DLN: 93493153010214

OMB No 1545-0047

# Form 990

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Address change  Name change  Initial return  Terminated  Amended return  Application pending  F Name BRAD WO 455 MAS WASHING  I Tax-exempt status  Soli(c)(3)  Website: ► BRIDGEPROJEC  K Form of organization  Part I Summary  1 Briefly describe the or THE AMERICAN BRID POLICY CONCERNS BELIEVE WOULD UN THOSE FINDINGS  2 Check this box ► if  Number of independent Total number of volunt Ta Total unrelated busine	street (or P O box if mail is not delivered to street address; IUSETTS AVE NW  state or country, and ZIP + 4 , DC 20001  and address of principal officer ODHOUSE SAVE NW 650 STON, DC 20001  F 501(c) (4)  (insert no)  4947(a)(1) or   T COM  Trust  Association  Other    ganization's mission or most significant activitie DGE 21ST CENTURY FOUNDATION ADVOCAT FURTHER, THE FOUNDATION RESEARCHES A DERMINE OUR NATION'S FUTURE AND EDUC  she organization discontinued its operations or d bers of the governing body (Part VI, line 1a) . t voting members of the governing body (Part VI	H(a) Is at H(b) A If H(c) C L Year of AND REFUTES CO ATES THE AMERI	re all affiliates in "No," attach a l Group exemption of formation 2011  E SOLUTIONS TO NSERVATIVE POTENTIAL CONTROLLE OF THE POPLE OF	number  7-2060  Inpts \$ 1,945,000  turn for  Yes No Included? Yes No Inst (see instructions) Inumber   M State of legal domicile DC  TO AMERICA'S PUBLIC POLICIES THAT WE NOTHE RESULTS OF  It assets  To assets					
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6 Total number of volunt 7a Total unrelated busine		4 Number of independent voting members of the governing body (Part VI, line 1b)							
<b>7a</b> Total unrelated busine	luals employed ın calendar year 2012 (Part V , lı	ne 2a)	[	<b>5</b> 0					
	eers (estimate if necessary)			6 0					
	ss revenue from Part VIII, column (C), line 12 staxable income from Form 990-T, line 34 .		<u> </u>	<b>7a</b> 0					
			Prior Year	Current Year					
	rants (Part VIII, line 1h)		2,576,800	1,945,000					
9 Program service rev	enue (Part VIII, line 2g)			0					
10 Investment income	(Part VIII, column (A ), lines 3, 4, and 7d).			0					
- II Other revenue (Part	VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	· ·		0					
	ines 8 through 11 (must equal Part VIII, colum		2,576,800	1,945,000					
	mounts paid (Part IX, column (A), lines 1-3)		333,250	286,096					
14 Benefits paid to or f	or members (Part IX, column (A), line 4)			0					
Salaries, other com 5-10)	pensation, employee benefits (Part IX, column (A	A), lines	567,777	1,094,637					
16a Professional fundrai	sing fees (Part IX, column (A), line 11e)		246,537	7 244,107					
5-10) <b>16a</b> Professional fundrai <b>b</b> Total fundraising expens	es (Part IX, column (D), line 25) 🕨 519,893								
	rt IX, column (A), lines 11a-11d, 11f-24e) .		530,380	999,999					
·	l lines 13–17 (must equal Part IX, column (A), l	· ·	1,677,944						
	ses Subtract line 18 from line 12		898,856	-679,839					
20 Total assets (Part X		Begin	ning of Current Year	End of Year					
कुष्ट <b>20</b> Total assets (Part )	, line 16)		1,296,004	489,487					
조물 21 Total liabilities (Par	t X, line 26)		298,756	<u> </u>					
Part II Signature Bloc			997,248	317,409					

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	**	****									
Sign	Signature of officer										
Here	BR	AD WOODHOUSE PRESIDENT									
	Type or print name and title										
Paid		Print/Type preparer's name MARK HEINITZ	Preparer's signature								
Prepare	r	Firm's name ► MARK HEINITZ CPA									
Use Onl		Firm's address ► 6433 BURWELL ST									
	-	SPRINGFIELD, VA 22150	)								

4e Total program service expenses F 1,044,33

Part TV	Checklist o	of Required	d Schedules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
c	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

r c. I	Statements Regarding Other IRS Fillings and Tax Compilance			г
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10		1 62	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INC
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
_	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . . . . 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PILAR MARTINEZ 455 MASSACHUSETTS AVE NW650 WASHINGTON, DC (202)756-4128

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

#### 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

- 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, or 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

<u> </u>					-					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	(C) Position (do not chan one box, one person is both an officer officer of the person is both and a director/trust officer or director.		one box, unless both an officer ector/trustee)		ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVID BROCK	15 00									
DIRECTOR	2000	х						67,760	60,000	0
(2) TED TRIMPA	50									
DIRECTOR		X						0	0	0
(3) DAVID BENNAHUM	50	,,						2.020	0	
DIRECTOR		Х						3,938	0	0
(4) RODELL MOLLINEAU	24 00			х				127,118	0	1,690
PRESIDENT								127,110		
(5) BRADLEY BEYCHOK	15 00			×				75,833	0	1,546
CAMPAIGN DIRECTOR										-
-										
-										
_										_
										Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	Name and Title  A verage hours per week (list any hours  for rolated  A verage hours per week (list any hours and a director/trustee)  A verage hours position (do not check more than one box, unless compensation compensation from the and a director/trustee)  A verage hours per word than one box, unless compensation from related organization (W- organizations) (W- organiza		-	(F) Estimated amount of other compensation from the organization and									
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	0	rganizati relate organiza	:d	
												+		
												+		
												+		
									$\perp$					
1b	Sub-Total							<u></u>				+		
c	Total from continuation sheet	s to Part VII, S	ection A	٠.		• •		►				+		
d	Total (add lines 1b and 1c) .						•	Þ		274,649	60,0	00		3,236
2	Total number of individuals (ind \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an	•		
										_	-		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key	emplo	yee,	, or highes	t compen	sated employee	_		
4	. ,					m=-	nost::			 mnono	n from the	3		N o
4	For any individual listed on line organization and related organization and related organization.											4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
	ction R. Indonordant Co	ntractors												
<u> </u>	ction B. Independent Co Complete this table for your fiv		ensated	d ınde	epen	dent	t contr	acto	rs that rec	eived mo	re than \$100,000	of		
	compensation from the organiz	ation Report co									thin the organizat			
	N.	( <b>A)</b> ame and business	address							Des	(B) cription of services		( <b>C</b> ) Compen	
BULLF:	IGHT STRATEGIES 1209 S ST NW WASH	HINGTON DC 20009								CONSULTIN	G			131,000

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BULLFIGHT STRATEGIES 1209 S ST NW WASHINGTON DC 20009	CONSULTING	131,000
BONNER GROUP INC 729 15TH ST NW 3 WASHINGTON DC 20009	FUNDRAISING	120,492

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part V	444	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b				
وَ ق	c	Fundraising events 1c				
ifs,	d	Related organizations 1d				
છં.≝	l e	Government grants (contributions) <b>1e</b>				
Sir	f	All other contributions, gifts, grants, and <b>1f</b> 1,945,000				
E E	•	similar amounts not included above				
≘景	g	Noncash contributions included in lines 1a-1f \$				
in di	h	Total. Add lines 1a-1f	1,945,000			
		Business Code				
E E	2a	Dusiness code				
e Ke	ь					
ě.	l c					
ž	d					
ૐ ⊊	e					
Program Serwde Revenue	f	All other program service revenue				
<u></u>	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents Less rental				
	b	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) Other Gross amount				
	7a	from sales of assets other				
		than inventory				
	Ь	Less cost or other basis and				
	l c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
e	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
÷ Œ		a				
ŧ.	b	Less direct expenses b				
0	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	 	l oss sost of goods sold				
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory <b>b</b> -				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	1,945,000			
	ı		1,543,000			ı

Form	990 (2012)				Page <b>10</b>
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	286,096	286,096		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	302,170	147,513	58,157	96,500
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	687,713	619,209	68,504	0
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	48,359	42,842	5,517	0
10	Payroll taxes	56,395	44,836	6,551	5,008
11	Fees for services (non-employees)				_
а	Management				
b	Legal	59,163	46,037	7,580	5,546
С	Accounting	18,700	14,551	2,396	1,753
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	244,107			244,107
f	Investment management fees	,			<u> </u>
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	172,161	169,890	1,817	454
12	Advertising and promotion				
13	Office expenses	7,005	0	1,916	5,089
14	Information technology				
15	Royalties				
16	Occupancy	91,777	71,457	11,734	8,586
17	Travel	177,437	54,783	13,778	108,876
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	·		· · · · · ·
19	Conferences, conventions, and meetings	371,900	270,604	72,143	29,153
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,250	50,773	8,360	6,117
23	Insurance	14,899	11,593	1,909	1,397
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	16,844	14,175	160	2,509
b	FUNDRAISING EXPENSES	3,993	0	0	3,993
С	TAXES AND LICENSES	870	0	65	805
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,624,839	1,844,359	260,587	519,893
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			-	

Part X Balance Sheet

				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		910,376	1	36,017
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directly complete Part Schedule L	ectors, trustees, key		5	
ts ts	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		53,125		194,610
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 320,419	,	9	104,010
	ь	Less accumulated depreciation	<b>10b</b> 71,119	289,550	10c	249,300
	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			14	
	15	Other assets See Part IV, line 11		42,953		9,560
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,296,004		489,487
	17	Accounts payable and accrued expenses		238,756		18,610
	18	Grants payable		60,000		60,000
	19	Deferred revenue		35,555	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sched			21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trustees,		21	
Liabilit		persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third parties,			
		D			25	93,468
	26	Total liabilities. Add lines 17 through 25		298,756	26	172,078
ران طان		Organizations that follow SFAS 117 (ASC 958), check here ▶	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.		997,248	27	317,409
<u>ರ</u> ಪ	27	Unrestricted net assets		991,240	27	317,409
<u> </u>	28	Temporarily restricted net assets			28	
or Fund Balance	29	Permanently restricted net assets			29	
	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31	
S	32	Retained earnings, endowment, accumulated income, or other fur			32	
	33	Total net assets or fund balances		997,248		317,409
ĕ	34	Total liabilities and net assets/fund balances		1,296,004		489,487
	1 54	rotar navinties and net assets/lund vaidlites		1,250,004	J4	+05,40 <i>/</i>

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	945,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	524,839
3	Revenue less expenses Subtract line 2 from line 1	3		-6	579,839
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			97,248
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			317,409
Par	t XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Open to Public Inspection

	me of the organization ERICAN BRIDGE 21ST CENTURY FOUNDATION	·	Emp	oloyer identification number
1111	ENICAN BRIDGE 2131 CENTORY I CONDAILON		27-	5278038
Pa	rt I Organizations Maintaining Donor Adv		unds	or Accounts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year	(a) Bonor davised failes		(2) Famas and other decounts
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed <b>Yes No</b>
	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant fund		
aı	rt III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	rically important land area of historic structure on of a conservation
	easement on the last day of the tax year			
				Held at the End of the Year
)	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	` ,	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ted by th	he organization during
	the tax year 🗠			
	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hai	ndling of	f violations, and <b>// Yes // N</b> o
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year
	A mount of expenses incurred in monitoring, inspecting	, and anforming concernation accommon	to dump	a the year
	► \$	, and emorching conservation easemen	ts dullin	g the year
	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı) <b>Yes                                   </b>
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		nse statement, and
Ti	Complete if the organization answered "Y		, or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furtherance of public
,	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education	e statem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			,
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
,	Assets included in Form 990, Part X			
	maacta microued in Fullii 220, Fail A			F P

Par	Organizations Maintaining Co											ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	-	neck	•		_		significant us	e of i	ts	
а	Public exhibition		d	ļ	Loan	or exch	nange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w the	y furth	er the o	rganızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit of								ıılar	_ ,		<b>-</b>
Dat	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		•						as" to Form	<u> </u>		No
Fai	Part IV, line 9, or reported an an						i aliswele	u i	es (0   0   1   1	<i>55</i> 0,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	ford	ontrib	utions o	r other ass	ets r	not	ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	able		_					
									Α	mour	it	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in P	art >	(			$\vdash$
Pa	rt V Endowment Funds. Complete											
	<u> </u>	(a)Current year		<b>)</b> Prior					Three years back		our ye	ars back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ne 1g	, colun	nn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment <b>&gt;</b>											
С	Temporarily restricted endowment ►											
3a	The percentages in lines 2a, 2b, and 2c shown Are there endowment funds not in the posses		ation	that	ara hal	ld and a	dministered	d for	tho			
Ja	organization by	ssion of the organiz	ation	tilat	are ne	ia ana a	ammisteret	1 101	tile	Γ	Yes	No
	(i) unrelated organizations								3a	(i)		
	(ii) related organizations								3a	(ii)		
	If "Yes" to 3a(II), are the related organization	·				· • •		•	3	3b		
4	Describe in Part XIII the intended uses of the					10						
Par	TE VI Land, Buildings, and Equipme Description of property	e <b>nt.</b> See Form 99	90, Pa			10. or other	(b)Cost or o	other	(c) Accumulate	-d T	(d) Bo	ok value
	Description of property					estment)	basis (oth		depreciation		(u) bo	ok value
12	Land			+						$\dashv$		
	Buildings		•	$\vdash$						$\dashv$		
	Leasehold improvements		•	$\vdash$						$\dashv$		
	Equipment		•	$\vdash$			20	,362	11	524		8,838
	• •		•	$\vdash$				,362		595		240,462
	Other		X coli	<u> </u>  mn	B) line	10(c))				293		249,300
. J. Ca		quai i oiiii 550, i dic	.,	(	٥,, ١١١١٠	- 10(0/./		•	Schedule	D (Fa	orm 99	-

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes	. ,	
DUE TO AMERICAN BRIDGE 21ST CENTURY	02.469	
DUE TO AMERICAN BRIDGE 2151 CENTURY	93,468	
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	93,468	
		nization's financial statements that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,945,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,945,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,945,000
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	2,624,839
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,624,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIII )	]	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	2,624,839

### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Pt X Line 2		THE FOUNDATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR
		DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TA POSITIONS THE FOUNDATION'S IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REMAINS OPEN FOR EXAMINATION BY THE FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER IT IS

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

DLN: 93493153010214

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

4 IYI I	ERICAN BRIDGE 2151 CEN	NIORY FOUNDATIO	IN					27-5278038	
Pa	rt I Fundraising Ac	<b>tivities.</b> Complete	e if the oi	rganızatı	ion a	answered "Yes" to	o Form	n 990, Part IV,	line 17.
1	Indicate whether the organ	nızatıon raısed funds	through ar	-		=			
a	│ Mail solicitations ☑ Internet and email sol	l		e	_	Solicitation of non-	-	•	
b	Phone solicitations	licitations		r	<u>'</u>	Solicitation of gove Special fundraising			
c d	✓ In-person solicitation:	c		g	,	Special lundraising	, events	•	
u	r in-person soncitation	5							
2a	Did the organization have or key employees listed in								Ves
b	If "Yes," list the ten highes to be compensated at leas			undraiser	rs)p	ursuant to agreeme	nts und	er which the fund	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv	v) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					
	BONNER GROUP INC	FUNDRAISING		No		1,557,500		244,107	1,313,393
Γot	al			<b>&gt;</b>		1,557,500		244,107	1,313,393
3	List all states in which the licensing	organization is regis	tered or li	censed to	sol	ıcıt funds or has bee	en notifi	ied it is exempt i	from registration or

Pa	rt II	Fundraising Events. Comp more than \$15,000 of fundra events with gross receipts gr	ising event contribu			
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
۵.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ξeγe	2	Less Contributions				
<u></u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
m	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
δ	9	Other direct expenses .				
	10 11	Direct expense summary Add line Net income summary Combine lin	<del>-</del>	• •		( )
Par					urt IV line 19 or ren	orted more than
- GI		\$15,000 on Form 990-EZ, lin		. Tes (0 101111 550, Fd		
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	│ Yes │ No	☐ Yes	☐ Yes ☐ No	
	7	Direct expense summary Add lines	2 through 5 in column	(d)		
	8	Net gaming income summary Comb	oine lines 1 and 7 in co	lumn (d)		
9 a b	Ist	ter the state(s) in which the organizat the organization licensed to operate ( No," explain	gaming activities in ea	ch of these states?		
10a b		re any of the organization's gaming li Yes," explain	ıcenses revoked, suspe	ended or terminated during	the tax year?	

JUE5	the organization operate gaining	activities with nonlinembers		· · I Yes I No
12	Is the organization a grantor, ber	neficiary or trustee of a trust or a men	nber of a partnership or other entity	
	formed to administer charitable o	gamıng <sup>,</sup>		· · · · Fyes F No
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
L4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address ►			
	revenue?	ntract with a third party from whom the		
Ь		ning revenue received by the organizated by the third party 🟲 \$		d the
С	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
<b>L</b> 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>&gt;</b> \$		
	Description of services provided	<b>&gt;</b>		
	Director/officer	<b>□</b> Employee	Independent contractor	
L <b>7</b>	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
		activities during the tax year 🕨 \$		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493153010214 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection** 

lame of the organization	Employer identification number						
AMERICAN BRIDGE 21ST CEN	27-5278038						
Part I General Inform	nation on Grants	and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grants	orassistance?					▽ Yes ┌ I
		Governments and received					l "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) PROGRESSNOW 1600 UNIVERSITY AVE W ST PAUL,MN 55104	20-8720230	501(c)(4)	261,096				GEN'L SUPPORT
(2) THE AGENDA PROJECT 594 BROADWAY STE 1012 NEW YORK, NY 10012	27-4552853	501(c)(3)	25,000				GEN'L SUPPORT
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations li	sted in the line 1 table			•	
3 Enter total number of other	er organizations listed	In the line 1 table				•	

ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	I	I	I	I

Part IV	Supplemental	Information
---------	--------------	-------------

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Complete this part to provide the miorination required in Part 1, line 2, Part 111, Column (b), and any other additional miorination										
Identifier	Return Reference	Explanation								
Pt I Line 2		THE ORGANIZATION WORKS CLOSELY WITH ITS GRANTEES TO ENSURE THAT PROGRAMS AND								
		PROJECTS ARE IN KEEPING WITH ITS OWN MISSION AND GOALS FOR EACH FUNDED								
		ACTIVITY ORGANIZATION REPRESENTATIVES KEEP IN REGULAR CONTACT WITH								
		GRANTEES TO ENSURE THAT GRANT FUNDS ARE BEING USED TO FURTHER COMMON								
		OBJECTIVES								

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DLN: 93493153010214

OMB No 1545-0047

2012

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# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

27-5278038

ldentifier	Return Reference	Explanation
Pt VI, Line 8b		THE ORGANIZATION HAS NO SEPARATE COMMITTEES WITH AUTHORITY
		TO ACT ON BEHALF OF THE GOVERNING BODY
Pt VI, Line 11b		THE ORGANIZATION'S MANAGAMENT AND LEGAL COUNSEL REVIEW FORM
		990 PRIOR TO ITS SUBMISSION WITH THE IRS
Pt VI, Line 12c		THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE DISTRIBUTED
		TO EACH OFFICER AND DIRECTOR THE CONFLICT OF INTEREST POLICY
		REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST
		IF SUCH DISCLOSURE IS MADE, THE BOARD OF DIRECTORS INVESTIGATES
		TO DETERMINE IF A CONFLICT OF INTEREST EXISTS THE INDIVIDUAL
		HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM
		THESE PROCEEDINGS
Pt VI, Line 15a		OFFICER COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS A COMPARISON
Pt VI, Line 15b		IS USED OF LEADERS OF OTHER ORGANIZATIONS WITH SIMILAR QUALITIES
Pt VI, Line 19		THE ORGANIZATION MAKES AVAILABLE FOR INSPECTION AND COPYING
		ALL DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE
COST SHARING		THE ORGANIZATION HAS ENTERED INTO A COST SHARING AGREEMENT
ARRANGEMENT		WITH AMERICAN BRIDGE 21ST CENTURY, AN AFFILIATED 527
		ORGANIZATION, TO SHARE EMPLOYEES VIA A COMMON PAYMASTER
		ARRANGEMENT, OFFICE SPACE AND OTHER RESOURCES

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DLN: 93493153010214

2012

OMB No 1545-0047

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# **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038

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

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	<b>(e)</b> -of-year assets	Di	(f) rect controlling entity		
		-						
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	<b>nizations</b> (Complete If g the tax year.)	the organization ar	nswered "Yes" to	Form 990, Pa	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))				( <b>g)</b> n 512(b
						entity	(13) co	ontrolle
							(13) co	ontrolled tity?
	NEWS INVESTIGATION & DISSEMINATION	DC	501(C)(3)	LINE 7		entity NA	(13) co en	ontrolled tity?
1825 CONNECTICUT AVE NW 605 WASHINGTON, DC 20009		DC	501(C)(3)				(13) co en	ontrolled tity?
1825 CONNECTICUT AVE NW 605 WASHINGTON, DC 20009		DC	501(C)(3)				(13) co en	ontrolle tity?
		DC	501(C)(3)				(13) co en	ontrolled tity?
1825 CONNECTICUT AVE NW 605 WASHINGTON, DC 20009		DC	501(C)(3)				(13) co en	ontrolled tity?

(a)		(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	(j	)	(k)
(a) Name, address, and EIN of related organization	:	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512- 514)	Share of total income	Share of	Disproj ar alloca	ortionate tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or iging ner?	Percentage ownership
								Yes	No		Yes	No	
IV Identification of Related Or Inne 34 because it had one or m	ganizations Taxa nore related organiz	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete ıf trust durıng	the organı the tax ye	zatıon aı ar.)	nswere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of ent (C corp, S corp, or trust)		total Share	(g) e of end- f-year assets		<b>(h)</b> ercentage wnership	(i Sectio (b)( contr ent	n 512 13) olled	
										)	Yes		No

Part V	Transactions With Related Organizations (Complete if the organiza	ition answered "Y	es" to Forr	m 990, Part IV, line	e 34, 35b, or 36.)			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No
<b>1</b> During t	the tax year, did the orgranization engage in any of the following transactions with one	or more related org	anızatıons l	isted in Parts II-IV?				
<b>a</b> Rece	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		No
<b>b</b> Gıft,	grant, or capital contribution to related organization(s)					1b		No
<b>c</b> Gıft,	grant, or capital contribution from related organization(s)					1c		No
<b>d</b> Loan	s or loan guarantees to or for related organization(s)					1d		No
<b>e</b> Loan	s or loan guarantees by related organization(s)					1e		No
<b>f</b> Divid	dends from related organization(s)					1f		No
<b>g</b> Sale	of assets to related organization(s)					1g		No
h Purchase of assets from related organization(s)								
i Exch	ange of assets with related organization(s)					1i		No
j Leas	e of facilities, equipment, or other assets to related organization(s)					1j		No
<b>k</b> Leas	e of facilities, equipment, or other assets from related organization(s)					1k		No
Performance of services or membership or fundraising solicitations for related organization(s)								No
<b>m</b> Perfo	rmance of services or membership or fundraising solicitations by related organization	(s)				1m		No
n Sharı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		No
<b>o</b> Shar	ring of paid employees with related organization(s)					10		No
<b>p</b> Reim	bursement paid to related organization(s) for expenses					1p		No
<b>q</b> Reim	abursement paid by related organization(s) for expenses					1q		No
<b>r</b> Othe	r transfer of cash or property to related organization(s)					1r		No
<b>s</b> Othe	r transfer of cash or property from related organization(s)					1s		No
2 If the	e answer to any of the above is "Yes," see the instructions for information on who must	t complete this line,	ıncludıng c	overed relationships	and transaction thresholds			
	(a) Name of other organization	Trar	(b) nsaction e (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	volved	

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions re	egarding exclu	ision for ce	ertain investr	nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations <sup>2</sup>	te	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		( <b>k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1 1	

Additional Data Return to Form

**Software ID:** 12000225

**Software Version:** 

**EIN:** 27-5278038

Name: AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
Identifier	Return Reference	Explanation						
	•							