIAL PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DATABASE PROGRAM - A PROJECT THE TEN PARTNERS HAVE COLLECTIVELY WORKED

ON SINCE 2007. THE FUNDS ARE USED TO MAINTAIN A DATABASE TO TRACK

CUSTOMERS' USE OF THE PROGRAMS EACH PARTNER IN "THEARC" OFFERS. HAVING

A DATABASE SYSTEM THAT TRACKS THE CHILDREN AND PARENTS USE OF THE

"THEARC'S" PROGRAMS AND SERVICES IS CRITICAL COMPONENT FOR OUR FUTURE

SUCCESS. THIS GRANT WILL ALSO HELP US TO EFFECTIVELY PLAN AND MANAGE

PROGRAMS TO FULFILL OUR MOST IMPORTANT VISION OF HELPING THE FAMILIES

IN WARDS 7 AND 8 LIVE HEALTHY AND PRODUCTIVE LIVES.

GARDEN PROGRAM - A COMMUNITY PROJECT DEVELOPED WITH THEARC PARTNERS TO

SERVE AS A TOOL TO EDUCATE THE COMMUNITY ABOUT NUTRITION AND HEALTHY

EATING. THIS MARKET OPERATION WILL HELP DEVELOP ENTREPRENEURIAL SKILLS

IN THE YOUTH OF WARD 8, WHILE EXPOSING THEM TO EMPLOYMENT OPPORTUNITIES

IN THE FIELDS OF AGRICULTURE, BUSINESS AND THE CULINARY ARTS.

EXPENSES \$ 378,572. INCLUDING GRANTS OF \$ 111,393. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: W. CHRISTOPHER SMITH (CHAIRMAN AND THE CO-FOUNDER OF BBAR) AND

W. THOMAS "SKIP" MCMAHON (BOARD MEMBER AND CO-FOUNDER OF BBAR) HAVE A

BUSINESS RELATIONSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization Employer identification number BUILDING BRIDGES ACROSS THE RIVER, INC. 52-2013526 W. THOMAS "SKIP" MCMAHON AND DOREA MCMAHON (BOARD VICE-CHAIR) HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE TREASURER, THE CHAIRMAN AND THE EXECUTIVE DIRECTOR. COPIES OF FORM 990 WERE ALSO PROVIDED TO THE BOARD BEFORE IT WAS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: UNLESS SPECIFICALLY AUTHORIZED BY THE BOARD OF DIRECTORS, BBAR AND ITS SUBSIDIARIES AND AFFILIATES WILL NOT DO BUSINESS WITH ANY FIRM OR ENTITY OWNED OR CONTROLLED BY ANY MEMBER OF THE BOARD OF DIRECTORS OR ANY OFFICER OR ANY MEMBER OF THE IMMEDIATE FAMILY OF ANY DIRECTOR OR OFFICER, OR ANY FIRM OR ENTITY, IN WHICH ANY SUCH PERSON HAS A SUBSTANTIAL FINANCIAL INTEREST. EACH DIRECTOR AND OFFICER PROMPTLY NOTIFIES THE CHAIRPERSON OF THE BOARD UPON BECOMING AWARE THAT THE AGENCY DOES BUSINESS, OR IS CONSIDERING DOING BUSINESS WITH A FIRM OR BUSINESS IN WHICH A DIRECTOR OR OFFICER HAS A SIGNIFICANT INTEREST. ALL CONTRACTS OR PURCHASES OF MORE THAN \$5,000 ARE DISCLOSED TO THE BOARD PRIOR TO EXECUTION. BOARD MEMBERS AND OFFICERS DISCLOSE ANY SIGNIFICANT INTEREST IN ANY FIRM OR BUSINESS WITH WHICH THE AGENCY IS CONSIDERING DOING BUSINESS. THE MEMBER OR MEMBERS WITH THE CONFLICT OF INTEREST MUST ABSTAIN FROM VOTING ON THIS CONTRACT.

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