

Form **990**

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

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BIRCH GROVE COMMUNITY SCHOOL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9 GOODNEIGHBOR HILL ROAD City or town, state or province, country, and ZIP or foreign postal code TOFTE, MN 55615 F Name and address of principal officer: JUDY MOTSCHENBACHER SAME AS C ABOVE	D Employer identification number E Telephone number 218-663-0170 G Gross receipts \$ 451,179. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BIRCHGROVESCHOOL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2004		M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BIRCH GROVE COMMUNITY SCHOOL IS ORGANIZED FOR THE PURPOSE OF ESTABLISHING AND OPERATING A 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 319,571. 339,511. 9 Program service revenue (Part VIII, line 2g) 33,574. 44,835. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 143. -6,138. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,907. 18,690. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 371,195. 396,898.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 235,781. 278,967. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158,395. 179,408. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 394,176. 458,375. 19 Revenue less expenses. Subtract line 18 from line 12 -22,981. -61,477.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 132,222. 166,887. 21 Total liabilities (Part X, line 26) 33,743. 312,889. 22 Net assets or fund balances. Subtract line 21 from line 20 98,479. -146,002.	Beginning of Current Year End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JUDY MOTSCHENBACHER, CHAIRPERSON Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JAMES AYLESWORTH Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01261549	Firm's name ▶ MILLER MCDONALD, INC. Firm's address ▶ P.O. BOX 486 BEMIDJI, MN 56619-0486 Firm's EIN ▶ 41-1281737 Phone no. (218) 751-6300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No