Form	990	

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 5	04/~) 507 ~*	4047/0//41 04		Devenue Code	loweent multicate	formelatione)
under section 5	U1(C). 527. OF	4947(a)(1) 01	r the internal	Revenue Code	lexcept private	Toundations

Do not enter social security numbers on this form as it may be made public.

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	1					 		

2015

Open to Public

			e Service	Informa	tion about Form 990 and its i	instructions	s is at www.irs.g	ov/form	990.			Inspect	tion
Α	For t	he 2	2015 calend	ar year, or tax year begi	inning		, 2015, and e	ending			, 2	20	
в	Check	if ap	plicable:	C Name of organization BRI	DGES TO LEARNING INC	2					D Employ	er identifica	ation no.
	Addres	ss ch	ange	Doing business as							20-16	98868	
	Name	chan	nge	Number and street (or P.O. b	box if mail is not delivered to street addre	ess)		Room/	suite		E Telepho	ne number	
	Initial r	eturn	ı	1633 CEDAR LAK	CE PARKWAY						(612)	381-19	90
	Final re	eturn	/terminated	City or town, state or provinc	e, country, and ZIP or foreign postal coo	le						86,11	2
	Amenc	ded re	eturn	MINNEAPOLIS, M	IN 55416						G Gross r	ceipts\$	
	Applica	ation	pending	F Name and address of princip	oal officer: JERILYN H HI	RSCH			) la thia a ar		una far	_	
				Same as C abov	7e			п(а	Is this a group subordinat	es?		Yes	X No
I	Tax-ex	empt	t status: 🛛 📉	501(c)(3) 501(c) (	) 🗲 (insert no.) 📃 4947(a)(1	) or 5	527	H(b	) Are all sub If "No Group exe	ordinat	es included		ຸ∐ No
	Websi			.bridges2learnin	g.org			H(c	) Group exe	mption	number		
	-	-	ganization: 🔟		ssociation 🔄 Other 🕨	L	Year of formation:	2004	M State	of lega	al domicile:	MN	
Pa	art I		Summar	•									
	1				sion or most significant activitie								
e					ion, well-being, and								.n
Governance		-		ng countries. W	e are currently focu	sing on	schools and	d edu	cationa	ılp	rogram	<u>s in</u>	
/err		-	Vietnam.				<u> </u>	e					
ğ	2				on discontinued its operations of	•					1		-
	3				erning body (Part VI, line 1a)					3			
ties	4				ers of the governing body (Part					4			
Activities &	5				in calendar year 2015 (Part V, f necessary)					5			2
Ac	6				Part VIII, column (C), line 12					0 7a			20
										7a 7b			0
									Prior Year	10		urrent Year	
	8	3	Contributions	s and grants (Part VIII lin	e 1h)					,798			6,018
P				-	ne 2g)		•		01	, 190	1		<u>5,015</u>
ent	10		-		(A), lines 3, 4, and 7d)								0
Revenue	11				lines 5, 6d, 8c, 9c, 10c, and 11				77	,38	7	3(	0,094
_	12				(must equal Part VIII, column					,18			6,112
	13				t IX, column (A), lines 1-3)					,02			9,909
	14	<b>1</b> E	Benefits paid	to or for members (Part	IX, column (A), line 4) • • •					-			0
6	15	58	Salaries, oth	er compensation, employ	ee benefits (Part IX, column (A	), lines 5-10	) [		32	,072	2	3:	1,981
Expenses	16	Sa F	Professional	fundraising fees (Part IX,	column (A), line 11e) • • •		[						0
ber		b 1	Total fundrais	sing expenses (Part IX, co	olumn (D), line 25) 🕨		14,247						
ň	17	7 (	Other expension	ses (Part IX, column (A),	lines 11a-11d, 11f-24e) ••				44	,589	9	20	0,769
	18	3 1	Total expens	es. Add lines 13-17 (mus	st equal Part IX, column (A), lin	e 25) 🛛 •			149	,680	5	102	2,659
	19	<b>)</b> F	Revenue les	s expenses. Subtract line	e 18 from line 12 • • • • •				( 7	,50	<u>1)</u>	(10	6,547)
ŗ	20 Balances 21 22 22							Beginni	ng of Curren	t Year	E	nd of Year	
ssets				. ,					53	,75			8,493
et <u>A</u> s	<u> </u>			• •						82			2,106
	군   22 art II			r fund balances. Subtrac	t line 21 from line 20 · · · ·				52	,934	4	3(	6,387
					urn, including accompanying schedules	and statements	and to the best of my	knowleda	e and helief i	t is			
					ficer) is based on all information of whic			laionioug	o ana bollol, i				
			DODE	RT MAC MURDO									
Sig	jn			e of officer						Date	9		
He	re	- 1	ROBE	RT MAC MURDO, TR	EASURER								
				print name and title									
			Print/Type pre	parer's name	Preparer's signature		Date		Check	if	PTIN		
Pa	id		. , , , , , , , , , , , , , , , , , , ,		,				self-employe				
Pre	epar	er	Firm's name	•			·	Firm's	EIN 🕨				
Us	e Or	nly	Firm's addres	s 🕨				Phone					
Мау	the I	RS	discuss this	return with the preparer s	shown above? (see instructions	s)						Yes [	No
For	Pape	erwo	ork Reducti	on Act Notice, see the s	eparate instructions.							Form <b>990</b>	(2015)

	1990 (2015) BRIDGES TO LEARNING INC 20-1698868 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Bridges to Learning's mission is to provide resources for the education, well-being, and
	social development of impoverished children in developing countries. We are currently
	focusing on schools and educational programs in Vietnam.
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? • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$63,800 including grants of \$) (Revenue \$)
	Our primary program focuses on providing for the student's education and welfare. We transfer
	donations from private citizens to support indigent children in Vietnam to attend the Anh
	Linh Free School in district 7, Ho Chi Minh City. Their sponsorship includes education,
	uniforms, eye exams, haircuts, lunch, and school materials.
4b	(Code:) (Expenses \$7,500 including grants of \$) (Revenue \$)
	Bridges to Learning (B2L) established the Breakfast fund as a means to provide the elementary
	school children a nutritious breakfast each morning. Many children come from families too
	poor to provide more than one meal a day and hungry children do not learn very well.
4c	(Code:) (Expenses \$4,278 including grants of \$) (Revenue \$)
	Research & Dissemination B2L performs research to gather information that can be useful for
	B2L strategic decision-making and for its partners, collaborators. Information that advances
	the B2L mission can be disseminated to the general public using social media vehicles. B2L
	uses the communications from students and schools in Vietnam, stories about their progress,
	and other information to help donors and interested parties understand education in its
	global context.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 8,556 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
EEA	Form <b>990</b> (2015)

Form 990 (2	2015)
Part IV	C

15) BRIDGES TO LEARNING INC Checklist of Required Schedules

20-1698868 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	
•	complete Schedule A	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	- 21	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 21
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		- 21
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		. 5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	- 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D. Part III · · · · · · · · · · · · · · · · ·	- 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	. 0		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10		9		X
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,	10		
	VII, VIII, IX, or X as applicable.			
-				
а	complete Schedule D, Part VI	-11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	- 1 1a		
5	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
<u>،</u>	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		- 21
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
124		-12a		х
h	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	_		
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
-	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		Х

Form 990 (2015)

Form	990 (2015) BRIDGES TO LEARNING INC 20-16988	68	Р	age 4				
Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b></b>				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the							
	organization's current and former officers, directors, trustees, key employees, and highest compensated			37				
	employees? If "Yes," complete Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than							
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37				
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X				
b		24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240						
А	to defease any tax-exempt bonds?	· 24c 24d						
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u						
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a						
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?							
	If "Yes," complete Schedule L, Part I	25b		х				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200						
20	current or former officers, directors, trustees, key employees, highest compensated employees, or							
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х				
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):							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete							
	Schedule L, Part IV	. 28b		Х				
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)							
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified							
	conservation contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,							
	Part I • • • • • • • • • • • • • • • • • •	• 31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"							
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	- 32		Х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,							
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	- 34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a							
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable							
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,							
	Part VI	. 37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and							
	19? Note. All Form 990 filers are required to complete Schedule O       ••••••••••••••••••••••••••••••••••••	38	Х					

Form	990 (2015) BRIDGES TO LEARNING INC 20-16988	68	P	age 5
Pa	rt 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 0			
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	Х	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	- 7c		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities •••••• 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b> 1a</b> 9		163	
iu	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 9			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		- 21
U	the year by the following:			
-		0.0	v	
a	The governing body?	• 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
800	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	21	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		450	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	• 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
	ROBERT A MAC MURDO (612)381-1990, 1633 CEDAR LAKE PARKWAY, MINNEAPOLIS, MN 55416			

Form 990 (20 Part VII	15) BRIDGES TO LEARNING INC Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	20-1698868 npensated Employe	Page 7 ees, and
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete organization	this table for all persons required to be listed. Report compensation for the calendar year ending with or wit s tax year.	thin the	
• · · · ·			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			pena			ly curre				
					(C)					
(A)	(B)	(do r	not ch		sition	than one		(D)	(E)	(F)
Name and Title	Average	· ·				is both a		Reportable	Reportable	Estimated
	hours per	offic	er an	d a di	recto	r/trustee	)	compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or	Ins	Q₽	Ke	en Hij	Fo	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Forme	(W-2/1099-MISC)		organization
	below dotted line)	tor	iona		oldt	ree				and related organizations
		ruste	l trus		yee	mpe				organizations
		e	stee			Highest compensated employee				
						ëd				
(1) ROBERT PITNER	20.00									
EXECUTIVE DIRECTOR		Х				Х		25,000	0	0
(2) JERILYN H_HIRSCH	12.00									
FOUNDER				X				0	0	0
(3) ROBERT A MAC MURDO	12.00									
TREASURER				X				0	0	0
(4) ROBERT TENNESSEN	6.00									
SECRETARY	F			X				o	0	0
(5) GRANT_BARRICK	2.00									
CHAIRMAN				X				o	0	0
<u>(6)</u>										
<u> </u>	+									
<u>(7)</u>										
<u></u>	+									
<u>(8)</u>										
<u>(9)</u>										
<u>(9)</u>										
(10)										
<u>(10)</u>										
(11)										
<u>(11)</u>										
(12)										
<u>(12)</u>	+									
(12)						$\left  - \right $				
<u>(13)</u>	+									
<u>(14)</u>	<b> </b>									
										Fam. 000 (0045)

#### Form 990 (2015) BRIDGES TO LEARNING INC Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (do not check more than one Average Name and title Reportable box, unless person is both an compensation from hours per compensation officer and a director/trustee) week (list any from Individual trustee or director Officer Highest compensated employee Former the hours for Institutional trustee Key employee (W-2/1099-MISC) organization related (W-2/1099-MISC) organizations below dotted line) (15) \_ \_ \_ \_ (16) (17) (18) <u>(</u>

(19)	9)	
(20)	<u>0</u> )	
(21)	<u>1</u> )	
(22)	2)	
(23)	3)	
(24)	<u>4</u> )	
(25)	<sup>(5)</sup>	
1b	1b Sub-total	
с	c Total from continuation sheets to Part VII, Section A	
d		25,000 0 0
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$1	100,000 of
	reportable compensation from the organization	0

		_	Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual • • • • • • • • • • • • • • • • • • •	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
1 4	an D. Inden and ant Contractors			

# Section B. Independent Contractors

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

	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who		
	received more than \$100,000 of compensation from the organization		

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(E)

Reportable

related

organizations

Page 8

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

Form 9			TO LEARNING	INC			20-16988	68 Page 9
Part	VIII	Statement of Revenu						_
		Check if Schedule O contain	is a response or n	ote to any line in th				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns • • •	1a			1010100		0.2011
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
D D	c	Fundraising events	1c					
ar /	d	Related organizations • • •	1d					
s, imil	е	Government grants (contributi	ons) • • 1e					
ion er S	f	All other contributions, gifts, gr	ants,					
Sthe		and similar amounts not includ	led above 1f	56,018				
o utri	g	Noncash contributions include						
<u>a C</u>	h	Total. Add lines 1a-1f • •			56,018			
e				Business Code				
venu	2a							
e Re	b							
irvic	c d							
Program Service Revenue	e							
ograi		All other program service reven						
Pre		Total. Add lines 2a-2f						
	3	Investment income (including d						
		and other similar amounts) •						
	4	Income from investment of tax-	exempt bond proc	eeds · · · Þ				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
		Less: rental expenses • • • •						
		Rental income or (loss) • • •		L _				
	d	Net rental income or (loss) •						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss) • • • • •		· · · · · · · •				
Other Revenue	8a	Gross income from fundraising						
eve								
r R		of contributions reported on line						
the	h	See Part IV, line 18 • • • • • • Less: direct expenses • • •		30,094				
0		Net income or (loss) from fundr		└ <b>&gt;</b>	30,094			30,094
		Gross income from gaming acti	-		30,094			30,094
		See Part IV, line 19 • • • •						
	b	Less: direct expenses						
		Net income or (loss) from gamin						
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold $\cdot \cdot$	b					
	с	Net income or (loss) from sales	of inventory ••	<u> </u>				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C d	All other revenue • • • • • •			<u>                                     </u>			
		All other revenue    • • • • • • •      Total.    Add lines 11a-11d		L				
		Total revenue. See instructions			86,112	0	0	30,094
	1 1 4	. etai revenue. Oce monuolioni				0	0	30,094

	Check if Schedule O contains a response or note to an	y line in this Part IX	<u> </u>	<u></u> .	<u></u> .
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			31.11.1.1.p.1.11	
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16 • • • • • •	49,909	49,909		
	Benefits paid to or for members	137303			
	Compensation of current officers, directors,				
	rustees, and key employees	25,000	20,000	2,500	2,50
	Compensation not included above, to disqualified	237000	20,000	27500	2,50
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
•	Other salaries and wages	4,670	3,736	467	46
	Pension plan accruals and contributions (include	7,070	5,130		40
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	2,311	1,849	231	23
	ees for services (non-employees):	2,311	1,049	231	23
	egal · · · · · · · · · · · · · · · · · · ·				
	obbying · · · · · · · · · · · · · · · · · · ·				
	Professional fundraising services. See Part IV, line 17				
	F				
	hvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
	A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
		411	329	41	4
	nformation technology	2,460	1,968	246	24
	Royalties • • • • • • • • • • • • • • • • • • •				
	Occupancy				
	ravel	3,402	2,722	340	34
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization ••••••				
	nsurance · · · · · · · · · · · · · · · · · · ·	858	686	86	8
. (	Other expenses. Itemize expenses not covered				
а	bove (List miscellaneous expenses in line 24e. If				
li	ne 24e amount exceeds 10% of line 25, column				
(.	A) amount, list line 24e expenses on Schedule O.)				
a <u>E</u>	ank Charges & CC Fees	2,061	1,649	206	20
b E	rinting and newsletters	80	64	8	
C E	undraising expenses	9,969			9,96
d <u>r</u>	ues and Subscription	949	759	95	9
e A	Il other expenses	579	463	58	5
; T	otal functional expenses. Add lines 1 through 24e	102,659	84,134	4,278	14,24
	oint costs. Complete this line only if the				
	rganization reported in column (B) joint costs				
	rom a combined educational campaign and undraising solicitation. Check here				
	bllowing SOP 98-2 (ASC 958-720)				

# Form 990 (2015) BRIDGES TO LEARNING INC

20-1698868

Page	1	1

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	43,240	1	27,973
	2	Savings and temporary cash investments	10,515	2	10,520
	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)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
٩	10a	Land, buildings, and equipment: cost or		5	
	IVa	other basis. Complete Part VI of Schedule D • • • • 10a			
	b	Less: accumulated depreciation · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		12	
	13			13	
	14	Other assets. See Part IV, line 11		14	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	E3 755	16	29 402
	17	Accounts payable and accrued expenses	53,755	17	38,493
	18	Grants payable	821	17	2,106
	19	Deferred revenue		19	
		Tax-exempt bond liabilities		20	
	20	E E E E E E E E E E E E E E E E E E E			
	21			21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and		- 00	
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	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		0.01	25	0.100
	26	Total liabilities. Add lines 17 through 25          Organizations that follow SFAS 117 (ASC 958), check here       X	821	20	2,106
s		complete lines 27 through 29, and lines 33 and 34.			
JCe	27		50.034	27	26 207
alaı	27	Temporarily restricted net assets	52,934		36,387
Ä	28	Permanently restricted net assets		28	
un	29			29	
г		Organizations that do not follow SFAS 117 (ASC 958), check here  and an applete lines 20 through 24			
ts c	20	complete lines 30 through 34.		20	
sel	30 24	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	F0 001	32	26.207
	33	Total net assets or fund balances	52,934	33	36,387
	34	Total liabilities and net assets/fund balances	53,755	34	38,493

Form 990 (2015)

EEA

Form	990 (2015) BRIDGES TO LEARNING INC	20-1698	868	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				-
1	Total revenue (must equal Part VIII, column (A), line 12)			86,1	12
2	Total expenses (must equal Part IX, column (A), line 25)		1	.02,6	559
3	Revenue less expenses. Subtract line 2 from line 1		(	16,5	547)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	• • 4		52,9	934
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		36,3	387
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🔟 Cash 📃 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		•• 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • •	· 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		• 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		- 3b		
			Earm	aan (	2015)

Form 990 (2015)

SCHEDULE A	
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# (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047	
2015	

Department of the Treasury			• · · · · ·	Attach to Form 990 or Form 990-EZ.					Open to Public
				oout Schedule A (Fo	rm 990 or 990-EZ) and its i	Inspection			
		e organization						Employer identific	
	nt l	S TO LEARNI		v Status (All o	rganizations must c	omnlete	this nar	t ) See instruction	
					s 1 through 11, check on	-	-		
		•		,	0	,	,		
1 2	Н				rches described in <b>sectic</b> Schedule E (Form 990 or		I)(A)(I).		
2	Н				described in section 17		(111)		
4	Η	-		-	with a hospital describe			1)(A)(iii) Enter the	
-		hospital's name,	• .		i with a hospital describe	a in sectio	// // // // //		
5		An organization of	operated for the bene	efit of a college or ι	university owned or operation	ated by a g	jovernmen	tal unit described in	
	_		I)(A)(iv). (Complete I	,					
6	Ц		•	-	nit described in section 1				
7		•	-		t of its support from a gov	vernmenta	l unit or fro	m the general public	
_			tion 170(b)(1)(A)(vi)						
8		,	st described in <b>section</b>		· · · /				
9	Х	•	•		3 1/3% of its support from				S
		•		•	subject to certain exception		,		
		•••••			isiness taxable income (le			from businesses	
10	П	, ,	0		ection 509(a)(2). (Comp est for public safety. See		,		
10 11	Н	0	•		the benefit of, to perform			o carry out the nurnos	es of
		•	•	-	in section 509(a)(1) or s				
			• • • •		of supporting organizatio				Sheek
	а		-	•••	sed, or controlled by its s		•	-	r
	ŭ				appoint or elect a major		-		
			You must complet						ung
	b		-		ntrolled in connection with	h its suppo	orted organ	ization(s) by having	
	-			•	on vested in the same pe		•	.,	d
			(s). You must comp						-
	с				nization operated in conr	nection with	h. and fund	tionally integrated with	٦.
					must complete Part IV				-,
	d		• • • •		organization operated in				(s)
					generally must satisfy a d				
					Part IV, Sections A and		•		
	е	Check this b	ox if the organization	received a written	determination from the I	RS that it i	s a Type I,	Type II, Type III	
		functionally i	ntegrated, or Type III	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the numbe	r of supported organ	izations					
	g	Provide the follow	wing information abo	ut the supported or	ganization(s).				
	(i	) Name of supported or	ganization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-9 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other support (see instructions)
						uocun		instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									

EEA

Total

(E)

-		GES TO LEARN				20-169886	
Pa							
	(Complete only if you chec						y under
-	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") • • • • •						
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						
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)						
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 • •						
	tion B. Total Support	( ) 0044	(1) 00 40	() 0040	( )) 0044	() 0045	(0 - 1 - 1
	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,						
o	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on •••••••						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) • • • • • • • • • • • • • • • • • • •						
12	Gross receipts from related activities, etc. (s	oo instructions)				12	
	1	,					
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, o			(f))		14	%
15	Public support percentage from 2014 Sched						%
16a	<b>33 1/3% support test - 2015.</b> If the organization						,,,
	box and <b>stop here.</b> The organization qualifi						▶ □
b	33 1/3% support test - 2014. If the organiza				is 33 1/3% or more		
	check this box and <b>stop here.</b> The organiza					, 	▶ □
17a				-	. or 16b. and line 1	4 is	
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac						
	organization		-				🕨 🗖
b	10%-facts-and-circumstances test - 2014					ine	
-	15 is 10% or more, and if the organization n	-					
	Explain in Part VI how the organization mee					icly	
				· · · · · · · · · · · ·		· · · · · · · · · ·	🕨 🔲
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		
	instructions						🕨 🔲

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 BRID	GES TO LEARN	ING INC			20-1698868	Page 3
Pa	rt III Support Schedule for Or						
	(Complete only if you chec	ked the box on	line 9 of Part I	or if the organ	ization failed to	o qualify under	Part II.
	If the organization fails to o	ualify under the	e tests listed be	elow, please co	omplete Part II	.)	
See	ction A. Public Support			-	-		
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	,			. ,		
•	received. (Do not include any "unusual grants.")	128,048	122,915	148,516	142,185	86,112	627,776
2	Gross receipts from admissions, merchandise		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
2	•						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	128,048	122,915	148,516	142,185	86,112	627,776
	<sup>o</sup>	120,010	1221313	140,010	112,103	00,112	021,110
/ d	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
_							
8	Public support. (Subtract line 7c from line 6.)						627,776
See	ction B. Total Support	L L					· · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	128,048	122,915	148,516	142,185		627,776
40-			,		/		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources	28	7	4		3	42
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	28	7	4		3	42
11	Not income from unrelated business						
	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on	1,800	1,236	181			3,217
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • •	129,876	124,158	148,701	142,185	86,115	631,035
14	First five years. If the Form 990 is for the or	ganization's first, se	cond. third. fourth.	or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here	-		•		´	► 🗌
See	ction C. Computation of Public Su	upport Percent	tage				
15	Public support percentage for 2015 (line 8, c	olumn (f) divided by	/ line 13, column (f	))		15	99.48 %
16	Public support percentage from 2014 Sched	ule A, Part III, line 1	5	•••••		16	99.00 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2015 (line	10c, column (f) div	rided by line 13, co	lumn (f))		17	0.00 %
18	Investment income percentage from 2014 Se	chedule A, Part III, I	ine 17 • • • •			18	0.00 %
19a	33 1/3% support tests - 2015. If the organiz	ation did not check	the box on line 14.	, and line 15 is mor	e than 33 1/3%. ar	nd line	
	17 is not more than 33 1/3%, check this box						🕨 🛛
b	33 1/3% support tests - 2014. If the organiz	ation did not check	a box on line 14 or	r line 19a, and line	16 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this						► 🗌
20	Private foundation. If the organization did n	ot check a box on li	ine 14, 19a, or 19b	, check this box an	d see instructions		► 🔲

	In A (Form 990 or 990-EZ) 2015         BRIDGES TO LEARNING INC         20-16988	8	Г	age 4
Par				
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete S			
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, co		Э	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pa	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
5	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
τa	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-70		
D.	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_		40		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
-	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
~	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0.0		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
iva				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40		
	determine whether the organization had excess business holdings.)	10b		

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Page 4

BRIDGES TO LEARNING INC

	Jule A (Form 990 or 990-EZ) 2015 BRIDGES TO LEARNING INC 20-1698868		P	'age 5
Pa	rt IV Supporting Organizations (continued)		V-	NF -
44	Has the organization apported a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations			<u> </u>
<u> </u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u>.</u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
500	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		1
<u>3ec</u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	tions	<u>-)</u> .
'a		ารแน่เ	200115	<i></i>
b				
c		(coo ir	netruc	tione
2	Activities Test. Answer (a) and (b) below.	(300 11	Yes	
a			103	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have been engaged in the engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a				
a	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	a dote of each of the supported organizations: I toride details in Fait VI.	54		L

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

egard. **3b** Schedule A (Form 990 or 990-EZ) 2015

Inchedule A (Form 990 or 990-EZ) 2015 BRIDGES TO LEARNING INC		20-16	98868 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com			Instructions. All
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/-integr	ated Type III supportir	ng organization (see
instructions).	2		

Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 BRIDGES TO LEARNING INC		20-169	8868 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respon	sive	
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
 C				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	· •			
7	instructions).			
'	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-				
a b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

EEA

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (For	m 990 or 990-EZ) 2015 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	ines 2, 3, and 0. Also complete this part for any additional mornation. (See instructions.)
-	

SCH	EDULE C	Po	litical Campaign and Lo	bbying Acti	vities		OMB No. 1545-0047		
(Forr	n 990 or 990-EZ)		ations Exempt From Income Tax Unde	, ,		97	2015		
	Complete if the organization is described below Attach to Form 990 or Form 990-FZ								
	ment of the Treasury I Revenue Service	•	ut Schedule C (Form 990 or 990-EZ) and its				Open to Public Inspection		
If the If the Tax)	Section 501(c)(3) or Section 501(c) (othe Section 527 organiz organization answ Section 501(c)(3) or Section 501(c)(3) or organization answ (see separate insti	ganizations: Complete er than section 501(c)( cations: Complete Part vered "Yes," to Form ganizations that have ganizations that have vered "Yes," to Form	990, Part IV, line 4, or Form 990-EZ, P filed Form 5768 (election under section NOT filed Form 5768 (election under se 990, Part IV, line 5 (Proxy Tax) (see se	-C. Id C below. Do not <b>art VI, line 47 (Lo</b> 501(h)): Complete ction 501(h)): Com	complete Part bbying Activit Part II-A. Do r plete Part II-B	I-B. ties), then not complete . Do not com	Part II-B. plete Part II-A.		
	e of organization	o), or (o) organizations				Employer i	identification number		
	IDGES TO LEAF					20-1698			
	•	•	ization is exempt under secti	. ,		527 orga	anization.		
1			s direct and indirect political campaign a						
2 3									
3	volunteer nours					· · ·			
Pai	t I-B Com	plete if the organ	ization is exempt under secti	on 501(c)(3).					
1	Enter the amount of	of any excise tax incurr	ed by the organization under section 49	55		.▶ \$			
2			ed by organization managers under sec						
3			5 tax, did it file Form 4720 for this year?						
4a							· · 🗌 Yes 🔄 No		
Par	If "Yes," describe in		ization is exempt under secti	on 501(c) exc	rent sectio	n 501(c)(	3)		
1			e filing organization for section 527 exer	· /·			<i>.</i>		
-						. ► \$			
2			n's funds contributed to other organization						
	527 exempt function	on activities • • • •				. ► \$			
3			lines 1 and 2. Enter here and on Form 1						
			POL for this year?						
4 5			POL for this year?						
Ũ			rganization listed, enter the amount paid				•		
	•		ved that were promptly and directly deliv						
	as a separate segr	regated fund or a polition	cal action committee (PAC). If additional	space is needed,	provide inform	ation in Part	IV.		
	<b>(a)</b> Nam	e	(b) Address	(c) EIN	(d) Amount filing orgar funds. If none	nization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2015

EEA

Sche	lule C (Form 990 or 990-EZ) 2015 BRIDGES TO LEA		20-16988	
Pa		is exempt under section 501(c)(3) and filed	l Form 5768 (elec	ction under
	section 501(h)).			
Α	Check 🕨 🗌 if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group me	ember's	
	name, address, EIN, expenses, and	share of excess lobbying expenditures).		
B	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	ion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislativ			
С				
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c a	nd 1d) • • • • • • • • • • • • • • • • • • •		
f	Lobbying nontaxable amount. Enter the amount fro	m the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1	f) • • • • • • • • • • • • • • • • • • •		
h	Subtract line 1g from line 1a. If zero or less, enter -	0- ••••••••••		
i	Subtract line 1f from line 1c. If zero or less, enter -0	)		
j	If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?	<u></u>		Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

EEA

Schedule C (Form 990 or 990-EZ) 2015

	lule C (Form 990 or 990-EZ) 2015 BRIDGES TO LEARNING INC	20-	1698	868	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled I	Form	5768	
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(i	a)	(b)	
	cription of the lobbying activity.	Yes	No	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
a	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Mailings to members, legislators, or the public?				
d	Publications, or published or broadcast statements?				
e	Grants to other organizations for lobbying purposes?				
f	Direct contact with legislators, their staffs, government officials, or a legislative body?				
g b					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         Other activities?				
1	Total. Add lines 1c through 1i				
20 J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-		
2a ⊾					
b	If "Yes," enter the amount of any tax incurred under section 4912		-		
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	·)(5)	or se	ction	
ľu	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 00		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C				e 3, is
	answered "Yes."	•	•	,	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I be instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ines 1	and		

SCHEDULE G	Supplement	al Informati	on Regar	ding Fur	draising or Gan	ning Ac	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.								2015
Department of the Treasury	Open to Public Inspection							
Name of the organization	Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
BRIDGES TO LEARNI	ING INC						20-16	98868
		Complete if	the organ	ization an	swered "Yes" on	Form 9	90, Part IV	/, line 17.
Form 990-E	EZ filers are not i	required to co	mplete this	part.				
_	-	d funds through	· _	•	vities. Check all that a			
a Mail solicitations			=		of non-government gr of government grants	ants		
<b>b</b> Internet and ema			=		draising events			
d In-person solicita			9 🗆					
2a Did the organization		oral agreement v	vith any indiv	vidual (inclue	ding officers, directors	, trustees		
or key employees lis	sted in Form 990, P	art VII) or entity	in connectio	on with profe	ssional fundraising se	rvices?	<u></u> Ч	′es 🗌 No
<b>b</b> If "Yes," list the ten h	0 1		fundraisers)	pursuant to	agreements under wh	nich the fu	ndraiser is to	be
compensated at leas	ist \$5,000 by the org	ganization.						
						(v) Am	ount paid to	
(i) Name and address		(ii) Activity		draiser have r control of	(iv) Gross receipts	(or re	etained by)	(vi) Amount paid to (or retained by)
or entity (fundra	aisei)	()	contributions?		from activity	fundraiser listed in col. (i)		organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
0								
9								
10								
Total								
3 List all states in which	h the organization is	s registered or li	censed to so	olicit contribu	utions or has been not	ified it is e	exempt from	1
registration or licensi	-	-						

Schedule G (I	Form 990 or 990-EZ) 2015	BRIDGES	то	LEARNING
Part II	Fundraising Events	. Complete if	the	organization

INC

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τΠ	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.

		gross receipts greater than	\$5,000.			
			(a) Event #1 APPEAL	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	30,094			30,094
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	30,094			30,094
	4	Cash prizes				
	_					
	5	Noncash prizes				
ŝ	6	Popt/facility acata				
Direct Expenses	6	Rent/facility costs • • • • • • • •				
xpei	7	Food and beverages				
Ct E	•	l cou una sovoragoo				
)ire(	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	· · · · · · · · · · · · · · · · · · ·			
D	11	Net income summary. Subtract line				30,094
Pa	rt II			Yes" to Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990				
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				g		
Re	1	Gross revenue				
_						
	2	Cash prizes				
Jse						
Direct Expenses	3	Noncash prizes				
it Ey						
irec	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	6	Volunteer labor	│	└ Yes %	└ Yes % │	
	0					
7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	nn (d) • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · •	
9 Enter the state(s) in which the organization conducts gaming activities:						
a Is the organization licensed to conduct gaming activities in each of these states?						···· Ves 📙 No
b						
	lf "	No," explain:				
	lf "	No, explain:				
10-		· · · · · · · · · · · · · · · · · · ·		ad or terminated during the	tax year?	
10a	We	ere any of the organization's gaming	licenses revoked, suspende	ed or terminated during the	tax year?	· · · · ] Yes ] No
	We	· · · · · · · · · · · · · · · · · · ·	licenses revoked, suspende	ed or terminated during the	tax year?	Yes 🗌 No

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# 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.

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

2015 Open to Public

OMB No. 1545-0047

Employer identification number

20-1698868

BRIDGES TO LEARNING INC

#### 01. Officer, directors, etc. family relationship (Part VI, line 2)

Jerilyn Hirsch's spouse is Robert Mac Murdo.

#### 02. Form 990 governing body review (Part VI, line 11)

The organization's 990 is compiled by our accountant with the assistance of the Treasurer.

Once the 990 has been completed it is distributed electronically to the board for review

and comment prior to filing. All comments and questions are resolved prior to filing,

primarily through email between all board members.

#### 03. Conflict of interest policy compliance (Part VI, line 12c)

Bridges to Learning Inc's Conflict of Interest policy is completed annually by each board

member. The board collectively reviews each member's statement and discusses any

guestions that members may have. Members are bound to report any change in their

situation throughout the year. Randomly, the Chairman, will poll the board as to their

status at periodic board meetings and those results are compiled in the minutes.

04. CEO, executive director, top management comp (Part VI, line 15a)

During the Board's annual strategic planning session in 2008, it concluded that

establishing a salary for the President and Treasurer would be sound policy to begin to

establish credibility as a sustainable organization. Consulting firms such as MAP for

Non-Profits and the Minnesota Council of Non-Profits were accessed to evaluate appropriate

salary structures for organization our size. A new Executive Director was hired in August

2010 to replaced Jerilyn Hirsch who wished to retire and support the organization through

service with the board.

BRIDGES TO LEARNING INC

Employer identification number 20-1698868

#### 05. Other officer or key employee compensation (Part VI, line 15b

Using the information gleaned from the aforementioned organizations the board determined

that a half time salary of \$25,000 per annum was appropriate to offer the new director.

Compensation for an Administrative Assistant was also approved for the prevailing rate of

\$10.00/hr for part time work.

### 06. Governing documents, etc, available to public (Part VI, line 19)

Bridges to Learning Inc posts its by-laws and governing documents on their website,

www.Bridges2Learning.org

2015 PG01

Name(s) as shown on return

Your Social Security Number

20-1698868

BRIDGES TO LEARNING INC

	Form 990-Part Statement of Service	 Statement	#4
rvice	Code		

Program Service Code\$4278Program Service Expenses\$4278Grants and allocations included in above expense\$0Program Services Revenue\$0

# Explanation

Collaborations & Partnerships As one of a relatively small number of organizations supplying resources to poor children in Vietnam, B2L has a unique position to become an organization that is also providing strength to the infrastructure of nonprofit organizations currently in Vietnam as a movement-maker, B2L initiates collaborations and partnerships that strengthen our ability to carry out our mission. We seek partners who work with models similar to ours, supporting the unique needs of each child.

Statement of Program Service Accomplishments
--

2015 PG01

Name(s) as shown on return

Your Social Security Number

<u>20-169886</u>8

BRIDGES TO LEARNING INC

# Form 990-Part III(b) Statement #4 Statement of Service Accomplishment

Program Service Code\$2139Program Service Expenses\$2139Grants and allocations included in above expense \$0Program Services Revenue\$0

# Explanation

School Asset Management Even though schools like Anh Linh Free School are poor in capital and cash, they still have more funds than many places in impoverished communities. Keeping the money donated from B2L in their local bank accounts can be a challenge. It attracts attention, and could be confiscated. For schools in developing countries, it is often safer to retain their funds offshore. B2L works with the school to help them with their cash flow and cash management. B2L is creating an escrow account to finance programs for the next year and help the school maintain, budget, and manage the flow of funds.

Statement of Program Service Accomplishments	<b>2015</b> PG01
Name(s) as shown on return	Your Social Security Number
BRIDGES TO LEARNING INC	20-1698868
Form 990-Part III(c) Statement of Service Accomplishment	Statement #4
Program Service Code\$2139Program Service Expenses\$2139Grants and allocations included in above expense \$0\$0Program Services Revenue\$0	
Explanation	

The capital building initiative provides for the furnishing of computer labs, dormitories, building maintenance and the construction of facilitities including new schools.

# 990 Name(s) as shown on return

BRIDGES TO LEARNING INC

# OTHER ASSISTANCE TO ORGANIZATION OUTSIDE THE US

Description	2	Amount	
Sponsored Elementary school children	_\$	40,608	
Children's Breakfast Fund		7,500	
Others		1,801	
Total:	_\$	49,909	

20-1698868

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FEIN

**Overflow Statement**