621753127 Form

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.

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the 20		ear, or tax year beginning $07/01/09$, and ending $06/30$)/10				
	Check if applic Address chan	uca IDS	C Name of organization BRIDGES of Williamson County		D	Employe	≘r identifle	cation number
$\overline{\Box}$	Name change		Doing Business As		(<u>62-1</u>	<u>.7531</u> .	27
\exists	Initial return	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	relephor	e number	
·	Termination	See Specific	P. O. Box 1592			<u> 515-</u>	<u> 599-</u>	
_		Instruc-	City or town, state or country, and ZIP + 4		G Gro	ss receipt	s \$	589,436
است.	Amended retu	=	Franklin TN 37065					
Ш	Application pe		e and address of principal officer: nda Jackson		H(a)		roup return fo	_
			0. Box 1592		H(b)	affiliates? Are all aff	iliates	Yes X No
			anklin TN 37065			included?		Yes No
1	Tax-exemo		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			ii ivo, at	tach a list (si	ee instructions)
			oridgesdvc.org		H(c)	Group av	emption num	shar 🏲
	_	nization: X Co		L Year of formation:	1998			gal domicile: TN
	art I	Summa					Oldre of rec	ta domicile. III
	1 Brie	efly describe	the organization's mission or most significant activities:					
۵	[[Domestic	violence intervention					
Š								
ñ	* * * *		***************************************					
ķ			Testing and the second					
Activities & Governance			if the organization discontinued its operations or disposed of more the		1	ı	1 1	
8			g members of the governing body (Part VI, line 1a)				11	<u> </u>
ţ.	4 Nur	mber of indep	pendent voting members of the governing body (Part VI, line 1b)				11	
Ξ	5 Tota	al number of	employees (Part V, line 2a)				14	
Ä			volunteers (estimate if necessary)			6	73 <u> </u>	
-	7a Tot	al gross unre	lated business revenue from Part VIII, column (C), line 12			7a		-
	b Net	t unrelated bu	siness taxable income from Form 990-T, line 34	*********		7b		0
				Prior	Year			ent Year
0	8 Cor	ntributions an	d grants (Part VIII, line 1h)	. 4	22,9	42		533,357
ğ	9 Pro	gram service	revenue (Part VIII, line 2g)					
Revenue	10 Inve	estment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		2,9	67		963
ď	11 Oth	ner revenue (I	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,3	33		55,116
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		58,2			589,436
			ar amounts paid (Part IX, column (A), lines 1–3)		38,2			35,476
			or for members (Part IX, column (A), line 4)	• •	<u> </u>	-		<u> </u>
			ompensation, employee benefits (Part IX, column (A), lines 5–10)	3	34,8	41	· · · · · · · · · · · · · · · · · · ·	373,562
Ses			draising fees (Part IX, column (A), line 11e)		<u> </u>			5757502
e	h Tot	al fundraicine	expenses (Part IX, column (D), line 25) > 3,736			_		
Expe		-		. 1	64,8	51		146,514
			(Part IX, column (A), lines 11a–11d, 11f–24f) Add lines 13–17 (must equal Part IX, column (A), line 25)		37,9			555,552
		'-	penses. Subtract line 18 from line 12		79.7		<u></u>	33,884
<u> </u>		venue less ex	penses, Subtract line 18 from line 12	Beginning of			Fnd	<u> </u>
ats c	20 Tot	al assets (Pa	rt X, line 16)		01,2			057,899
Ass	20 Tot					68		138,361
Net Assets or Fund Balances	21 10t		Part X, line 26) and balances. Subtract line 21 from line 20	2		54		919,538
	art II		re Block		03,0	7 41		<u>719,130</u>
<u> </u>	art II							
		Under pena	ities of perjoy, I declare that I have examined this return, including accompanying sche is true correct, and complete. Declaration of preparer (other than officer) is based on	all information of whi	s, and to t ch prepare	ne best o er has ar	of my know Ny knowled	viedge ide
			10 / 000					
Sig			ace of				1 13,	20(1
He	re	Signat	re of officer R	~ A		Date		
			PRANCE J. LUKE, BOARD CHA	n /				
		Type or	print name and title					
		Preparer's	Date		eck if	T		identifying number
Pai		signature	Tan Caroni	/3~// self	oloyed 🕨	[4]	(see instruc	ctions)
Pre	eparer's		Parsons & Associates, CPAs	// em	· _		76	1865984
Us	e Only	Firm's name	(or yours		El			±005384
	-	if self-emplo address, an				none	- 1	04 4000
			110111111111111111111111111111111111111		no	. ▶ (<u> </u>	94-4313
Mav	the IBS o	discuss this r	eturn with the preparer shown above? (see instructions)					Vac Na

DAA

	BRIDGES of Wi		62-1753127	Page 2
Part III S	tatement of Program	Service Accomplishments	varma.	
1 Briefly descr	ribe the organization's miss	sion:		
Domesti	c violence in	tervention		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Did the orga	nization undertake any sign	nificant program services during the year	which were not listed on	
				Yes X No
If "Vee " dee	cribe these new services o	n Schedule O	**************************	[1es [2x] 140
		or make significant changes in how it cor	aduata any program	
services?	_			
				Yes X No
	cribe these changes on Sc			
		nents for each of the organization's three		
		zations and section 4947(a)(1) trusts are r	-	nd
allocations t	o others, the total expenses	s, and revenue, if any, for each program s	ervice reported.	
			N	
4a (Code:) (Expenses \$	488,532 including grants of	35,476) (Revenue	\$ \$)
To serv	e women, men a	and children in Will	iamson County	
and Spr.	ing Hill affe	cted by domestic vio.	lence.	
ensurin	g a safe trans	sition to successful	independent	
communi	tv living thre	ough education, inte	rvention	• • • • • • • • • • • • • • • • • • • •
and case	e management.			
and easy	c management.			
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• • • • • • • • • • • • • • • • • • • •				
<u></u>				
4b (Code:) (Eynenses \$	including grante of	N /□	
) (Expenses \$		\$) (Revenue) >
) (Expenses V	including grants of) (Hevenue)
•				
				•••••
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				• • • • • • • • • • • • • • • • • • • •
4c (Code:) (Expenses \$	including grants of		
4c (Code:) (Expenses \$	including grants of	\$) (Revenue	
4c (Code:) (Expenses \$	including grants of Schedule O.)		
4c (Code: 4d Other progra (Expenses) (Expenses \$	including grants of	\$) (Revenue	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors? Χ 2 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 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Χ Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where 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 X 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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. 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. Did the organization report an amount for other assets related 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12 Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Χ 15 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, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 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 Х

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Form 990 (2009)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 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	_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 Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	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		X
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		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 1-7 - 3 - 1-7 - 3 - 1-7 - 3	* 30/300	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-	
_	Schedule L, Part IV	28b	Х	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	*,
29	Did the organization receive more than \$25,000 in historical treasures, or other similar assets, or qualified		21	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		^
31		31		Х
	Part I	31	 	Δ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		- V
	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, Parts II,			77
	III, IV, and V, line 1	34	-	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			,,
	Schedule R, Part V, line 2	35		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,,
36			ı	Х
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	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	36		Х
36 37 38	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,		X	Х

Form 990 (2009) BRIDGES of Williamson County 62Part V Statements Regarding Other IRS Filings and Tax Compliance

						Yes	No	_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1				
	U.S. Information Returns. Enter -0- if not applicable	1a	4					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	е	84 81				
	gaming (gambling) winnings to prize winners?	r · · · · 1			lc		X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		:		S	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? 👝			2b	X	 	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			i s				
_	instructions)			Į.	- 1			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the second of \$1,000 or more during the year covered in the year co	d by					.,	
	this return?		• • • • • • • • • • • • • • • • • • • •		3a		X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			· · · · · · · · · - ·	3b		\vdash	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a over, a financial account in a foreign country (such as a bank account, securities account, or other fin		y					
	Constant C			1,	.		Х	
b					la	1100		•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	ank	· • · · · · · · · · · · · · · · · · · ·	······································	- 1			
	and Financial Accounts.	Jank				(A		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				sa s		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?			5b		X	•
c	If "Yes," to line 5a or 5b, did the organization file Form 8986-T, Disclosure by Tax-Exempt Entity Regarders	•						•
	Prohibited Tax Shelter Transaction?	-		í	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е						•
	organization solicit any contributions that were not tax deductible?			<u>.</u> .	ŝa 💮		Х	_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or						
	gifts were not tax deductible?				3b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ	-
7	Organizations that may receive deductible contributions under section 170(c).						Ė	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods			1	4.7"		
	and services provided to the payor?				7a 7b	X	<u> </u>	-
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?				, D	Λ		-
С	required to file Form 8282?	.3			7c		X	
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- · · · · · · · · · · · · · · ·					-
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		ĺ					
-	benefit contract?			[:	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?			7 f		Х	•
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as						
	required?			· · · · · · · · · · · · · · · ·	7h	X		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			į.				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			:		per a de j		
^	organization, have excess business holdings at any time during the year?			· · · · · · · · · · · · · · · · · · ·	8			-
9	Sponsoring organizations maintaining donor advised funds.			١,	9a		1	
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?				9 <u>a</u> 9b			-
ь 10	Section 501(c)(7) organizations. Enter:		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·				-
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		ļ.		na las karanjawa		
11	Section 501(c)(12) organizations. Enter:			···				
 a	Gross income from members or shareholders	11a		<u> </u>	::			
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				2a		ļ	_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					2	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent tb 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	MALON WA	i i est d	
•	the year by the following:			ĺ
а	The governing body?	8a	X	
b		8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	\ <u> </u>		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
200	tion B. Policies (This Section B requests information about policies not required by the Internal	13	1	
	·			
161	renue Code.)		Vac	No
	Describe acceptable have been been bronched by officiator?	10a	Yes	X
i0a	Does the organization have local chapters, branches, or affiliates?	IUa		Γ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1,,	- v	
	form?	11	X	374.
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	37	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1	٠,,	
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١.,	
	describe in Schedule O how this is done	12c	-	
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	6 t		
а	The organization's CEO, Executive Director, or top management official	15a		ļ
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	V -		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		15 5.00	11
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	,		
	the organization's exempt status with respect to such arrangements?	16b		
200	etion C. Disclosure			
	Works William 200 in an inside he filed by Works			
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
18	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
	State the name, physical address, and telephone number of the person Who possesses the books and records of the			
20	organization: ▶ Bridges of Wmson Co P O Box 1592			

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 tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization		nsate	any			office	er, d			
(A) Name and Title	(B) Average	Posi	tion (e)) checl	C) Kall t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Brad Duke Board Chair		Х		Х				0	0	0
Trinka Dykes Co-Chair		Х		Х				0	0	0
Lynn Gore Secretary		X		Х				0	0	0
Nancy Reed-Nevin		X		X			_	0	0	0
Pam Lewis Director		X						0	0	0
Greer Carlisle		Х						0	0	(
Dana Langfitt Director		Х						0	0	0
Leigh Ann Luther Director		X						0	0	(
Pam Horne Director		X	-					0	0	
Yolanda Chapa Director		X						0	0	
Rosemary Guffy Director		X	_		_			0	0	(
					ļ					
				_		_				
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				_		-		ı		
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Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.	Part VII Section A. Officers,	Directors, Truste	ees,	Key	Em	ıplo	yees.	, an	d Highest Compensated	Employees (continued)					
week 10 to 10 t	1 1	Average Po	ositio		neck		hat ap	ply)	Reportable	Reportable	Estimated				
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Dld the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.		week or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	comp fro orga and	ther ensation m the nization related			
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.															
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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.			COM	picte	- 00	neu	uie o	101	Guerr person	******************************		<u></u>	1		
Name and business address Description of services Compe	Complete this table for your five	ve highest compen	nsate	ed in	dep	end	ent c	onti							
	Name and										(C) Compensa	ation			
									1,20	*****	:				
									HAVE THE PROPERTY OF THE PROPE						
2 Total number of independent contractors (including but not limited to those listed above) who received	2 Total number of independent	contractors (includi	dina h	but r	not I	limite	ed to	the	se listed above) who receiv	ved		·			
more than \$100,000 in compensation from the organization ▶	more than \$100,000 in compe								,			0 orm 990 (2009)			

Pa	rt V	Statement of Reve	nue	**************************************				
		And the second s		Control (Control (Con	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a			gerita kununum tilgréstréssigangunguna. Salarda salah sa sarinda dahan igi pada d	######################################	
眶		Membership dues	1b			en indenting kang tipuk mengangan kang menghini s situ di kang mengangan kang mengang m		
aŭ.		Fundraising events	1c		rein plantamine i 1886.	Andrea Chanada para and a non anterior a little describ		Bushesone in the second of the
aita		Related organizations	1d			en kantantan di Kanada di Kanada di Kanada Di Kanada Maria Safanga di Kanada di Kan		
ξĒ		Government grants (contributions)	1e	154,873	The second s			
P.S.		All other contributions, gifts, grants,						
호튀		and similar amounts not included above	1f	378,484		A Paratir Project		
늍	q	Noncash contributions included in lines 1a-	-1f: \$	27,700	 Contract the consequence of the property of the p			ingstander i de la d La decembra de la de
유	_	Total. Add lines 1a-1f			533,357	у прекципенные полька манерен полученые прекратурования в полька манерен полученые	en il accepto la Maria del Cara del Car	
Program Service Revenue Contributions, gifts, grants				Busn. Code	All the first end methods in the first state of the			
Ven	2a							
g	b	,						
J.Ce	С							
, Le	d							
Ĕ	е		.,					
ğ	f	All other program service reve						
Ĕ		Total. Add lines 2a-2f		-				
	3	Investment income (including	dividends	s, interest, and	Ĭ			
		41 4 21			963	963		
	4	Income from investment of tax						
	5	Royalties						
		(i) Real		(ii) Personal	2/18/4 [n]II (province approximation of course		arang maggapalang mga parang aga 185 mg mg	
	6a	Gross Rents			e (1 paragrama (1) a na neona increas (1) (1) an Regi (1) de la Regio (1) an antica (1) (1) antica (1	January (Santa) (Santa	i proprio di anticolori di	
	b	Less; rental exps.				The state of the second section in the section in the second section in the section in the second section in the section	Smart of the factor by the control of the control	Transport of the state of the s
	C	Rental inc. or (loss)				Bodonski i regjenskop se provincija, jak ja ja privodski rosta i si	animpa da kasada (2007) Sanara	razione e e Vittorio
	d	Net rental income or (loss)		>				
	7a	Gross amount from (i) Securitie	s	(ii) Other		te i promonente de la		
		sales of assets other than inventory					outs in introduceral contribution grows (A.A.). Childhean Carlo	
	b	Less: cost or other				era masta menteratura per emperatura (1777). Para masta menteratura per emperatura (1777).		
		basis & sales exps.				Saringgarana manana mengeberah (R) Sa CBR Bada dan menanan mengeri pada masa a		e agains Nog Conta
	С	Gain or (loss)				Bullings Britanic Constant		
		Net gain or (loss)	<u></u>	· · · · · · · · · · · · · · · · · · ·				
4		Gross income from fundraising eve			the special control of the state of the stat	(PA) B) So posit inimamises i privir i Sire (Crastino)		
nue		(not including \$				and a property of the second o	e renne righeiter (dr. Spary) var fin say Say Barris (dr. Say	
≥ve		of contributions reported on line 1c				em is a condition of the first		
Ä		See Part IV, line 18			The state of the s			
Other Revenue	b	Less: direct expenses				The Configuration of the Confi		
0		Net income or (loss) from fund		vents 🕨		**************************************		
		Gross income from gaming activities				The state of the s		
		See Part IV, line 19	. a		gi, napad magasakan kalangan papaga (hiji gika (kika) padamina manangan manga (hiji gana) hiji gika (kika) padamina mangan manga (hiji gana) hiji	i Pitali II, etalai 122-ar ajaasiir sejra aaja ajaajaja. Valori		
	b	Less: direct expenses				The state of the control of the state of the	Alfridgilsky blom optick for a strong 1988 block for the strong	
		Net income or (loss) from gan		ities			21.92011/01-01-01	
	10a	Gross sales of inventory, less			ersection virial line (Diff () Line () 1956 () 1971 () 27	e gifu) redsinės exige acija reikorčių ir jūste exiliki, kilos		
		returns and allowances	a			enne e reina capacita da 1838.		
	b	Less: cost of goods sold			and the state of t	The state of the s		
		Net income or (loss) from sale		ntory				
		Miscellaneous Revenu	е	Busn. Code	- 1959-1980-1980-1980-1980-1980-1980-1980-198	Surviva in State Control (State Cont	CASTON IN CONTRACT TO THE CONTRACT OF THE CONT	
	11a	Various fundraising			54,386		•	
	b	Other			730	730		
	c							
	d	All other revenue ,						
	e	Total. Add lines 11a-11d			55,116		es a planta por la companio de la companio della co	
	12	Total Revenue. See instruction			589,436	56,079	0	0

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) but are not required to complete columns (B), (C), and (D).

_					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and			PEPERPERPENDING DESCRIPTION OF THE PERPENDING DESCRIPTION OF THE P	
•	organizations in the U.S. See Part IV, line 21			Andrean Commission of the Comm	
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	35,476	35 476	inger in the second of the sec	
-		33, 410	33/=/0	Alexandra (1991)	
3	Grants and other assistance to governments,			nimental de la companya de la compa	1985年 1987年 19
	organizations, and individuals outside the			A GULLET AND	Processor Commencer
	U.S. See Part IV, lines 15 and 16			and and any form and an above the contract of the contract of the first	
4	Benefits paid to or for members			transachundragenster	in the second distriction of the second seco
5	Compensation of current officers, directors,	62 011	00 610	21 064	
	trustees, and key employees	63,811	28,618	31,964	3,229
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	259,062	259,062		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	24,872	22,161	2,462	249
10	Payroll taxes	25,817	23,003	2,556	258
11	Fees for services (non-employees):				
a	Management				
b	Legal	* (() - () - () - () - () - () - () - ()			
~		22,588	20,778	1,810	
٦	Accounting Lebbying	22/300	20,170	17010	
d	Lobbying Professional fundraising services. See Part IV, line 17			Seeman de Calife song weter part i en in ing green in sin	
	="		5. N. 17. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
f	Investment management fees				
g	Other				
12	Advertising and promotion	0 (10	4 246	E 202	·
13	Office expenses	9,649	4,346	5,303	
14	Information technology				
15	Royalties	42 002	28 061	6 010	
16	Occupancy	43,973	37,061	6,912	
17	Travel	4,875	2,438	2,437	*
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,252		2,252	
20	Interest	5,403	5,403		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,689	28,664	2,025	
23	Insurance	14,602	13,221	1,381	
24	Other expenses. Itemize expenses not		18. il 8. partegar i la ciuli del tra i principale del marco del conseguente del conseguente del conseguente d La ciulia del conseguente del conseguente del conseguente del conseguente del conseguente del conseguente del	anause cospijanie in al Louistop († 1765). Good gainelele discisso († 1864). Hydros (hydrosia)	
	covered above. (Expenses grouped together		188 (1.1.1) (1	Magazing inheritory (1) (2) (3) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	and labeled miscellaneous may not exceed	(1960) paramenana ana manana ang atao a Ang atao ang atao an			
	5% of total expenses shown on line 25 below.)	DC-0844928556984689845-044-051	ggperrage dans va	The section of the conservation	
а	Repairs / Maintenance	8,919	7,908	1,011	The street of th
a b	Dues and subscriptions	2,516	,,500	2,516	-
	0+hom	939	393	546	
ç	Small Equipment < \$1,000	109	373	109	
d		1.09		109	
e	All other conservations				
f	All other expenses		400 500	C3 004	3 63 6
25	Total functional expenses. Add lines 1 through 24f	555,552	488,532	63,284	3,736
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

						(A) Beginning of year		(B) End of year
1	_	Cash—non-interest bearing				128,194	_	
	1					120,194		197,140
	2	Savings and temporary cash investments				2 400	2	4 502
	3	Pledges and grants receivable, net				2,488		4,501
1	4	Accounts receivable, net			· · · · ·	A Samuel Company Compa	4	
	5	Receivables from current and former officers, directors, truste						
		employees, and highest compensated employees. Complete				all management of Arist (B)	ALK.	
	•	Schedule L Receivables from other disqualified persons (as defined under				Militarian descriptor being the first the second	5	
	6	• • •				Minimal and the second of the		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). C	-			beider in the state of the stat		S @Addition (1)
2	_	Part II of Schedule L		• • • • • • • • • • • •			6	<u> </u>
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use		• • • • • • • • • • • • • • • • • • • •		5,683	8	4 024
- 1.	9	Prepaid expenses and deferred charges	٠٠٠٠٠٠٠			3,003	9	4,934
	ıva	Land, buildings, and equipment: cost or	1	003	ビジビ	Tugʻing banganen ya içilgi); Jisa nasan manganga (11) (4-374) k		Propries
	_	other basis. Complete Part VI of Schedule D 10		152,	<u> </u>	764,689	el an di	051 204
	11	Less: accumulated depreciation 10	υĮ					851,324
	12	Investments—publicly traded securities					11	
	13	Investments—program-related. See Part IV, line 11		· · · · · · · · · · · · · · · ·			13	
	14	1-1					14	
	15					1 7 7	_	
- 1	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)				901,222		1,057,899
_	17	Accounts payable and accrued expenses				1,113	17	5,861
1		Grants payable					18	3,001
	19	Deferred revenue						2,500
	20	Tax assessed based liabilities					20	2,300
	-0 21	Escrow or custodial account liability. Complete Part IV of Sch					21	
w	22	Payables to current and former officers, directors, trustees, k				Salayan Carallel Carallel	rija esebe 1800-leta	English Section 1
ig		employees, highest compensated employees, and disqualifie	-			Stallates tradition or transmission of the con-	tur er in est trak	
<u>a</u>		persons. Complete Part II of Schedule L				tary pyrtypsystem programma da y y complete y transporter or a	22	130,000
	23	Secured mortgages and notes payable to unrelated third part					23	
- 1	24	Unsecured notes and loans payable to unrelated third parties	, , , , , , ,				24	***
1:	25	Other liabilities. Complete Part X of Schedule D					25	
1	26	Total liabilities. Add lines 17 through 25				· 15,568	26	138,361
S		Organizations that follow SFAS 117, check here ▶ X an	d					
Balances		complete lines 27 through 29, and lines 33 and 34.						
를 :	27	Unrestricted net assets				885,654	27	919,538
ř j	28	Temporarily restricted net assets		.			28	
Fund	29	Permanently restricted net assets	. <u></u>				29	h.,
교		Organizations that do not follow SFAS 117, check here ▶						
		and complete lines 30 through 34.				passing the continuous and minus Tork 3.1		falle were to
<u>s</u>	30	Capital stock or trust principal, or current funds					30	
Se :	31	Paid-in or capital surplus, or land, building, or equipment fund					31	
A :	32	Retained earnings, endowment, accumulated income, or other	er funds			000 000	32	0.00.00.00
<u>~</u>	33	Total net assets or fund balances				885,654		919,538
<u> </u>	34	Total liabilities and net assets/fund balances				901,222	34	1,057,899

Form **990** (2009)

Form **990** (2009)

Pa	int XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:	T. J. J.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1.34	de ju	
	Schedule O.		200): '
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
þ	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in	10 Turk		
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Y 11		
	issued on a consolidated basis, separate basis, or both:	l		ra ir k
	X Separate basis Consolidated basis Both consolidated and separate basis			7
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		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRIDGES of Williamson County

Employer identification number 62-1753127

and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) of your governing document? Yes No Yes No Yes No Yes No	P	art i	Reas	on for Public Charity	Status (All organizations	s must o	complet	<u>e this</u>	part.)	<u>See ir</u>	<u>ıstruct</u>	ions.			
A school described in section 170(b)(1)(A)(ii), (Alicia). Schedule E.) A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. City, and state. S An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iii). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iii). (Complete Part III.) An organization organization after June 30, 1975. See section 509(a)(2). On more than 33 1/3 % of its support from pross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11th. a	The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 11,	check onl	y one box	.)							
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). An edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Complete Part II.) A norganization properated or the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) A regionization that remailly receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 10 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 10 % of its support from gross investment income and unreleated business standle income (9se section 509(a)(2). (Complete Part III.) An organization organizated and operated exclusively to first benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2) or section 509(a)(2). See section 509(a)(2) or section 509(a)(2). If the organization received at written determination from the IRS that it is a Type I, Type III or Ty	1		A church, cor	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).							
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its eventy fructions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3) rights. 3 rights of the purposes of one or more publicly supported organizations of solice)(1) or section 509(a)(2). See section 509(a)(3). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 te through 11h.	2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A reganization manually receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community rust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization than normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its evempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business tazable income (less section 511 tay) from businesses acquired by the organization organization and unrelated business tazable income (less section 511 tay) from businesses acquired by the organization organization and unrelated business tazable income (less section 511 tay) from businesses acquired by the organization organization and unrelated business tazable income (less section 509(a)(2). An organization organization and unrelated business tazable income (less section 509(a)(2). An organization organization and unrelated business tazable income (less section 509(a)(2). An organization organization organization organization described in section 509(a)(1) or section 509(a)(2). By checking this box, I certify that the organization is necessariated in section 509(a)(1) or section 509(a)(2). If the organization organization organization is not controlled directly or indirectly by one or more disqualified persons of their than one or more publicly supported organizations described in section 509(a)(1) in section 509(a)(2). If the organiz	3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(iii).							
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(b)(c). Complete Part II.) 6 A dederal, state, or local government or governmental unit described in section 170(b)(1)A(b)(v). 7 Xi An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(b)(v). (Complete Part III.) 8 A community trust described in section 170(b)(1)A(v)(v). (Complete Part III.) 8 A community trust described in section 170(b)(1)A(b)(v). (Complete Part III.) 8 A community trust described in section 170(b)(1)A(b)(v). (Complete Part III.) 8 A organization from artivities related to its evenpt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations of, or to carry out the purposes of one or more publicly supported organization of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 50	4		A medical res	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Ente	er the ho	spital's	s name	,	
section 170(b)(1)A(h(iv), (Complete Part II.) A federal, state, or local governmental unit described in section 170(b)(1)(A(v). A federal, state, or local governmental unit described in section 170(b)(1)(A(v)). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A(v)). (Complete Part II.) A norganization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its several functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and urrelated business taxable income (less section 511 tay from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) A norganization organizated and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section			city, and state	e:											
A federal, state, or focal government or governmental unit described in section 170(b)(1)(A)(v). A no organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II.) A community fust described in section 170(b)(1)(A)(v)). (Complete Part II.) A rorganization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11th. a	5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in				
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and an organization and complete and portated exclusively to the toric public safety. See section 505(a)(1). 10 An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 ethropal 11. a Type I b Type II c Type III—Functionally integrated d Type III—Chter By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A family member of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) or (ii) above? (iv) Name of supported organization (see instructions)) (iv) Is the cognization (v) Italia (v			section 170(b)(1)(A)(iv). (Complete Part	II.)										
described in section 170(b)(1)A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)A)(vi). (Complete Part II.) A community must described in section 170(b)(1)A)(vi). (Complete Part II.) A community must describe to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organizated and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	6		A federal, sta	ite, or local government or g	overnmental unit described in s	section 17	'0(b)(1)(A)(v).							
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 59(a)(2). (Complete Part III.) 10	7	X	An organizati	on that normally receives a	substantial part of its support fr	om a gov	ernmentai	unit or	from the	genera	al public				
An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to lest for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), or section 509(a)(2), by the complex fine in the interval of the purposes of one or more publicly supported organization and complete lines 11e through 11h. a			described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization and operated exclusively to test for public safety. See section 509(a)(1). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11h. a	8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	t II.)									
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	9		An organizati	on that normally receives: (1	1) more than 33 1/3 % of its sup	pport from	contribut	ions, me	embersh	ip fees	and gro	oss			
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10			receipts from	activities related to its exen	npt functions—subject to certain	n exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its				
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An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	10	П		_											
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	r to carr	y out the	е				
a Type I b Type II c Type III c Type III Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 599(a)(1) or section 599(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? (iii) A 5% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization organization in control of the following information about the supported organization (see instructions)) (iv) Is the cranization organization in control of the organization in control of organization in control organization in control of organization in control organization in control of organization in control of organization in control organization in control of organization in control organization in con			purposes of o	one or more publicly support	ted organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2). See	section				
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (II) and (III) below, the governing body of the supported organization? (Ii) A family member of a person described in (I) obve? (Iii) A 35% controlled entity of a person described in (I) or (II) above? (I) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (IV) Is the organization in co. (I) (I) you notily be organization in co. (I) (I) you notily co. (I) (I) organization in (III) yer organization in co. (III) o			509(a)(3). Ch	eck the box that describes t	he type of supporting organizat	ion and co	omplete lii	nes 11e	through	11h.					
persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (described on lines 1-0 atove or IRC section (see instructions)) (iii) Type II, or Type III supporting organization in col. (i) (i) (ii) (iii) (ii			a Type	t b Type II	c Type III-Function	ally integr	ated	d	Тур	e III–Ot	her				
509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Provide the following information about the supported organization (described on lines 1-9 above or IRG section (see instructions)) (iv) Is the organization in col. (i) of your subject of the organization in col. (i) of your subject of col. (ii) of your subject of col. (ii) of your subject of col. (iii) of your subject of col. (iiii) of your subject of col. (iiiii) of your subject of col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	e		By checking	this box, I certify that the org	ganization is not controlled direc	tly or indi	rectly by d	ne or m	ore disc	qualified					
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)			persons othe	r than foundation managers	and other than one or more pu	blicly supp	orted org	anizatio	ns desc	ribed in	section				
organization, check this box g			509(a)(1) or s	section 509(a)(2).											
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? h Provide the following information about the supported organization/(described on lines 1-9 above or IRC section (see instructions)) (iv) Is the cranization in cd. (i) is the organization in cd. (i) organization in cd. (ii) organization in cd. (iii) organization in cd. (iiii) organization in cd. (iiii) organization in cd. (iiii) organization in cd. (iiii) organ	f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I	Type II,	or Type	III supp	orting					
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see Instructions)) (iv) Is the organization or (iv) Is the organization in cot. (ii) it is in organization in cot. (iii) organization (iv) organization in cot. (iii) organization in cot. (iiii) organization in cot. (iiiii			organization,	check this box											
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see Instructions)) (iii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) Yes No Yes No Yes No (iv) Is the organization organization organization (i) organization in col. (i) organization in col. (i) organization in col. (i) organization organizat	g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	oution fron	n any of th	ne							
and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in col. (i) of your support? Yes No Yes No Yes No Yes No Yes No Yes No Yes No			following per	sons?	L.										
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) Yes No Yes No Yes No Yes			(i) A persor	who directly or indirectly co	ontrols, either alone or together	with pers-	ons descr	ibed in (ii)					Yes	No
(ii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in co. (ii) organization in co. (iii) organization			and (iii) l	celow, the governing body o	f the supported organization?								11g(i)		
h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1–9 above or IRC section (see instructions)) (see instructions) (ii) EIN (iii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (i) of your support? Yes No Yes No Yes No (vi) Is the organization organization in col. (ii) organization in col. (ii) organization the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization the organization in col. (ii) organization in col. (ii) organization the organization in col. (iii) organization the organization in col. (iii) organization the organization in col. (iii) organization the organization the organization in col. (iii) organization the organization the organization the organization the organization in col. (iii) organization the organizat			(ii) A family	member of a person describ	bed in (i) above?								11g(ii)		
(ii) Name of supported organization (described on lines 1–9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Islade in your governing document? Yes No Yes No Yes No (vi) Is the organization in col. (i) of your support? Ves No Yes No			(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above? 🛒			<i></i>					11g(iii)		
organization (described on lines 1–9 above or IRC section (see instructions)) The organization in col. (i) dyour support? Yes No Yes No Yes No The organization in col. (i) dyour support? Yes No Yes No The organization in col. (i) dyour support? U.S.? Yes No Yes No	<u>h</u>		Provide the	ollowing information about t	he supported organization(s).										
above or IRC section (see instructions)) above or IRC section (see instructions)) governing document? col. (i) of your support? (i) organized in the U.S.? Yes No Yes No Yes No	(i)			(ii) EIN		1 ' '	-			1 1		4			
(see instructions)) The second of the secon		org	anization		I '		-		-				supp	ort	
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Schedule A (Form 990 or 990-EZ) 2009 BRIDGES of Williamson County 62-1753127 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 653.385 466,442 452.968 416,852 533,357 2,523,004 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 653,385 466,442 452,968 416.852 533,357 2,523,004 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 2,523,004 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 7 653,385 466,442 452,968 416,852 533,357 2,523,004 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,915 7,510 sources 3,565 2,967 963 17,920 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 IV.) 730 11 Total support. Add lines 7 through 10 2,543,077 Gross receipts from related activities, etc. (see instructions) 12 12 87,448 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) 13 organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 99.21% Public support percentage from 2008 Schedule A, Part II, line 14 15 15 99.27% 33 1/3 % support test—2009. 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 ▶ X 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Schedule A (Form 990 or 990-EZ) 2009

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (f) Total (a) 2005 (d) 2008 (e) 2009 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 99	0-EZ) 2009	BRIDGE	S of Wi	<u>lliamson</u>	County	62-1753127	Page 4
Part IV	Suppleme	ental Info	rmation. C	omplete this	s part to prov	ide the explana	ations required by Part II, li	ine 10:
Part	II, Line	10 -	Other I	ncome D	etail	· · · · · · · · · · · · · · · · · · ·	****************************	
Other					\$	2,153	•••••	••••••
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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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Inspection

Name	of the organization		Employer identification number
ВІ	RIDGES of Williamson County		62-1753127
Pa	rt I Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or <i>I</i> Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(a) rand and odio, dozodka
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	000	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
o o	funds are the organization's property, subject to the organization's exclusive subject to the organization of the organization		[Vaa □ Na
6	Did the organization inform all grantees, donors, and donor advisors in		Yes No
0	used only for charitable purposes and not for the benefit of the donor or	= = =	
	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
D,	purpose conferring impermissible private benefit? rt II Conservation Easements. Complete if the organization complete if the organization complete in the organi	nization answored "Ves" to For	m 000 Part IV line 7
			iii 990, i ait iv, iiie i.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	•
	Protection of natural habitat	Preservation of certified historic	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		\$7 PER 438
			Held at the End of the Tax Year
а			
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure incl		
d	Number of conservation easements included in (c) acquired after 8/17/6		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during
	the taxable year		
4	Number of states where property subject to conservation easement is keeping to be a second of the states where property subject to conservation easement is keeping to be a second of the states where property subject to conservation easement is keeping to be a second of the states where property subject to conservation easement is keeping to be a second of the states where property subject to conservation easement is keeping to be a second of the states where property subject to conservation easement is keeping to be a second of the states where	ocated >	
5	Does the organization have a written policy regarding the periodic moni		
	violations, and enforcement of the conservation easements it holds? $_{\hdots}$		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	rear
	- _		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easem-	ents in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that o	lescribes
n - 5	the organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition		t public service,
	provide, in Part XIV, the text of the footnote to its financial statements t		
b	If the organization elected, as permitted under SFAS 116, to report in it		
	historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures, or		ovide the
	following amounts required to be reported under SFAS 116 relating to t		
а	Revenues included in Form 990, Part VIII, line 1		
þ	Assets included in Form 990, Part X		🕨 \$

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Sche	edule D (Form 990) 2009 BRIDGES of	E Williamson	County	62-17	53127	Page 2
Pa	irt III Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, ch	eck any of the follow	ing that are a signific	ant use of its	
а	Public exhibition	d Loan	or exchange progra	ms		
Ь	Scholarly research	e Othe				
¢	Preservation for future generations	_		- -		
4	Provide a description of the organization's colle Part XIV.	ections and explain how	they further the org	anization's exempt po	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to l	be maintained as part o	f the organization's o	collection?		. Yes No
Pa	irt IV Escrow and Custodial Arra	ngements. Comple	ete if the organiz	zation answered	"Yes" to Form	990, Part
	IV, line 9, or reported an am					
1a	Is the organization an agent, trustee, custodiar	n or other intermediary f	or contributions or o	ther assets not	<u>"</u>	
	included on Form 990, Part X?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	ng table:			
						Amount
C	Beginning balance	, , , ,			1c	
d	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV.					
	If "Yes," explain the arrangement in Part XIV. Irt V Endowment Funds. Comple	ete if organization a	answered "Yes"	to Form 990, Pa	art IV, line 10.	
		ete if organization (answered "Yes" (b) Prior year		art IV, line 10.	(e) Four years back
Pa						(e) Four years back
Pa 1a	rt V Endowment Funds. Comple					(e) Four years back
Pa 1a b	Beginning of year balance					(e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses					(e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses					(e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains,					(e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships					(e) Four years back
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities					(e) Four years back
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs			(c) Two years back		(e) Four years back
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	(a) Current year		(c) Two years back		(e) Four years back
Pa 1a b c d e f g	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current year		(c) Two years back		(e) Four years back
Pa ta b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year earlier	(a) Current year		(c) Two years back		(e) Four years back
Pa 1a b c d e f g a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year estimated designated or quasi-endowment	(a) Current year		(c) Two years back		(e) Four years back
Pa tabc de f g 2 abc	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year estimated designated or quasi-endowment Permanent endowment	(a) Current year	(b) Prior year	(c) Two years back		((e) Four years back
Pa tabc de f g 2 abc	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year estimated designated or quasi-endowment Permanent endowment Term endowment	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
Pa tabc de f g 2 abc	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year estimated designated or quasi-endowment Permanent endowment Permanent endowment Term endowment Are there endowment funds not in the possess organization by:	end balance held as:%	(b) Prior year	(c) Two years back	(d) Three years back	Yes No
Pa tabc de f g 2 abc	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endowment programs Permanent endowment programs Are there endowment funds not in the possess organization by: (i) unrelated organizations	end balance held as:%	(b) Prior year	(c) Two years back	(d) Three years back	Yes No
Pa 1a b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year estimated designated or quasi-endowment Permanent endowment Permanent endowment Term endowment Are there endowment funds not in the possess organization by:	end balance held as:% sion of the organization	(b) Prior year	(c) Two years back	(d) Three years back	Yes No 3a(i) 3a(ii)
Pa 1a b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year elegand designated or quasi-endowment Permanent endowment Permanent endowment Term endowment Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations	end balance held as:% sion of the organization	(b) Prior year that are held and adi	(c) Two years back	(d) Three years back	Yes No 3a(i) 3a(ii)
Pa 1abc de fg 2abc 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year e Board designated or quasi-endowment Permanent endowment Permanent endowment Are there endowment funds not in the possess organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations	end balance held as:% sion of the organization	(b) Prior year that are held and add	(c) Two years back	(d) Three years back	Yes No 3a(i) 3a(ii)

Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value depreciation (investment) basis (other) 100,000 100,000 **1a** Land ______ 555,636 69,455 486,181 277,567 30,841 24<u>6,726</u> c Leasehold improvements 65,032 48,192 d Equipment 3,723 5, 300 e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 851,324

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 BRIDGES of Williamson	County	62-1753127 Page
Part VII Investments—Other Securities. See Form 99		
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		
		
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		The state of the s
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		ine migenfund, geforede sak kanadi palira, di u li kika yanadi. Bi sak kanadi kisha sakan di palira, di u li kika yanadi.
Part VIII Investments—Program Related. See Form 99	•	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
	ļ.	
		FILOS (apple of CLC), Calculated and Calculated Company (Apple of Calculat
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		46000000000000000000000000000000000000
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
V-811		
	'	
Total (Column (b) must equal Form 990 Part X col. (B) line 15.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities See Form 990, Part X line 2	25	▶
Part X Other Liabilities. See Form 990, Part X, line 2	Y ·	
Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability	25. (b) Amount	
Part X Other Liabilities. See Form 990, Part X, line 2	Y ·	Manager a time it count in come in the distribute of the second of
Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability	Y ·	g growth, growth again money in a definition of the control of the
Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability	Y ·	g growth, grow the analysis of a function of the control of the co
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Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability	Y ·	Hardware transfer and the second of the seco

organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 BRIDGES of Williamson County	62-17531	27	Page 4
A comments .	if XI Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			589,436
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	555,552
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	33,884
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	·
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	10	33,884
_	nt XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements			589,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••	((002/200
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1			589,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		303/130
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			589,436
	rt XIII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements			555,552
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		nene latera	
a	Donated services and use of facilities	2a	1	
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	555,552
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	555,552
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, II	ines 1a and 4: Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, li			
	part to provide any additional information.	ries 2d and 40. 7030 dompiete		
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Schedule D (Fe	orm 990) 2009	BRIDGES of	Williamson	County	62-1753127	Page 5
Part XIV	Supplemer	BRIDGES of otal Information (c	ontinued)			
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OMB No. 1545-0047	2009	Open to Public Inspection
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(Form 990)		Governme	nd Oth nts, an	er Assistance d Individuals i	and Other Assistance to Organizations, nents, and Individuals in the United States	ins, tates		2006
Department of the Treasury Internal Revenue Service	ŏ	Complete if the or	ganization	answered "Yes" on Fo ► Attach to Form 990.	organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	s 21 or 22.		Open to Put Inspection
	, r r r r r r r r r r r r r r r r r r r					Employer i	Employer identification number Gつニ1フE31つつ	
Bart General	General Information on Grants and Assistance	On County Assistance				/T-70	77166	
1 Does the organization the selection criteria	Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance?	amount of the grant of the grant he gra	ants or ass	sistance, the grantees	grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	P	Yes
Part Crants a Form 99 Part IV a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00 Part IV and Schedule 1-1 (Form 990) if additional space is needed	ernments and sipient that recitive additional st	nd Organizations nd Organizations eceived more that space is needed	zations in the Uriore than \$5,000.	nited States. Com Check this box if	plete if the org no one recipie	anization answ nt received mor	Ind Organizations in the United States. Complete if the organization answered "Yes" to eceived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed
1 (a) Name and or	(a) Name and address of organization or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations	ganizations						
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for	Form 990					Schedule I (Form 990)

Schedule I (Form 990) 2009

Page 2

62-1753127

(f) Description of non-cash assistance Personal items Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) FMV35,476 non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant Schedule (Form 990) 2009 BRIDGES of Williamson County (b) Number of recipients 2145 Personal items and goods (a) Type of grant or assistance Part Part III

Schedule I (Form 990) 2009

DAA

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No. 1545-0047 Open To Public Inspection

Name of the organization BRIDGES of Willi	.amso	n Co	unty			62-	•			numt	er	
Part I Excess Benefit Transactions (see Complete if the organization answered "Yes						Dort V. li	no 40	h				
	s on For	m 990,	Part IV, line 2				ne 40	U.		(c) (Correct	led?
1 (a) Name of disqualified person				u)) Description of tra	ansacuon				Yes		Vo.
					. ,							
											+	
 2 Enter the amount of tax imposed on the organization under section 4958 3 Enter the amount of tax, if any, on line 2, above, reim 							▶ \$ ▶ \$					
Part II Loans to and/or From Interested Complete if the organization answered "Ye			Part IV line 3	6 or Form 0	00-E7 Part V I	ina 38a						
(a) Name of interested person and purpose	(b) L or fro	oan to m the zation?	(c) Origin	al	(d) Balance d		(e) In d	efault?	(f) App	ard or		/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
Linda Woodside Roof replacement	х		13	0,000	130	,000		Х	Х		X	
					THE BUILD OF THE B							
										<u> </u>		
							***********		2.112-12			
Total Part III Grants or Assistance Benefitting	Intere	etad l	Poreone	▶ \$	130	,000	jeg ngig	ir hold	522	us sud		
Complete if the organization answered "Ye				27.								
(a) Name of interested person			(b) Relation	nship between i organi	interested person zation	and the	(c) A	.moun	t and t	type of	assist	ance
								—	—			
Part IV Business Transactions Involving Complete if the organization answered "Yes				28a, 28b, or 2	28c.							
(a) Name of interested person	(b)	Relations	hip between rson and the	(c) Amo transac	unt of	(d) Descr	iption o	of tran	saction	n	reve	Sharing org. enues?
											res	No
A												
					,						1	1

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRIDGES of Williamson County

Employer Identification number 62–1753127

Pa	rt I Types of Property				•	
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinin revenues	g
1	Art—Works of art					
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household				·	
-	goods	Х		16,300	Fair market value	e
6	Cars and other vehicles	X	6		Blue book	
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded					
10	Securities—Closely held stock					
11	Securities—Partnership, LLC,	" "				
	or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					
15	Real estate—Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens			-		
24	Archeological artifacts					
25	Other ►()					
26	Other ►(
27	Other ►(
28	Other ►()					
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for		
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29 0	
						Yes No
30a	During the year, did the organization	receive b	y contribution any prope	ty reported in Part I, lines t	1-28 that	
	it must hold for at least three years f	rom the da	ate of the initial contribut	ion, and which is not require	ed to be	
	used for exempt purposes for the en					30a X
b	If "Yes," describe the arrangement in			,		
31	Does the organization have a gift ac		policy that requires the re	eview of any non-standard		
	. 11 . 11 . 12			····		31 X
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash	
				,		32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report rev	enues in c	olumn (c) for a type of pr	operty for which column (a) is checked,	
	describe in Part II.		, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	

Schedule M (For	m 990) 2009	BRIDGE	ES of W	illiams	son Cou	nty	62	-1753127	,	Page 2
Part II	Supplen 32b, and	n <mark>ental Info</mark> d 33. Also d	rmation. C	Complete t his part fo	his part to r any additi	provide the ional inform	e information nation.	-1753127 on required l	oy Part I, lin	es 30b,
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRIDGES of Williamson County

Employer identification number 62-1753127

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
Board members are provided copy of Form 990 prior to filing for their
review and comments.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are required to sign a conflict of interest policy and any
changes are to be immediately brought to management's attention.
Management reviews all transactions to prevent any conflict of interest.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Compensation for executive director is reviewed annually and voted on by
the board members. The compensation of other local organizations are used
as a reference.
Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation is reviewed annually by the board.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Documents are available upon request when requested with management.

000	1	Special Ever	nts Schedule			
Form 990	For calendar year 2009, or tax y	year beginning	07/01/09 ,ar	nd ending 06	/30/10	2009
lame		,	- 			entification Number
BRIDGES of	Williamson County	7			62-175	3127
Gross receipts Less contributions Gross revenue Less direct expense Net income (loss)	(A) 85,755 0 85,755 31,369 54,386	(B) 0 0 0 0 0	(c) 0 0 0 0 0	Others	0 0 0 0 0	Total 85,755 0 85,755 31,369 54,386
Description: (A) (B) (C) Other	Various fundra	ising				

Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

2009

Name

Employer Identification Number

BRIDGES	οf	Williamson	County
1111 1 1 (11)	() L	M T T T T CTILD OTT	

62-1753127

	10 02 TEMP				
Form 9	990, Part X	, Line 22 -	Additional	Information	
	Name	e of lender		Ti	tle
(1) Lind	da Woodside	0 0. 10.100			
(2)	ia viocabilac				
(3)					
(4)					
(5)					
(6)					
(6) (7)					
(8)					
(9)					
(10)					· · · · · · · · · · · · · · · · · · ·
				The second state of the second state of the second	
0	riginal amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	130,000	08/19/09	08/19/19	10 year balloon not	
(2)			3,0,0,0		
(3)					
(4)		-			
(5)					
(6)		-	···		
(7)					
(8)					
(9)					
(10)					a coloure de la coloure de
7,35850h		Color Section (1)		kija i projekty se nemiamo se odnostak se i projekt 1800 (k. 1900). Podrupomorpimo se nasvamjek sasse plakijskog (h. 1900). Podrupomorpimo se nasvamjek sasse plakijskog (h. 1900).	
				_	
		ovided by borrower		Purpose o	f loan
	lding as co	<u>llateral</u>		Roof replacement	
(2)	<u></u>				
(3)					
(4)					
(5)					
(6)			•••		
(7)					
(8) (9)					
(9) (10)					
	in complete the control of the contr		en university (C)		
20 - 11 . 30 T. 18.00 . ASSESSED	" · · · · · · · · · · · · · · · · · · ·			Balance due at	Balance due at
	Consideration f	furnished by lender		beginning of year	end of year
(1)					130,000
(2)					
(3)		· ·			
(2) (3) (4) (5)					
(5)					
(6)		·			
(7)					
(8)					
(9)					
(10)					100000
Totals		****			130,000

Form **4562**

epartment of the Treasury ternal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 2009

Attachment

► See separate instructions.

Attach to your tax return.

Name(s) shown on return

BRIDGES of Williamson County

62-1753127

	ess or activity to which this form relates	:						
	ndirect Depreciat	TOII		ian 170				
_ P 8	Election To Expe				ı complete E	Don't I		
	Note: If you have							250 000
1	Maximum amount. See the instru			ses				250,000
2	Total cost of section 179 property	•				· · · · · · · · · · · · · · · ·	2	000 000
3	Threshold cost of section 179 pro			structions)			3	800,000
4	Reduction in limitation. Subtract li						4	
5	Dollar limitation for tax year. Subtract li						5	The state of the s
6	(a) Description	on of property	(6	Cost (business use	only) (C)	Elected cost	_	and the first service of the f
				,			_	
								
7	Listed property. Enter the amount				7	<u> </u>	10.7	
8	Total elected cost of section 179	property. Add amounts	s in column (c), lines	6 and 7			8	
9	Tentative deduction. Enter the sn	naller of line 5 or line 8	3				9	
10	Carryover of disallowed deduction	n from line 13 of your 2	2008 Form 4562				10	
11	Business income limitation. Enter	r the smaller of busines	ss income (not less	than zero) or line	5 (see instructio	ins)	11	
12	Section 179 expense deduction.	Add lines 9 and 10, bu	t do not enter more t	than line 11		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	12	
13	Carryover of disallowed deduction				13		(A)	
Note	: Do not use Part II or Part III below	w for listed property. In	stead, use Part V.					
Pε	rt II Special Deprecial	ion Allowance ar	nd Other Depre	ciation (Do no	t include lis	ted propert	ty.) (S	See instr.)
14	Special depreciation allowance for							
	during the tax year (see instruction					-	14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACI						16	30,322
	rt III MACRS Deprecia							
			Section					~
			Section	- A				
17	MACRS deductions for assets pla	aced in service in tax v					17	367
17 18	MACRS deductions for assets pla	=	ears beginning befo	re 2009		***********	17	367
17 18	If you are electing to group any assets	placed in service during th	ears beginning befo ne tax year into one or n	re 2009nore general asset a	ccounts, check he	re ▶ 🗍 🂆	Quary.	
	If you are electing to group any assets	=	ears beginning befo ne tax year into one or n	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re ▶ 🗍 🂆	Quary.	
	If you are electing to group any assets	Assets Placed in Ser (b) Month and year placed in	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re ▶ 🗍 🂆	em	
18	If you are electing to group any assets Section B— (a) Classification of property	placed in service during the Assets Placed in Ser (b) Month and year	ears beginning befo te tax year into one or n vice During 2009 Ta (c) Basis for deprecia	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
18 19a	If you are electing to group any assets Section B— (a) Classification of property 3-year property	Placed in service during the Assets Placed in Service (b) Month and year placed in service	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
18 19a b	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property	Placed in service during the Assets Placed in Service (b) Month and year placed in service	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
18 19a b	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Ser (b) Month and year placed in	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
19a b c	If you are electing to group any assets Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property	placed in service during the Assets Placed in Service (b) Month and year placed in service [[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
19a b c	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	placed in service during the Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in ye	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the	ccounts, check he General Depre	re Distriction System	em	The second secon
19a b c	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	placed in service during the Assets Placed in Service (b) Month and year placed in service service (c) Month and year placed in the Month and	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	nore general asset a ax Year Using the stion use is) (d) Recovery period	ccounts, check he General Depre	re Deciation System (f) Method	em	The second secon
19a b c d e f	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	placed in service during the Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in ye	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	nore general asset a ax Year Using the stion use (d) Recovery period period	ccounts, check he General Depro (e) Convention	re la	em	The second secon
19a b c d e f	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental	placed in service during the Assets Placed in Service (b) Month and year placed in service service (c) Month and year placed in the Month and	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the strong use period (d) Recovery period 25 yrs. 27.5 yrs.	ccounts, check he General Depro (e) Convention	eciation System (f) Method	em	The second secon
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19a b c d e f	If you are electing to group any assets Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	placed in service during the Assets Placed in Service (b) Month and year placed in service service (c) Month and year placed in the Month and	ears beginning befo ne tax year into one or r vice During 2009 Ta (c) Basis for deprecia (business/investment	re 2009 nore general asset a ax Year Using the strong use period (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM MM	sciation System (f) Method S/L S/L S/L S/L S/L	em	The second secon
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