MCCAY, KIDDY & ASSOCIATES, LLC CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS 1156 BOWMAN ROAD, SUITE 100-A MOUNT PLEASANT, SC 29464

JANUARY 3, 2017

BRIDGES PREPARATORY SCHOOL P.O. BOX 120 BEAUFORT, SC 29901

DEAR DELORES AND BOARD OF DIRECTORS:

ENCLOSED IS THE ORGANIZATION'S 2015 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 15, 2017.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

WE HAVE MAILED YOU A HARD COPY OF THE 990 INFORMATION RETURN. IF YOU HAVE A FILING REQUIREMENT WITH THE SC SECRETARY OF STATE FOR BEING REGISTERED AS A PUBLIC CHARITY, PLEASE SIGN PAGE 1 (PAGE 4 IF 990-EZ) AND MAIL TO THE SC SECRETARY OF STATE IN THE ENCLOSED ADDRESSED ENVELOPE.

IF YOU ARE UNCERTAIN OF YOUR FILING REQUIREMENTS WITH THE SC SECRETARY OF STATE FOR SOLICITING CONTRIBUTIONS FROM THE PUBLIC, YOU SHOULD CONTACT THEIR OFFICE FOR GUIDANCE AND REQUIREMENTS AT 803-734-1790.

SINCERELY,

MELISSA A. KIDDY, CPA, CFE

| Form 8879-EO | IRS | e-file Signat | ure Authoriza | tion | 0 | /B No. 1545-1878 |
|---|---|---------------------------------|---------------------------------|----------------------|----------------|---|
| Form 00/9-EU | | | t Organizatio | | | 0045 |
| | | | 1 , 2015, and ending | | <u> </u> | 2015 |
| Department of the Treasury | | | S. Keep for your record | | | |
| Internal Revenue Service Name of exempt organization | | t Form 8879-EO and it | s instructions is at www | | | ation number |
| Name of exempt of gamzation | | | | | noyor raonana | |
| BRIDGES PREPA | RATORY SCHOOL | 6 | | * | *_**73 | 332 |
| Name and title of officer | 1000 | | | | | |
| DELORES MATTH | LEWS | | | | | |
| BOARD CHAIR | Return and Return | Information whether | Dullar Oak) | | | |
| | | | | | | |
| Check the box for the retu on line 1a , 2a , 3a , 4a , or 5 whichever is applicable, b than 1 line in Part I. | a, below, and the amount | t on that line for the retu | um being filed with this fo | orm was blank, then | leave line 1b, | 2b, 3b, 4b, or 5b, |
| 1a Form 990 check here | | Wanua if any /Form 000 |), Part VIII, column (A), lir | 12) | 16 4 | .268.691. |
| 2a Form 990-EZ check here | | al revenue, if any (Form 990 | 990-EZ, line 9) | 10 12) | 2b | ,200,0510 |
| 3a Form 1120-POL check | | | OL, line 22) | | | |
| 4a Form 990-PF check he | | | income (Form 990-PF, P | | | |
| 5a Form 8868 check here | | | I, line 3c or Part II, line 8 | | | |
| | | | ., | -, | | |
| Part II Declara | tion and Signature | Authorization of C | Officer | - | | |
| processing of the electror payment. I have selected organization's consent to Officer's PIN: check one | a personal identification r electronic funds withdraw box only | number (PIN) as my sign val. | ature for the organization | | | able, the |
| X I authorize MC | CAY, KIDDY & | ASSOCIATES, | LLC | to er | nter my PIN | 46084 |
| | · · · · · · · · · · · · · · · · · · · | ERO firm name | | | | nter five numbers, bu lo not enter all zeros |
| is being filed with | on the organization's tax th a state agency(ies) regu the return's disclosure c | ulating charities as part | | | | |
| indicated within | the organization, I will ent this return that a copy of the may PIN on the return | the return is being filed | with a state agency(ies) creen. | regulating charities | as part of the | |
| Officer's signature | Matthew | 2 | | Date > 2/15/1 | 7 | |
| | | | | | | |
| Part III Certifica | ation and Authentic | ation | | | | |
| ERO's EFIN/PIN. Enter yo | our six-digit electronic filin | g identification | FFFFFFFFFFFFF | 11206020 | | |
| number (EFIN) followed by | y your five-digit self-select | ed PIN. | | t enter all zeros | | |
| I certify that the above nu confirm that I am submitti e-file Providers for Busine | ng this return in accordan | | | | | |
| | Y. KIDDY & AS | SSOCTATES I. | LC | Date > 01/03 | /17 | |

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

10200103 133453 2461

2015.05010 BRIDGES PREPARATORY SCHOOL 2461___2

Form 8879-EO (2015)

| Form 990 |
|----------|
|----------|

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

20 15 **Open to Public** Inspection

OMB No. 1545-0047

| | | of the Treasury nue Service | Do not enter social security numbers on this form Information about Form 990 and its instructions is | | | Open to Public Inspection |
|--------------------------------|-------------------------|--------------------------------|---|---------------|-----------------------------|------------------------------|
| A | For the | e 2015 calend | | | UN 30, 2016 | |
| B | Check if applicabl | C Name o | forganization | | D Employer identific | ation number |
| | Addre | BB BRTD | GES PREPARATORY SCHOOL | | | |
| F | chang | | | | **_*: | **7332 |
| | chang | | and street (or P.0. box if mail is not delivered to street address) | Room/suite | | 1001 |
| 2 | Final | D D O | BOX 120 | nuum/suite | E Telephone number | 982-7737 |
| _ | termin ated | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,268,691. |
| Г | Amen | | FORT, SC 29901 | | H(a) Is this a group re | |
| | Applic tion pendi | F Name a | nd address of principal officer: DELORES MATTHEWS AS C ABOVE | | for subordinates | ? |
| | | | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) |
| _ | | | BRIDGESPREPARATORYSCHOOL.ORG | | H(c) Group exemption | number 🕨 |
| | | | X Corporation Trust Association Other | L Year | of formation: 2012 M | State of legal domicile: SC |
| Pa | art I | Summary | | | | |
| 0 | 1 | Briefly describ | be the organization's mission or most significant activities: $\underline{\mathrm{THE}}$ | BRIDGE | S PREPARATO | RY SCHOOL |
| and | | | IS TO PROVIDE STUDENTS EQUAL ACC | | | |
| Activities & Governance | 2 | Check this bo | x if the organization discontinued its operations or disposed in the organization of the operation of the | sed of more | than 25% of its net as | |
| NOF | | | | | 3 | 7 |
| š | | | lependent voting members of the governing body (Part VI, line 1b) | | | 7 |
| ies | | | of individuals employed in calendar year 2015 (Part V, line 2a) | | | 104 |
| livit | 6 | Total number | of volunteers (estimate if necessary) | | | 196 |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated | business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | - | Prior Year | Current Year |
| ne | | | and grants (Part VIII, line 1h) | | 3,716,642. | 4,137,657. |
| Revenue | | | ce revenue (Part VIII, line 2g) | | 182,257. | 129,807. |
| Re | | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 489. | 1,227. |
| | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,899,388. | 0.4,268,691. |
| _ | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,099,300. | 4,200,091. |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | | to or for members (Part IX, column (A), line 4) | | 2,269,740. | 2,383,277. |
| Expenses | | | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,205,740. | 0. |
| nec | | | undraising fees (Part IX, column (A), line 11e) | 0. | | 0. |
| Ă | | | ng expenses (Part IX, column (D), line 25) | | 1,055,192. | 1,387,495. |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,324,932. | 3,770,772. |
| | | | expenses. Subtract line 18 from line 12 | | 574,456. | 497,919. |
| or | | nevenue less | | Be | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (F | Part X, line 16) | | 2,368,490. | 2,728,488. |
| Ass Ba | 21 | | (Part X, line 26) | | 1,240,194. | 1,102,273. |
| Punit | 22 | | fund balances. Subtract line 21 from line 20 | | 1,128,296. | 1,626,215. |
| | art II | Signature | | | | |
| Und | er pena | Ities of perjury, | declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of my | knowledge and belief, it is |
| true | , correc | t, and complete | Beclaration of proparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | Matthews | | 215/17 | |
| Sig | n | Signature | e of officer | | Date | |
| Her | е | | RES MATTHEWS, BOARD CHAIR | | | |
| | | Print/Type prep | parer's name Preparer's signature | L | Date Check | PTIN |
| Pair | ł | MELISSA | A. KIDDY, CPA, CFMELISSA A. KIDD | Y, CPO | 1/03/17 if self-employed | P01226038 |
| Pre | parer | | MCCAY, KIDDY & ASSOCIATES, LLC | | Firm's EIN 🕨 | **-***2308 |
| Use | Only | Firm's address | ▶ 1156 BOWMAN ROAD, SUITE 100-A | | | |
| | | | MOUNT PLEASANT, SC 29464 | | Phone no. (84 | 13) 881-4477 |
| May | the IF | RS discuss this | s return with the preparer shown above? (see instructions) | | | X Yes No |
| 5320 | 01 12-1 | | or Paperwork Reduction Act Notice, see the separate instruction | | | Form 990 (2015) |
| | S | EE SCHE | DULE O FOR ORGANIZATION MISSION S | TATEME | NT CONTINUA | LION |

| | 990 (2015) BRIDGES PREPARATORY SCHOOL | **-***7332 | Pag |
|--|--|-----------------------------------|--------|
| 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: THE BRIDGES PREPARATORY SCHOOL MISSION IS TO PROVID ACCESS TO A HIGH QUALITY K-12 WHOLE CHILD EDUCATION ACADEMIC EXCELLENCE AND STRENGTH OF CHARACTER IN A LEARNING ENVIRONMENT CREATED BY A FACULTY OF LIFELO | THAT MAXIMIZES STUDENT-CENTERE | |
| 2 | Did the organization undertake any significant program services during the year which were not listed | | |
| - | the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | s X |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O. | services? | s X |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | | |
| | revenue, if any, for each program service reported. | | , |
| 4a | (Code:)(Expenses 2,378,037. including grants of \$ IN FY 2016, BRIDGES PREPARATORY SCHOOL CREATED A ST LEARNING ENVIRONMENT, DEVELOPED TO MAXIMIZE ACADEMI STRENGTH OF CHARACTER FOR STUDENTS IN TWENTY-SEVEN CLASSROOMS, KINDERGARTEN THROUGH SEVENTH GRADE. | C EXCELLENCE AN | |
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| Part 1 E 1 E 2 E 1 E 2 E 1 E 2 E 1 E 2 E 4 E 3 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 4 E 532002 12-16-15 | | | |
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| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |
| 4b | | | |
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| Part 1 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |
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| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 40 | Total program service expenses 2,378,037. | | 000 |
| | | Form | 990 (2 |
| 2-16- | 15 2 | | |
| 0.0 | 103 133453 2461 2015.05010 BRIDGES PREPARAT | ODV COUDOT 246 | 1 |
| 00 | TOS ISSASS 7401 COIS.OSOIO BRIDGES PREPARA | FORY SCHOOL 246 | L |

| Form | 990 | (2015) |
|---------|-----|--------|
| 1 01111 | 330 | (2010) |

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | | |
| | similar 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 | | | |
| | 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, | | | v |
| | 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? If "Yes," complete Schedule D, Part IV | 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 | | x |
| 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, | | | |
| u | Part VI | 11a | x | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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 | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 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 | | x |
| 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 | X | v |
| | 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 | | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | • |
| 15 | 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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III | 19 | | x |

Form 990 (2015)

532003 12-16-15

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|-----|---|------------|-----|-------|
| 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 | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | - |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | 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 employees? If "Yes," complete | | | 77 |
| | 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 | ie | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | T |
| | Schedule K. If "No", go to line 25a | 24a | - | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 240 | - | - |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05 | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <u>25a</u> | - | |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," complete Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | - | - 22 |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 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 | | X |
| b | | 28b | | X |
| с | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an offic | er, | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | - |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | v | |
| | Part V, line 1 | 34 | X | v |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0.5 | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | - | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | | x |
| 37 | 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 | | | 41 |
| 01 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| | and share source as a partition provident moone tax parposes in root, somptote consector if at the | | | |

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

X Form 990 (2015)

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4 2015.05010 BRIDGES PREPARATORY SCHOOL 2461___2

10200103 133453 2461

Note. All Form 990 filers are required to complete Schedule O

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| Form | 990 (2015) BRIDGES PREPARATORY SCHOOL | **_*** | 332 | F | Page 5 |
|------|--|--------------------------------|----------|-----|--------|
| Pa | t 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 38 | 3 | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b (| 5 | 1 | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | reportable gaming | 1 | | |
| | (gambling) winnings to prize winners? | | 10 | 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 | 22 104 | | | |
| 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 instruction | | | | |
| 39 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedul | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or othe | | | | - |
| -164 | financial account in a foreign country (such as a bank account, securities account, or other financial | | 4a | | x |
| b | If "Yes," enter the name of the foreign country: | 1 a00001119. | | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | Accounts (FRAR) | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | | 5b | - | X |
| | | | 50 | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did | | 00 | | - |
| Ua | any contributions that were not tax deductible as charitable contributions? | | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribu | | Od | - | |
| U | | - | 6b | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | 00 | | - |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s | envices provided to the pavor? | 7a | | x |
| a | | | 7b | | 21 |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 10 | - | - |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it to file Form 00000 | | 70 | | x |
| | to file Form 8282? | | 7c | | A |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | 70 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | 7e 7f | - | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con | | | - | - |
| g | If the organization received a contribution of qualified intellectual property, did the organization file | | 7g | - | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi | | 7h | | - |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | | | | |
| ~ | sponsoring organization have excess business holdings at any time during the year? | | 8 | | - |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 0- | - | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | - | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | - |
| 10 | Section 501(c)(7) organizations. Enter: | 40- | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| 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: | Lat | | | |
| а | Gross income from members or shareholders | 11a | - | | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 1 | 12a | | - |
| | 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 | 1 | | | |
| | organization is licensed to issue qualified health plans | | - | | |
| | Enter the amount of reserves on hand | 13c | | | |
| | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | Ile O | 14b | | (2015) |

12-16-15

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| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | | | "No" / | respor | ns |
|-----|---|--------------|--------------------|---------|--------|----|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C | | | | | |
| - | Check if Schedule O contains a response or note to any line in this Part VI | | | | | _ |
| Sec | tion A. Governing Body and Management | | | | | _ |
| | | 1.1 | | 7 | Yes | + |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | | 4 | | 1 |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | 1 |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | , | | 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | | | 1 |
| | officer, director, trustee, or key employee? | | | 2 | - | 4 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | 4 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | 4 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | | | 6 | - | 4 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint o | ne or | | | I |
| | more members of the governing body? | | | 7a | | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockhok | ders, or | | | |
| | persons other than the governing body? | | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the | following: | | | 1 |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ached at | the | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | evenue (| Code.) | | | |
| | | | | | Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such o | | | | | |
| | 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 box | ly before | filing the form? | 11a | X | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | I |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | e to conflie | cts? | 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? /f ") | 'es," des | cribe | | | T |
| | in Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | Ι |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | 1 |
| 15 | Did the process for determining compensation of the following persons include a review and approv | | ependent | - | | 1 |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | 1 |
| | Other officers or key employees of the organization | | | 15b | X | 1 |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | 1 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment wit | ha | | | |
| | taxable entity during the year? | | | 16a | | 1 |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | 100 | | 1 |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organize the organized of the | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | 1 |
| Sec | tion C. Disclosure | | | 1.00 | - | Ť |
| 17 | List the states with which a copy of this Form 990 is required to be filed SC | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | (Section | n 501(c)(3)s only) | availab | le | - |
| | for public inspection. Indicate how you made these available. Check all that apply. | (000000 | | | | |
| | X Own website Another's website X Upon request Other (explain | in Sche | dule () | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | | d finan | cial | |
| | statements available to the public during the tax year. | in the off | in the pointy, and | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks and | records: | | | |
| 20 | MCCAY KIDDY LLC - 843.881.4477 | ono anu | | | | Ē |
| | 1156 BOWMAN ROAD, SUITE 100-A, MOUNT PLEASANT, SC | 294 | 64 | | | - |
| | | | | | 990 | - |

| Form 990 (2015) | BRIDGES | PREPARATORY | SCHOOL |
|-----------------|---------|-------------|--------|
|-----------------|---------|-------------|--------|

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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

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.

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.

| (A) Name and Title | (B) Average hours per week | box | not c | Pos heck | erson | n is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------------|--|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) DELORES MATTHEWS | 5.00 | | | | | | | | | |
| BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (2) CAROLINE LOVELL TREASURER | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (3) MARTY MILEY VICE-CHAIR | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (4) CALVIN WHITE MEMBER | 5.00 | x | | | | | | 0. | 0. | 0. |
| (5) JAMES CORBIN SECRETARY | 5.00 | x | | x | | | | 0. | 0. | · 0. |
| (6) CHRIS PROTZ | 5.00 | | | | | 1 | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0. |
| (7) PEGGY FEUERBACHER | 5.00 | | | | | | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (8) BOB BOHNSTENGEL | 40.00 | | | | | | | | | |
| HEAD OF SCHOOL | | X | | | | | | 54,900. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | • | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 532007 12-18-15 | | | | | | | | | | Form 990 (2015) |

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| (A) Name and title | (B) Average hours per | (do no box, u | Po t cheo nless | (C) sition k more person | n e than is bot | one th an | (D) Reportable compensation | (E) Reportable compensation | am | (F) timated ount of |
|---|---|--|-----------------------|-----------------------------------|-----------------------|-----------------|--|--|----------------------------|--|
| | (list any hours for related | ustee or director | lionai trustee | ployee | ated | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | comp fro orga and | other bensation om the anization related nization |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | - | | | | 1 | | | |
| Name and title Average hours per week (list ary line) Opsition or d.tobe. mines then are be, mines percent a both and the compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) 1 Sub-total Image: Sub-total image: Sub-total Sub-total image: Sub-total image: Sub-total Sub-total image: Sub-total | | | | | | | | | | |
| | | | | | | | | ve 100.00 | | |
| 1b Sub-total c Total from continuation sheets to P | art VII, Section A | | | | | | 0. | 0. | | |
| 2 Total number of individuals (including | but not limited to th | | | | | ho re | | | | |
| | | | | | | | | | 3 | Yes |
| 4 For any individual listed on line 1a, is a and related organizations greater than | the sum of reportab \$150,000? If "Yes, | le com " com | npen plete | sation Sch | n and edule | d oth e J fo | er compensation from to such individual | the organization | 4 | |
| rendered to the organization? If "Yes, | | | | | | | - | | 5 | |
| 1 Complete this table for your five higher | | | | | | | | | ation fr | om |
| (A | N | | | with | | | (B) | | (C compen | |
| | | | | | _ | + | | | | |
| | | mployees, and Highest Compensated Employees (continued) (C) (O) (E) (C) Reportable compensation from officer and a director/husbel organization (W-2/1099-MISC) Reportable compensation from related organization (W-2/1099-MISC) C (a) (a) (b) (c) Reportable compensation from related organization (W-2/1099-MISC) C (a) (b) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) | | | | | | | | |
| | Berton A. Officers, Directors, Trustees, Key Employees, AH Highest Compensated Employees (continued) Name and title Average Name and title (c) (c) | | | | | | | | | |
| 0 Total number of independent contract | tors (including but n | ot limi | ted t | o the | se lis | sted | above) who received m | ore than | | |
| | | | | | 0 | | | | | |

| | (2015) BRIDGES PRE | FARAIONI D | | | **_*** | 7332 Pag |
|------|---|------------------------|----------------------|---|---|---|
| | Check if Schedule O contains a respo | nse or note to any lin | e in this Part VIII | | | Г |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax unde sections 512 - 514 |
| | a Federated campaigns1a | | | | | |
| | b Membership dues 1b | | - | | | |
| | c Fundraising events 1c | | | | | |
| | d Related organizations 1d | | | | | |
| 6 | e Government grants (contributions) 1e | 4,120,600. | | | | |
| 1 | f All other contributions, gifts, grants, and | | | | | |
| | similar amounts not included above 1f | 17,057. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 4,137,657. | | | |
| | | Business Code | | | | |
| 2: | a PUPIL ACTIVITIES | 611710 | 89,550. | 89,550. | | |
| | LUNCH SALES TO PUPIL | 900099 | 30,813. | 30,813. | | |
| | | | 0070100 | 00/0101 | | |
| | | - | | | | - |
| | d | | | | | - |
| | | 900099 | 9,444. | 9,444. | | |
| | f All other program service revenue | | 129,807. | 5,111. | | |
| | g Total. Add lines 2a-2f | | 125,007. | | | |
| 3 | Investment income (including dividends, in | | 1.11 | | | |
| | other similar amounts) | | 1,227. | 1,227. | | |
| 4 | Income from investment of tax-exempt bo | | 1,661. | 1,447. | | |
| 5 | Royalties | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 8 | a Gross rents | | | | | |
| | b Less: rental expenses | | | | | |
| 0 | c Rental income or (loss) | | | | | |
| (| d Net rental income or (loss) | | | | | |
| 7 8 | a Gross amount from sales of (i) Securit | es (ii) Other | | | | |
| | assets other than inventory | | | | | |
| t | b Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | a Gross income from fundraising events (no | | | | | |
| | including \$ of | | | | | |
| | contributions reported on line 1c). See | 1 1 | | | | |
| | Part IV, line 18 | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from fundraising ever | | | | | |
| | | its 🕨 | | | | |
| 98 | 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 | a Gross sales of inventory, less returns | | | | | |
| | and allowances | | | | | |
| | b Less: cost of goods sold | | | | | |
| C | c Net income or (loss) from sales of inventor | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11 a | a | _ | | | | |
| t | b | | | | | |
| c | | - | | | | |
| c | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| 12 | Total revenue. See instructions. | | 1,268,691. | 131,034. | 0 | |

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Form 990 (2015)

BRIDGES PREPARATORY SCHOOL

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|----|---|----------------|-----------------------------|---------------------------------|----------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 54,900. | | 54,900. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,918,083. | 1,555,562. | 362,521. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 27,276. | 19,975. | 7,301. | |
| 9 | Other employee benefits | 198,247. | 154,905. | 43,342. | |
| 0 | Payroll taxes | 184,771. | 151,202. | 33,569. | |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 21,505. | | 21,505. | |
| с | Accounting | 12,650. | | 12,650. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | V | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 79,638. | | 79,638. | (4.9 _{**} |
| 2 | Advertising and promotion | 36,383. | | 36,383. | |
| 3 | Office expenses | 6,090. | | 6,090. | |
| 4 | Information technology | 18,382. | | 18,382. | |
| 5 | Royalties | 202 020 | 000 551 | 105 200 | |
| 6 | Occupancy | 393,930. | 208,551. | 185,379. | |
| 7 | Travel | 16,020. | | 16,020. | |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | | | | |
| 1 | Payments to affiliates | CO 100 | 20 005 | 27 225 | |
| 2 | Depreciation, depletion, and amortization | 60,160. | 32,925. | 27,235. | |
| 3 | Insurance | 17,354. | | 11,354. | |
| 4 | 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 | PURCHASED SERVICES | 373,229. | 47,759. | 325,470. | |
| b | SUPPLIES AND MATERIALS | 257,325. | 183,650. | 73,675. | |
| c | OTHER | 53,562. | 110. | 53,452. | |
| d | PUPIL ACTIVITY | 23,398. | 23,398. | | |
| e | All other expenses | 17,869. | | 17,869. | |
| 5 | Total functional expenses. Add lines 1 through 24e | 3,770,772. | 2,378,037. | 1,392,735. | 0 |
| 6 | 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) | | | | Form 990 (201 |

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| RX. | Balance Sheet | | | **7332 Page 1 |
|-----|---|--------------------------|----------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 817,011. | 1 | 1,157,461 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | 60,233. | 3 | 4,496 |
| 4 | Accounts receivable, net | 8,000. | 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 instr). Complete Part II of Sch L | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | 6,958. | 9 | 15,011 |
| 10a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 1,645,941. | | | |
| b | Less: accumulated depreciation 10b 98,421. | 1,461,288. | 10c | 1,547,520 |
| 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 | | 13 | |
| 14 | Intangible assets | 4 5 0 0 0 | 14 | 1 0.01 |
| 15 | Other assets. See Part IV, line 11 | 15,000. | 15 | 4,000 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,368,490. | 16 | 2,728,488 |
| 17 | Accounts payable and accrued expenses | 272,529. | 17 | 149,601 |
| 18 | Grants payable | 0.052 | 18 | 27 100 |
| 19 | Deferred revenue | 8,253. | 19 | 37,182 |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 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, | | | |
| | key employees, highest compensated employees, and disqualified persons. | | | |
| | Complete Part II of Schedule L | 959,412. | 22 | 915,490 |
| 23 | Secured mortgages and notes payable to unrelated third parties | 959,412. | 23 | 910,490 |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X of | | 05 | |
| 00 | Schedule D | 1,240,194. | 25 26 | 1,102,273 |
| 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | 1,210,1510 | 20 | 1,200,070 |
| | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | | 27 | |
| 28 | Temporarily restricted net assets | | 28 | |
| 29 | | | 29 | |
| 20 | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| | and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | 626,420. | 30 | 994,185 |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | 501,876. | 31 | 632,030 |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 0. | 32 | 0 |
| 33 | Total net assets or fund balances | 1,128,296. | 33 | 1,626,215 |
| 34 | Total liabilities and net assets/fund balances | 2,368,490. | | 2,728,488 |

Form 990 (2015)

532011 12-16-15

10200103 133453 2461

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| Form | n 990 (2015) BRIDGES PREPARATORY SCHOOL | **_1 | ***7332 Page 12 |
|------|--|------|-----------------|
| Pě | 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) | 1 | 4,268,691. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 3,770,772. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 2 | 497,919. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,128,296. |
| 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 | 1,626,215. |
| Pa | rt XII Financial Statements and Reporting | | |

| | Check it Schedule O contains a response of note to any line in this Part XII | | | |
|------------|--|----|-----|----|
| | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | 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: | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | 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: X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| C | 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 | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| За | 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 | | X |
| 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 | Зb | | |

Form 990 (2015)

532012 12-16-15

12 10200103 133453 2461 2015.05010 BRIDGES PREPARATORY SCHOOL 2461___2

| (For | HEDULE A m 990 or 990-EZ) nent of the Treasury Revenue Service | Complete | e if the organi 494 A | tity Status ar zation is a section 50 7(a)(1) nonexempt cha ttach to Form 990 or 1 Form 990 or 990-EZ) and | 1(c)(3) org aritable tru Form 990- | anization Ist. EZ. | or a section | 990. | OMB No. 1545-0047 |
|--------------------------|---|--|--|--|--|---|--|---------------------------|---|
| Name | of the organizat | on BRIDGES | PREPARA | ATORY SCHOOL | | | E | mployer i | identification number *-***7332 |
| Par | t I Reason | for Public Charit | ty Status (A | Il organizations must c | omplete th | is part.) Se | e instructions. | | |
| 1 | A church, co A school des A hospital or | nvention of churches, cribed in section 170 a cooperative hospita search organization o | , or associatio (b)(1)(A)(ii). (A al service orga | For lines 1 through 11, in of churches describe attach Schedule E (Forminization described in s njunction with a hospita | d in section n 990 or 99 ection 170 | on 170(b)(1 90-EZ).) D(b)(1)(A)(ii | i)(A)(i). ii). | i). Enter ti | he hospital's name, |
| 5 | An organizat | on operated for the b | enefit of a col | lege or university owne | d or opera | ted by a go | overnmental uni | t describe | ed in |
| 6 [7 [8 [9 [| A federal, sta An organizat section 170 A community An organizat activities rela | on that normally rece b)(1)(A)(vi). (Complete trust described in se on that normally rece ted to its exempt fund | nt or governm ives a substar e Part II.) ection 170(b)(ives: (1) more ctions - subject | | from a gov t II.) oport from , and (2) no | contribution | unit or from the ons, membershi n 33 1/3% of its | p fees, an support | nd gross receipts from from gross investment |
| | | | | (less section 511 tax) fr | om busine | sses acqu | ired by the orga | nization a | fter June 30, 1975. |
| 10 | | 509(a)(2). (Complete | , | vely to test for public s | afety See | section 50 | 0(2)(4) | | |
| 11 | An organizat more publicly lines 11a three | on organized and oper supported organization ugh 11d that describ | erated exclusions described tions described the type of | vely for the benefit of, t d in section 509(a)(1) of supporting organization | o perform or section on and con | the functio 509(a)(2). Aplete lines | ons of, or to carr See section 50 11e, 11f, and 1 | 9(a)(3). Cł 1g. | neck the box in |
| а | the suppor | | e power to reg | upervised, or controlled jularly appoint or elect ctions A and B. | | | | | |
| b c | control or r organizatio Type III fue | nanagement of the sun (s). You must comp Inctionally integrated | upporting orga blete Part IV, s I. A supporting | organization operated | ame perso in connec | tion with, a | ontrol or manage | the supp | ported |
| d | Type III no that is not requiremen | n-functionally integrated functionally integrated to (see instructions). Y | rated. A suppo d. The organiza 'ou must com | A You must complete prting organization ope ation generally must sa plete Part IV, Section | rated in co tisfy a dist s A and D, | nnection w ribution rea and Part | vith its supporte quirement and a V. | in attentiv | |
| e | | | | written determination fro | | | турет, турет, | туре ш | |
| f | | | | ally integrated support | | | | | |
| | | ing information about | | | | | | | |
| | (i) Name of supp organization | orted | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | listed i | rganization n your document? No | (v) Amount of ma support (se instruction | | (vi) Amount of other support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
| LHAF | or Paperwork Re 990 or 990-EZ. | duction Act Notice, 532021 09-23-15 | see the Instru | actions for | 3 | | Schedul | e A (Forn | n 990 or 990-EZ) 2015 |

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 Schedule A (Form 990 or 990-EZ) 2015
 BRIDGES
 PREPARATORY
 SCHOOL
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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 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.)

| | See | ction A. Public Support | | | | | | |
|---|------|---|-------------------|----------------|-------------|----------|----------|-----------|
| 1 Giffs grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues leviel for the organization's head is a different and ether pain to ore sequenced on its behalf is furnished by a governmental unit to the organization's head in the organization's head in the organization's head is a different and ether pain.'' 3 The value of services of a failings furnished by a governmental unit to the organization's head organization's head organization's head of the | Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf 3 The value of services or facilities fumished 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 (ofter than a governmental unit or publicly supported organization) included on line 1 threaceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtext the 3 for the 4 6 Cross income from interest, dividends, payments received on securities lears, ends, royatiles and income from instead. 9 Net income from instead. 9 Net income from instead. 9 Net income from instead. 10 Other income. Do not include gain or loss more, the line advices gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross necepts from related business activities, water. If the Groms 2016 is for the organization is 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 2016 (line 5, column (f) divided by line 11, column (fi)). 14 15 15 First five yeaport test - 2015 (line 6, column (f) divided by line 11, column (fi)). 14 15 15 Hous support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 14 2 15 A fullis support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 14 15 15 Hous support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 14 15 15 Hous support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 16 A fullis support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 17 A 104, - facts-and-circumstances test - 2015. (line 6, column (f) divided by line 11, column (fi)). 18 A fullis support test - 2015 (line 6, column (f) divided by line 11, column (fi)). 19 A facts-and-circumstances test - 2015. (line 6, column (f) divided by line 11, column (fi)). 19 A facts-and-circumstances test - 2015. (lin | 1 | membership fees received. (Do not | | | | | | |
| 3 The value of services or facilities fumished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | 2 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) Image: Control (Control (Contro) (Contro) (Control (Contro) (Control (Contro) (Contre | 3 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtrate time 5 from time 4 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources 9 Net income from ninetest the state advities as a publicly support device the box and stop here. The organization of Public Support Percentage 14 Public support percentage for 2015. (the organization during the tab. and line 13, 16a, or 16b, and line 14 is 30 1/3% support test - 2015. (the organization during from line 14, is 30 1/3% support test - 2015. (the organization during from line 14, is 30 1/3% support test - 2015. (the organization during from line 14, is 30 1/3% support test - 2015. (the organization during from line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support deorganization meets the "facts-and-circumstances" test. The organization during the facts and circumstances "test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization and be the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circu | 4 | Total. Add lines 1 through 3 | | | | | | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtrat line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or Ches from Ches Dut Include gain or Other income. Do not include gain or Other income. Do not include gain or loass from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Gross necepts from related activities, etc. (see instructions) 12 Gross necepts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13, and line 14 is 13 1/3% or more, check this box and stop here. The organization did not check a box on line 13, 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 VI how the organization meets the "facts-and-circumstances" test. Check this box on line 13, 16a, not line, 14 is 15 fo% or more, and if the organization did not check a box on line 13, 16a, 16b, or 17 | 5 | The portion of total contributions | | | | | | |
| column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 a< | | governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the | | | | | | |
| 6 Public support. Section B. Total Support Calendar year (or fisel year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from winelated business activities, whether or not the business is regularly carried on Image: Comparison of Computation of Public Support Percentage Image: Computation of Computation of Computation of Computation of Public Support Percentage 14 Public support percentage from 2014 Schedule A, Part II, line 14. Image: Computation of Computation of Computation of Inter organization (if not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and if the organization meets the 'facts-and-circumstances' test, check this box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organizatio | | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 12 11 Total support. Add lines 7 through 10 12 12 12 12 Gross receipts from related activities, etc. (see instructions) 12 12 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 14 15 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 15 16 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 15 16 16 Public support percentage from 2014 Schedule A, Part II, line 14 15 15 16 16 as3 1/3% support test - 2015. If the organization did not check the | 6 | | | | | | | |
| Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 a (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources (a) 2014 (e) 2015 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on (a) 2014 (a) 2014 (a) 2014 (b) 2015 (f) Total 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 Gross receipts from related activities, etc. (see instructions) 12 12 12 Gross receipts from related activities, etc. (see instructions) 12 12 13 First flev 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 14 15 14 15 16 33 1/3% support test - 2015. If the organization dual not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 15 16 13 1/3% or more, check this box and stop here. The organization qualifies as a publicly support dorganization | | | | | | | | |
| 7 Amounts from line 4 | | | (=) 2011 | (6) 2012 | 10) 2012 | 10 2014 | (0) 2015 | (f) Total |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources | | | (a) 2011 | (0) 2012 | 10/2013 | (0) 2014 | (6) 2015 | (I) TOLAT |
| dividends, payments received on securities loans, rents, royaties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 Fublic support percentage from 2014 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2015. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13, refer and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. 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. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, nor 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 VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, nor 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, nor 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not ch | | F | | | | | | |
| securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage form 2014 Schedule A, Part II, line 14 15 Public support test - 2015. If the organization did not check the box on line 13, and line 14 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 - 2015. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, 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 VI how the organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization 16 0% -facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization dualifies as a publicly supported organization 17b 10% -facts-and-circumstances" test. The organization dualifies as a publicly supported organization | 0 | | | | 10000 | 1 | | |
| and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | | | | 100 | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 1 | | 1.1. | 100 | | | |
| activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | | | 100 M | - | | | |
| business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 Gross and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2015. If the organization did not check a box on line 13, or 18a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 17a, 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t | 9 | | | | | | | |
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14 2015.05010 BRIDGES PREPARATORY SCHOOL 2461___2

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Schedule A (Form 990 or 990-EZ) 2015 BRIDGES PREPARATORY SCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support Calendar year (or fiscal year beginning in) | (=) 0011 | (1) 0010 | 1010010 | 10014 | (0) 2015 | (6) T-1-1 |
|--|--|--|--|--|--|-----------|
| | (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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | K | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | 11 | | | |
| 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.) | | | | | | |
| Section B. Total Support | | 1 | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Tota |
| 9 Amounts from line 6 | | 1.7 | (3) == 10 | , | 1 | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | - 4 | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | r the organization's | s first, second, thin | d, fourth, or fifth ta | ax year as a sect | ion 501(c)(3) organiz | zation, |
| check this box and stop here | | | | | | |
| Section C. Computation of Pub | | | | | | |
| 15 Public support percentage for 2015 | (line 8, column (f) di | ivided by line 13, o | column (f)) | | 15 | |
| 16 Public support percentage from 201 | 4 Schedule A, Part | III, line 15 | | | 16 | |
| Section D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 Investment income percentage for 2 | 015 (line 10c, colum | nn (f) divided by li | ne 13, column (f)) | | 17 | |
| | | | | | | |
| 18 Investment income percentage from | | | | | Lawrence Law | 17 is not |
| 18 Investment income percentage from 19a 33 1/3% support tests - 2015. If the | | | | | | |
| 19a 33 1/3% support tests - 2015. If the | | | ities as a nublicity | | | |
| 19a 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2014. If the | and stop here. The e organization did n | organization qual ot check a box or | line 14 or line 19a | a, and line 16 is n | nore than 33 1/3%, | and |
| 19a 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box a | and stop here. The e organization did n eck this box and s t | organization qual ot check a box or t op here. The orga | line 14 or line 19a anization qualifies | a, and line 16 is m as a publicly sup | nore than 33 1/3%, ported organization | and |

Schedule A (Form 990 or 990-EZ) 2015 BRIDGES PREPARATORY SCHOOL

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** 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.
- 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 Part VI, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, Ioan, 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).
- 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).
- 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.
- 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 Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

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| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to |
|---|--|
| | determine whether the organization had excess business holdings.) |

Schedule A (Form 990 or 990-EZ) 2015

| | | | | 16 | | | |
|----------|--------|------|------------|---------|-------------|--------|-------|
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1

2

3a

3b

30

4a

4b

4c

5a

5b

50

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990 EZ) 2015 BRIDGES PREPARATORY SCHOOL

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| | Lies the exercise tion accepted a site 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 | | |
| b | 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 Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | - | |
| | Did the directors, trustees, or membership of one or more supported organizations have the power to | | Yes | No |
| 1 | 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 Part VI 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 | | |
| 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 | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 2 | supervised, or controlled the supporting organization. | 2 | | - |
| bec | tion C. Type II Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | 110 |
| | 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 | | |
|)ec | tion D. All Type III Supporting Organizations | | TV | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | NO |
| | 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 | 1 | | |
| | 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 Part VI the role the organization's | | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations | 3 | - | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | ns): | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete Ine 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | - | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify | | | |
| | 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 | ALCI | - | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | - | |
| | Did the superior time sector to be the time of direction eventies eventies and extinition of each | | | |
| 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. | 3b | | |

Schedule A (Form 990 or 990-EZ) 2015 BRIDGES PREPARATORY SCHOOL

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current 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 | | |
| Sect | ion 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): | | | - |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| | 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 | | |
| Sect | ion 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 | i i iiiiiii | |
| 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-functional instructions). | ly-integrate | ed Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 BRIDGES PREPARATORY SCHOOL

| Par | t V Type III Non-Functionally Integrated 50 | 9(a)(3) Supporting Orga | anizations (continued) | |
|-------|--|--------------------------------|--------------------------------|--|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | npt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | S | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| | 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 | the organization is responsive |) | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2015 | 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: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| | Total of lines 3a through e | 100 State | | and the second s |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount | | | |
| | Carryover from 2010 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | - | | |
| | Distributions for 2015 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| | 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 | | | |
| • | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | - | |
| | Excess distributions carryover to 2016. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | Excess from 2013 | | | |
| d | Excess from 2014 | | | |
| | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

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| Schedule A (| Form 990 or 990-EZ) 2015 BRIDGES PREPARATORY SCHOOL | **-***7332 Page |
|---------------|---|-----------------------------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.) | line 17a or 17b: Part III line 12 |
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| | 20 133453 2461 2015.05010 BRIDGES PREPARA | |

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

OMB No. 1545-0047

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| | BRIDGES PREPARATORY SCHOOL | **-***7332 |
|------------------------|---|------------|
| Organization type (che | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

BRIDGES PREPARATORY SCHOOL

-*7332 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. SC PUBLIC CHARTER SCHOOL DISTRICT X 1 Person Payroll 4,120,600. Noncash 3710 LANDMARK DRIVE, SUITE 201 \$ (Complete Part II for COLUMBIA, SC 29204 noncash contributions.) (d) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a)(b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

noncash contributions.)

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| Schedule B | (Form 990, | 990-EZ, | or 990-PF) | (2015) |
|--------------|------------|---------|------------|--------|
| Name of orga | nization | | | |

nume of organization

Employer identification number

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BRIDGES PREPARATORY SCHOOL

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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|------------------------|
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | | (see instructions) | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 3453 10-26-15 | | \$ | 990, 990-EZ, or 990-PF |

| BRIDGES Part III | PREPARATORY SCHOOL Exclusively religious, charitable, etc., con | tributions to organizations described in sec | **_**7332 tion 501(c)(7), (8), or (10) that total more than \$1,000 |
|---------------------------|--|---|---|
| | the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition | columns (a) through (e) and the following lin us, charitable, etc., contributions of \$1,000 or less for | 10 CONTV. For organizations |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | 1 |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part i | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| (a) No. from Part 1 | Transferee's name, address, a | | Relationship of transferor to transferee (d) Description of how gift is held |
| (a) No. from Part I | | (c) Use of gift | 1 |
| (a) No. from Part I | | (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift | 1 |

| (For | ment of the Treasury Revenue Service | 990. | OMB No. 1545-0047 | | | |
|------|---|---|---|--|------------|-----------------------------------|
| | e of the organization | BRIDGES PREPA | ARATORY SCHOOL | | ** | dentification number *-***7332 |
| Pa | | | or Advised Funds or Other Simil | ar Funds or Acc | ounts.c | complete if the |
| | organization | answered "Yes" on Form 990, | (a) Donor advised fund | te (b) F | unds and | other accounts |
| 1 | Total number at end | of year | | 15 (10) 1 | and and | other accounts |
| 2 | | d of year contributions to (during year) | | | | |
| 3 | | grants from (during year) | | | | |
| 4 | | end of year | | | | |
| 5 | | | advisors in writing that the assets held in a | donor advised funds | | |
| | - | | anization's exclusive legal control? | | | Yes No |
| 6 | | | and donor advisors in writing that grant fur | | | |
| | for charitable purpo | ses and not for the benefit of t | the donor or donor advisor, or for any other | er purpose conferring | | |
| | | | | | | Yes No |
| Pa | | | te if the organization answered "Yes" on I | Form 990, Part IV, line | 97. | |
| 1 | | | e organization (check all that apply). | | | |
| | | of land for public use (e.g., reci | | on of a historically imp on of a certified histor | | |
| | Protection of | re | | | | |
| 0 | | of open space | and a supplicit and an addition of the time i | | | and the last |
| 2 | day of the tax year. | | neld a qualified conservation contribution i | In the form of a conse | | t the End of the Tax Year |
| a | | | | 2: | | cure Line of the Tax Tear |
| | | | nts | | | |
| c | | | historic structure included in (a) | | | |
| d | | | acquired after 8/17/06, and not on a his | | | |
| | | | ,, | | 4 | |
| 3 | | | nsferred, released, extinguished, or termin | | ion during | g the tax |
| 4 | Number of states w | here property subject to conse | ervation easement is located | | | |
| 5 | Does the organization | on have a written policy regard | ling the periodic monitoring, inspection, h | andling of | | |
| | | rcement of the conservation ea | | | | Yes No |
| 6 | Staff and volunteer | hours devoted to monitoring, i | inspecting, handling of violations, and enf | orcing conservation e | easements | s during the year |
| 7 | Amount of expenses | s incurred in monitoring, inspe | cting, handling of violations, and enforcin | g conservation easen | nents duri | ng the year |
| 8 | | | e 2(d) above satisfy the requirements of s | | | Yes No |
| 9 | In Part XIII, describe | how the organization reports | conservation easements in its revenue ar | nd expense statemen | t, and bal | ance sheet, and |
| | | | e organization's financial statements that | describes the organi | zation's a | ccounting for |
| | conservation easem | | ctions of Art, Historical Treasu | tee or Other Sin | ailor Ao | aata |
| | | • | s" on Form 990, Part IV, line 8. | res, or Other Sin | mar AS | 5015. |
| 4.0 | | | AS 116 (ASC 958), not to report in its reve | anua statement and h | alanaa ah | ant works of ort |
| Id | 0 | | r public exhibition, education, or research | | | |
| | | ote to its financial statements | | in formerance of pub | | s, provide, itt art Ain, |
| b | | | AS 116 (ASC 958), to report in its revenue | e statement and balar | nce sheet | works of art. historical |
| - | - | | whibition, education, or research in further | | | |
| | relating to these iter | | | | | |
| | - | | 1 | | \$ | |
| | (ii) Assets included | I in Form 990, Part X | | > | \$ | |
| | If the organization re | eceived or held works of art, hi | istorical treasures, or other similar assets | for financial gain, prov | vide | |
| 2 | | | | 14 | | |
| | | | der SFAS 116 (ASC 958) relating to these | | | |
| а | Revenue included o | n Form 990, Part VIII, line 1 | der SFAS 116 (ASC 958) relating to these | ► | \$ | |

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| Sche | dule D (Form 990) 2015 BRIDGES | PREPARATO | RY SCHOOL | | **. | -***7332 | Page 2 |
|--------|---|------------------------|------------------------|---------------------|-----------------------|----------------------|----------|
| Pa | t III Organizations Maintaining (| Collections of A | rt, Historical T | reasures, or (| Other Similar A | ssets continue | ed) |
| 3 | Using the organization's acquisition, access | ion, and other record | ls, check any of th | e following that ar | e a significant use o | of its collection it | ems |
| | (check all that apply): | | | | | | |
| а | Public exhibition | d | Loan or ex | change programs | | | |
| b | Scholarly research | е | Other | | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's of | collections and explai | n how they further | the organization's | s exempt purpose i | n Part XIII. | |
| 5 | During the year, did the organization solicit | or receive donations | of art, historical tre | asures, or other s | imilar assets | | _ |
| | to be sold to raise funds rather than to be m | | | | | Yes | No |
| Pa | TESCROW and Custodial Arran reported an amount on Form 990, Pa | | ete if the organizati | ion answered "Yes | s" on Form 990, Pa | rt IV, line 9, or | |
| 1a | Is the organization an agent, trustee, custoo | | liary for contributio | ons or other asset | s not included | | |
| | on Form 990, Part X? | | | | | Yes [| No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | |
| - | | | lie in ig table | | | Amount | |
| C | Beginning balance | | | | 10 | | |
| d | Additions during the year | | | | | | |
| е | Distributions during the year | | | | | | |
| f | Ending balance | | | | | | |
| 2a | Did the organization include an amount on F | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | . Check here if the ex | planation has bee | n provided on Pa | rt XIII | [| |
| Pa | t V Endowment Funds. Complete | if the organization an | swered "Yes" on f | Form 990, Part IV, | line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two years ba | ack (d) Three years | back (e) Four yea | ars back |
| 1a | Beginning of year balance | | | | | | |
| b | Contributions | | | | | | |
| С | Net investment earnings, gains, and losses | | | 1 | | | |
| d | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities | | | | | | |
| | and programs | | | | | | |
| f | Administrative expenses | | | | | | |
| 9 | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the cur | rrent year end balanc | e (line 1g, column | (a)) held as: | | | |
| а | Board designated or quasi-endowment | - | _% | | | | |
| b | Permanent endowment | % | | | | | |
| С | Temporarily restricted endowment | % | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organiza | ation that are held | and administered | for the organization | | 1 |
| | by: | | | | | | es No |
| | (i) unrelated organizations | | | | | | |
| | (ii) related organizations | | | | | | - |
| | If "Yes" on line 3a(ii), are the related organization | | | ? | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | |
| Likin | tVI Land, Buildings, and Equipm | | Dent N/ Kene date | C 000 D | ant V line 10 | | |
| | Complete if the organization answere | | 1 | | | 1 (0.5.) | 1 |
| | Description of property | (a) Cost or o | | | (c) Accumulated | (d) Book va | alue |
| | | basis (investr | | s (other) | depreciation | 520 | .000 |
| | Land | | | 72,000. | 34,462 | | 538. |
| b | Buildings | | 0 | 06,290. | 55,422 | | 868. |
| | Leasehold improvements | | | 39,651. | 8,537 | | 114. |
| | Equipment | | | 55,051. | 0,557 | JI, | 114. |
| | Other | | V askuma (D) l' | 10-1 | | 1,547, | 520 |
| I otai | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | A, column (B), line | 10C.) | | 1 1, 54/, | 220. |

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015 BRIDGES PREPARATORY SCHOOL

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives (2) Closely-held equity interests (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value | |
|--------|---|----------------|--|
| (1) | Federal income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

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| chedule D (Form 990) 2015 BRIDGES PREPARATORY SCHOOL | | **_ | **-***7332 Page 4 | | |
|---|---|----------------|-------------------|--|--|
| Part XI Reconciliation of Revenue per Audited Finar | | nue per Return | l. | | |
| Complete if the organization answered "Yes" on Form 990, 1 Total revenue, gains, and other support per audited financial state | | 1 | 4,268,691. | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a Net unrealized gains (losses) on investments | 1 1 | | | | |
| b Donated services and use of facilities | | | | | |
| c Recoveries of prior year grants | | | | | |
| d Other (Describe in Part XIII.) | | | | | |
| e Add lines 2a through 2d | | 2e | 0. | | |
| 3 Subtract line 2e from line 1 | | | 4,268,691. | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 1 1 | | | | |
| b Other (Describe in Part XIII.) | | | | | |
| c Add lines 4a and 4b | | 4c | 0. | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par | t I. line 12.) | 5 | 4,268,691. | | |
| Part XII Reconciliation of Expenses per Audited Fina | ncial Statements With Expe | nses per Retu | rn. | | |
| Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | | | | |
| Total expenses and losses per audited financial statements | | 1 | 3,770,772. | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | de la companya | | | | |
| a Donated services and use of facilities | 2a | | | | |
| b Prior year adjustments | 2b | | | | |
| c Other losses | 2c | | | | |
| d Other (Describe in Part XIII.) | | | | | |
| e Add lines 2a through 2d | | 2e | 0. | | |
| 3 Subtract line 2e from line 1 | | | 3,770,772. | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b Other (Describe in Part XIII.) | | | | | |
| c Add lines 4a and 4b | | 4c | 0. | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, P | | | 3,770,772. | | |
| Part XIII Supplemental Information. | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2015

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| Depart | HEDULE E rm 990 or 990-EZ) ment of the Treasury I Revenue Service | OO or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Of the Treasury Attach to Form 990 or Form 990-EZ. | | OMB No. 1545-0047 | | |
|--|--|---|--|-------------------|--------------------------------------|--|
| Name | e of the organization | Employer ide | entificati | ion nu | mber | |
| | | BRIDGES PREPARATORY SCHOOL **- | ***7 | 332 | | |
| Pa | rt I | | | | | |
| | | | | YES | NO | |
| 1 | | ion have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | | |
| | | strument, or in a resolution of its governing body? | . 1 | X | | |
| 2 | | ion include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | x | - | |
| | - | her written communications with the public dealing with student admissions, programs, and scholarships | ? 2 | A | - | |
| 3 | | on publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | | |
| | | n for students, or during the registration period if it has no solicitation program, in a way that makes o all parts of the general community it serves? If "Yes," please describe. If "No," please explain. | | | | |
| | | | 3 | x | | |
| | THE RACTAL | pace, use Part II LLY NONDISCRIMINATORY POLICY IS LISTED ON THE | | | - | |
| | SCHOOL'S | WEBSITE WHICH IS ACCESSIBLE TO ALL. | - | | | |
| | Denool D I | | - | | | |
| | | | - | | | |
| | | | - | | | |
| 4 | Does the organizati | ion maintain the following? | - | | | |
| | | the racial composition of the student body, faculty, and administrative staff? | 4a | x | | |
| | - | ting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | X | | |
| | | gues, brochures, announcements, and other written communications to the public dealing with student | | | | |
| - | | ims, and scholarships? | 4c | X | | |
| d | Copies of all materi | ial used by the organization or on its behalf to solicit contributions? | 4d | X | | |
| | | o" to any of the above, please explain. If you need more space, use Part II. | | | | |
| | | | | | | |
| | | | - | | | |
| | | | - | | | |
| | | | - | | | |
| 5 | - | ion discriminate by race in any way with respect to: | - | | v | |
| | Students' rights or | privileges? | | | X | |
| a b | Students' rights or Admissions policies | privileges?s? | 5b | | X | |
| a b c | Students' rights or Admissions policies Employment of fact | privileges? s? ulty or administrative staff? | 5b 5c | | XX | |
| a b c d | Students' rights or Admissions policies Employment of fact Scholarships or oth | privileges? s? ulty or administrative staff? her financial assistance? | 5b 5c 5d | | X X X | |
| a b c d e | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies | privileges? s? ulty or administrative staff? ner financial assistance? s? | 5b 5c 5d 5e | | X X X X | |
| a b c d e f | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies Use of facilities? | privileges? s? ulty or administrative staff? her financial assistance? s? | 5b 5c 5d 5e 5f | | X X X X X | |
| a b c d e f g | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies Use of facilities? Athletic programs? | privileges? s? ulty or administrative staff? ner financial assistance? s? | 5b 5c 5d 5e 5f 5g | | X X X X X X X | |
| a b c d e f g | Students' rights or Admissions policies Employment of face Scholarships or oth Educational policies Use of facilities? Athletic programs? Other extracurricula | privileges? | 5b 5c 5d 5e 5f 5g | | X X X X X | |
| a b c d e f g | Students' rights or Admissions policies Employment of face Scholarships or oth Educational policies Use of facilities? Athletic programs? Other extracurricula | privileges? s? ulty or administrative staff? ner financial assistance? s? | 5b 5c 5d 5e 5f 5g | | X X X X X X X | |
| a b c d e f g h 6a | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies Use of facilities? Athletic programs? Other extracurricula If you answered "You Does the organization | privileges? | 5b 5c 5d 5e 5f 5f 5g 5h 6a | x | X X X X X X X X | |
| a b c d e f g h 6a | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies Use of facilities? Athletic programs? Other extracurricula If you answered "Yo Does the organization Has the organization | privileges? | 5b 5c 5d 5e 5f 5f 5g 5h 6a | X | X X X X X X X | |
| a b c d e f g h 6a | Students' rights or Admissions policies Employment of fact Scholarships or oth Educational policies Use of facilities? Athletic programs? Other extracurricula If you answered "Yo Does the organizatio Has the organizatio If you answered "Yo | privileges? | 5b 5c 5d 5e 5f 5f 5g 5h 6a | x | X X X X X X X X | |

10-02-15

10200103 133453 2461 2015.05010 BRIDGES PREPARATORY SCHOOL 2461_2

| chedule E (Form 990 or 990-EZ) (2015) BRI | DGES PREPARATORY SCHOOL **-**7332 Page |
|---|---|
| Part II Supplemental Information Also provide any other additional i | Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. |
| LINE 6 - EXPLANATION OF | GOVERNMENT FINANCIAL AID: |
| THE SCHOOL RECEIVES A ST | UBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL |
| NIT INCLUDING \$4,120,60 | 00 FROM THE SOUTH CAROLINA PUBLIC CHARTER SCHOOL |
| DISTRICT IN FISCAL YEAR | 2016. |
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| | |
| 32062 10-02-15 | Schedule E (Form 990 or 990-EZ) (20 |
| 00103 133453 2461 | 30 2015.05010 BRIDGES PREPARATORY SCHOOL 2461 |