instructions

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

Form 990 (2005)

Department of the Treasury Internal Revenue Service Inspection 7/01/05 , and ending For the 2005 calendar year, or tax year beginning 6/30/06 Please Name of organization Employer identification no. Check if applicable: C use IRS 62-1753127 Address change label or Bridges Telephone number print or Name change type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return See P. O. Box 1592 Accounting method: Cash Specific Final return City or town, state or country, and ZIP + 4 Accrual Other (specify) Instruc-Franklin tions. Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X Website: ► N/A H(b) If "Yes," enter number of affiliates ▶ Organization type H(c) Are all affiliates included? Yes 3 ) < (insert no.) 4947(a)(1) or (check only one) 501(c) ( (If "No," attach a list. See instr.) H(d) Is this a separate return filed by an if the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling? organization need not file a return with the IRS; but if the organization chooses to file a return, be Group Exemption Number ▶ sure to file a complete return. Some states require a complete return. Check | if the organization is not required 656,342 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 309,217 Direct public support 1a a Indirect public support 1b b 283. 571 Government contributions (grants) 1c C Total (add lines 1a through 1c) (cash \$\_ 1d 592,788 d noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 2.915 4 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 6a Gross rents 6a Less: rental expenses Net rental income or (loss) (subtract line 6b from line 6a) c 6c Other investment income (describe) Gross amount from sales of assets other (A) Securities (B) Other than inventory 5,652 Less: cost or other basis and sales expenses 8h -5,652 Gain or (loss) (attach schedule) See Stmt -5,652Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule). If any amount is from gaming, check her Gross revenue (not including \$ contributions reported on line 1a) 60.597 9a Less: direct expenses other than fundraising expenses 9b b Net income or (loss) from special events (subtract line 9b from line 9a) 60,597 9c 10a 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold 10b b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103) 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 650,690 Program services (from line 44, column (B)) 13 367,514 13 Management and general (from line 44, column (C)) 14 57,755 14 15 Fundraising (from line 44, column (D)) 15 20,664 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 445,933 17 Assets Excess or (deficit) for the year (subtract line 17 from line 12) 18 204,757 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Net 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 825,994 For Privacy Act and Paperwork Reduction Act Notice, see the separate

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) non-cash \$ (cash\$ 22 If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach 31,011 31,011 schedule) Stmt 2 23 24 Benefits paid to or for members (attach schedule) 24 54,607 48,054 5,460 093 25 Compensation of officers, directors, etc. 25 146,624 129,029 2,932 26 Other salaries and wages 14,663 26 27 Pension plan contributions 27 17,354 394 Other employee benefits 9,720 972 28 28 15,627 563 Payroll taxes 29 29 Professional fundraising fees 30 30 1,070 .070 Accounting fees 31 31 32 Legal fees 32 7,671 5,679 175 817 33 Supplies 33 34 Telephone 16,443 12,332 34 Postage and shipping 35 Occupancy 28,047 21,968 6,079 36 36 29,871 26,989 2,882 37 37 Equipment rental and maintenance 5,391 4,574 817 Printing and publications 38 38 4,007 4,007 Travel 39 3,538 3,538 Conferences, conventions, and meetings 40 40 17,511 17,511 41 28,065 27,719 346 Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize): 16,117 36,730 6,315 14,298 See Statement 3 43a 43b 43c 43d 43e 43f 43g 44 Total functional expenses, Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 445,933 367,514 57,755 44 Joint Costs, Check ▶ if you are following SOP 98-2. A

re any joint costs from a combined educational campaign and fundraising s	solicitation reported in (B) Program services?	Ш	Yes	X	No
"Yes," enter (i) the aggregate amount of these joint costs\$	; (ii) the amount allocated to Program services \$			;	

; and (iv) the amount allocated to Fundraising\$

(iii) the amount allocated to Management and genera\$

Form 990 (2005)

lf

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All organizations must describe to of clients served, publications iss organizations and 4947(a)(1) nor	ence intervention their exempt purpose achievements sued, etc. Discuss achievements the nexempt charitable trusts must also	s in a clear and concise manner. State the number nat are not measurable. (Section 501(c)(3) and (4) o enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
and Spring Hi or other life	ll traumatized by	n Williamson County y domestic violence g a safe transition to tty living.	
(Grants and allocations \$	)	If this amount includes foreign grants, check here	367,514
b			
(Grants and allocations \$	)	If this amount includes foreign grants, check here	
(Grants and allocations \$		If this amount includes foreign grants, check here ▶	
d (Grants and allocations \$		If this amount includes foreign grants, check here	
e Other program services (attac	ch schedule)		
(Grants and allocations \$	)	If this amount includes foreign grants, check here	
† Total of Program Service Ex	xpenses (should equal line 44, colu	umn (B), Program services)	367,514 Form <b>990</b> (2005)

	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing	157,609	45	160,260
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable 47a			
		Less: allowance for doubtful accounts 47a  47a  47b	1	47c	
	b	Less, allowance for doubtful accounts		4/6	
	48a	Pledges receivable 48a			
		Pledges receivable 48a  Less: allowance for doubtful accounts 48b	1	48c	
	49			49	13,937
	50	Receivables from officers, directors, trustees, and key employees		45	10,007
	30	(attack askedula)		50	
	51a	Other notes and loans receivable (attach			
	0.0	I I			
ts	b	Less: allowance for doubtful accounts 51a 51b		51c	
Assets	52	Inventories for sale or use		52	
⋖	53	Prepaid expenses and deferred charges	6,055	53	3,098
	54	Investments-securities		54	
	55a	Investments-land, buildings, and			
		equipment: basis 55a			
	b	Less: accumulated depreciation (attach	1		
	_ ~	schedule) 55b		55c	
	56	Investments-other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis 57a 854,080			
	12.00	Less: accumulated depreciation (attach			
		schedule) 57b 37,340	807,745	57c	816,740
	58	Other assets (describe ▶ )		58	
		Total assets (must equal line 74). Add lines 45 through 58.	971 409		994,035
_	59		172	59 60	120
	60	Accounts payable and accrued expenses	1/2	61	120
	10000	Grants payable			4,000
	62 63	Deferred revenue  Loans from officers, directors, trustees, and key employees (attach		62	4,000
ties	63			63	
Liabilities	640			64a	
Ë		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe  See Statement 4 )	350,000		163,921
	00	Other Habilities (describe P Dec Ded contents 4	330,000	05	100,021
_	66	Total liabilities. Add lines 60 through 65	350,172	66	168,041
	Orga	inizations that follow SFAS 117, check here 🕨 🗵 and complete lines			
		67 through 69 and lines 73 and 74.	540 044		
ces	67	Unrestricted	510,314		760,717
an	68	Temporarily restricted	110,923	10000	65,276
Ba	69	Permanently restricted		69	
pur	Orga	nizations that do not follow SFAS 117, check here			
F		complete lines 70 through 74.			
SO	70	Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
t As	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ne	73	Total net assets or fund balances (add lines 67 through 69 or lines			
		70 through 72;	601 007		005 004
	74	column (A) must equal line 19; column (B) must equal line 21)	621,237		825,994
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	971,409	74	994,035

Total expenses (Part I, line 17). Add lines c and d

Forr	n 990 (2005)	Bridges	62-175.	3127		Page 5
Р	art IV-A	Reconciliation of Revenue per Audited Fi instructions.)	nancial Statements Wit	h Revenue per	Return	(See the
a	Total revenu	ue, gains, and other support per audited financial stateme	nts		a	655,514
b		cluded on line a but not on Part I, line 12:				
1	Net unrealiz	ed gains on investments	b1			
2	Donated ser	rvices and use of facilities	b2	4,824		
3		of prior year grants				
4	Other (speci	ify):				
	Add lines b1	through b4			b	4,824
C	Subtract line	b from line a			С	650,690
d	Amounts inc	cluded on Part I, line 12, but not on line a:				
1	Investment e	expenses not included on Part I, line 6b	d1			
2	Other (speci	ify):				
	Add lines d1				d	
е	Total revenu	ue (Part I, line 12). Add lines c and d			е	650,690
P	art IV-B	Reconciliation of Expenses per Audited F	inancial Statements Wi	th Expenses po	er Retur	
a	Total expens	ses and losses per audited financial statements			a	450,757
b		cluded on line a but not Part I, line 17:				
1		vices and use of facilities	b1	4,824		
2	Prior year ac	djustments reported on Part I, line 20	b2			
3	Losses repo	rted on Part I, line 20	b3			
4	Other (speci	fy):				
	Add lines b1	through b4			b	4,824
C	Subtract line	b from line a			с	445,933
d	Amounts inc	cluded on Part I, line 17, but not on line a:				
1	Investment e	expenses not included on Part I, line 6b	d1			
2	Other (speci	fy):				
	Add lines da	and d2			4	

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.) Part V-A

urs per (C) Compensation (If not paid, enter sition -0)	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
0	0	C
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
_	0	0 0

445,933

Forr	m 990 (2005)	Bridges		62	-1753127			F	Page (
P	art V-A	Current Officers,	Directors, Trustees, and	d Key Employees (	continued)			Yes	No
75a	Enter the to	otal number of officers, d	rectors, and trustees permitted	to vote on organization					
	meetings				▶ All				
b	Are any off	icers, directors, trustees,	or key employees listed in For	m 990, Part V-A, or high	est compensated				
	employees	listed in Schedule A, Pa	rt I, or highest compensated pr	ofessional and other inde	ependent				
	contractors	listed in Schedule A, Pa	rt II-A or II-B, related to each o	ther through family or bu	siness				
	relationship	s? If "Yes," attach a stat	ement that identifies the individ	luals and explains the re	lationship(s)		75b		X
				000 D 1114					
С			or key employees listed in Forr						
			rt I, or highest compensated pr		STORES SERVICE CONTRACTOR				
			rt II-A or II-B, receive compens						V
			ed to this organization through		common control?		75c		X
	Note. Rela	ted organizations include	section 509(a)(3) supporting o	rganizations.					
	If "Vac " all	ach a statement that ide	ntifies the individuals, explains	the relationship hetween	thie				
			ion(s), and describes the comp						
			vidual by each related organiza						
d	_		conflict of interest policy?				75d		Х
P	art V-B	2	Directors, Trustees, and	Key Employees T	hat Received C	ompensation or C		r Ben	
200803			ector, trustee, or key employee						
			below and enter the amount of						
		instructions.)							
		(A) Name and ad	dress	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	acco	) Expe	other
N/	A					outsportsdators prairie		Unano	
_									
_									
_									
-	art VI		(See the instructions.)					Yes	No
76			activity not previously reported	to the IRS? If "Yes," atta	ch a detailed				
		of each activity					76	5	X
77			nizing or governing documents	but not reported to the I	RS?		77		Χ
70-		ach a conformed copy of		00					V
78a			business gross income of \$1,0	00 or more during the ye	ar covered by this re	eturn?	78a		X
b			orm 990-T for this year?		16 10 4 11		78b		
79			termination, or substantial conf	raction during the year?	ir "Yes," attach				37
80~	a statement		n by association with a statewi	do or nationwide	otion) through		79		X
80a				_			00		V
h		embership, governing boo er the name of the organ	dies, trustees, officers, etc., to	any other exempt or non	exempt organization	ir	80a		X
U	11 105, elli	or the hame of the organ	nzaudii F	and check whether it is	exempt or	nonexempt			
81a	Enter direct	and indirect political exp	enditures. (See line 81 instruct		81a	1 Hollexempt			
		anization file Form 1120-					81b		X

orm	990 (2005) Bridges 62-1753127		F	age 7
	rt VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) See Stmt 5 82b 4,824			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		_
35	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a		_
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
36	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on			
	line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities			
37	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2			
	and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year			
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 2005 (See			
	instructions.)			
91a	instructions.)  The books are in care of ▶ Bridges of Wmson Co  Telephone no. ▶			
	Located at ▶ Franklin, TN ZIP+4▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			

At any time during the calendar year, did the organization maintain an office outside of the United States?

If "Yes," enter the name of the foreign country ►

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year .

Form 990 (2005)

91c

and Financial Accounts.

c If "Yes," enter the name of the foreign country ▶

	Analysis of income			Hemlets	ed business incom	e Evolude	ad hu son i	512, 513, or 514	(F)
	: Enter gross amounts unless otherwi	se		727777	ed business income		T .		Related or
indica				(A) Business code	(B) Amount	(C) Exclusion code	on A	(D) Amount	exempt function income
	Program service revenue:					Code			in define
a									
b									
С									
a									
e	Medicare/Medicaid payments								
	Fees and contracts from governmen								
	Membership dues and assessments								
	Interest on savings and temporary ca								2,91
	Dividends and interest from securitie								
	Net rental income or (loss) from real								
	not debt-financed property								
98	Net rental income or (loss) from pers	sonal prop	perty						
	Other investment income								
100	Gain or (loss) from sales of assets o	ther than	inventory		(2-T				-5,65
101	Net income or (loss) from special ev								60,59
102	Gross profit or (loss) from sales of in								
	Other revenue: a								
	Other					1		42	
С							-		
d							-		
									57.00
е						( )   COCCCCCCCCC	333	0.7	7/86
104	Subtotal (add columns (B), (D), and	(E))				0		42	
104 105	Subtotal (add columns (B), (D), and Total (add line 104, columns (B), (D	), and (E)	))			- 100000000			57,90
104 105	Total (add line 104, columns (B), (D : Line 105 plus line 1d, Part I, should	), and (E) equal the	e amount on line	12, Part I.				• _	57,90
104 105 Note:	Total (add line 104, columns (B), (D : Line 105 plus line 1d, Part I, should art VIII Relationship of Ad	equal the tivities	e amount on line to the Acco	12, Part I. mplishmen	t of Exempt	Purposes	(See th	e instruction	57,90 ons.)
104 105 <u>Note:</u> Pa	Total (add line 104, columns (B), (D : Line 105 plus line 1d, Part I, should art VIII Relationship of Ac	), and (E) equal the ctivities for which	e amount on line to the Acco	12, Part I. mplishmen	t of Exempt	Purposes ntributed impo	(See th	e instruction	57,90 ons.)
104 105 Note: Pa	Total (add line 104, columns (B), (D): Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exem	), and (E) equal the ctivities for which opt purpos	e amount on line to the Acco	12, Part I. mplishmen	t of Exempt	Purposes ntributed impo	(See th	e instruction	57,90 ons.)
104 105 Note: Pa	Total (add line 104, columns (B), (D): Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity  Explain how each activity	), and (E) equal the ctivities for which opt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I. mplishmen	t of Exempt E) of Part VII co ds for such purp	Purposes ntributed impo	(See th	e instruction	57,90 ons.)
104 105 Note: Pa	Total (add line 104, columns (B), (D): Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exem	), and (E) equal the ctivities for which opt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I. mplishmen ted in column (I by providing fun	t of Exempt E) of Part VII co ds for such purp	Purposes ntributed impo	(See th	e instruction	57,90 ons.)
104 105 Note: Pa	Total (add line 104, columns (B), (D): Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exem	), and (E) equal the ctivities for which opt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I. mplishmen ted in column (I by providing fun	t of Exempt E) of Part VII co ds for such purp	Purposes ntributed impo	(See th	e instruction	57,90 ons.)
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exem 03a Miscellaneous	), and (E) equal the ctivities for which apt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I. mplishmen ted in column (I y providing fun	t of Exempt E) of Part VII co ds for such purp	Purposes ntributed impo	(See the	e instruction	57,90 ons.) shment
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemused and the No. Miscellaneous Information Regardance (A)	), and (E) equal the ctivities for which apt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I.  mplishmen ted in column (I by providing fun	t of Exempt  E) of Part VII co ds for such purp	Purposes ntributed impo	(See the	e instruction the accomplishment of the acco	57,90 ons.) shment
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemulation of the organization organization of the organization of the organization of the organi	equal the ctivities for which ppt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I. mplishmen ted in column (I by providing fun	t of Exempt E) of Part VII co ds for such purp	Purposes ntributed impo	(See the	e instruction the accomplishment of the acco	57,90  ons.) shment  ons.) (E) End-of-year
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemulation of the organization of the organizatio	equal the ctivities for which ppt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I.  mplishmen ted in column (I by providing fun  idiaries and f est	t of Exempt  E) of Part VII co ds for such purp  Disregarde (C)	Purposes ntributed impo	(See the	e instruction the accomplished instruction (instruction)	57,90 ons.) shment ns.) (E)
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemulation of the organization organization of the organization of the organization of the organi	equal the ctivities for which ppt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I.  mplishmen ted in column (I by providing fun  idiaries and fest %	t of Exempt  E) of Part VII co ds for such purp  Disregarde (C)	Purposes ntributed impo	(See the	e instruction the accomplished instruction (instruction)	57,90  ons.) shment  ons.) (E) End-of-year
104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemulation of the organization of the organizatio	equal the ctivities for which ppt purpos	e amount on line to the Acco income is report ses (other than b	12, Part I.  mplishmen ted in column (I by providing fun  idiaries and f est %	t of Exempt  E) of Part VII co ds for such purp  Disregarde (C)	Purposes ntributed impo	(See the	e instruction the accomplished instruction (instruction)	57,90  ons.) shment  ons.) (E) End-of-year
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104 105 Note: Pa Line	Total (add line 104, columns (B), (D: Line 105 plus line 1d, Part I, should ret VIII Relationship of Activity of the organization's exemused and the organization and the or	equal the ctivities for which apt purpos	e amount on line to the Acco income is report ses (other than be  axable Subsi (B) Percentage of ownership interes	12, Part I.  mplishmen ted in column (I by providing fun  idiaries and f est % % %	t of Exempt  E) of Part VII co ds for such purp  Disregarde (C) Nature of activiti	Purposes ntributed imposes).  d Entities (	(See the stantly to	e instruction the accomplished instruction of the accomplished	57,90 ons.) shment ons.) (E) End-of-year assets
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621753127 Bridges 62-1753127

FYE: 6/30/2006

## **Federal Statements**

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

	Desc		_								
	How Rec'd	Whom Sold	Date Acquired	Date Sold	_	Sale Price		Cost & Expense	_	Deprec	Gain/ -Loss
Storage shed	Purahago		9/07/00	11/01/05	¢		s	2,529	Ġ	871 \$	-1,658
Privacy fence	Purchase		9/01/00	11/01/03	P		4	2,323	4	0/1 9	-1,050
	Purchase		8/01/01	11/01/05				1,875		531	-1,344
Refrigerator-d	lonated										
-	Purchase		8/01/01	11/01/05				950		808	-142
Central heatin	ng & air unit-d	onated									
	Purchase		8/01/01	11/01/05				3,500		992	-2,508
Total					\$	(	\$	8,854	\$_	3,202 \$	-5,652

621753127 Bridges

62-1753127

**Federal Statements** 

FYE: 6/30/2006

#### Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
	\$ 31,011
Total	\$31,011

#### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Insurance	14,365	12,210	2,155	
Fundraising expenses	14,298			14,298
Other professional fees	4,568	3,907	661	,
Dues and subscriptions	2,455		2,455	
Other	719		719	
Taxes and licenses	325		325	
Total	\$ 36,730	\$ 16,117	\$ 6,315	\$ 14,298

621753127 Bridges 62-1753127

FYE: 6/30/2006

# **Federal Statements**

### Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	_	End of Year
Mortgage payable	\$ 350,000	\$	163,921
Total	\$ 350,000	\$	163,921

621753127 Bridges 62-1753127

FYE: 6/30/2006

# **Federal Statements**

## Statement 5 - Form 990, Part VI, Line 82b - Donated Services

Description		Amount		
Office space	\$		4,824	
Total	\$		4,824	

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

Department of the Treasury Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2005

Name of the organization Bridges					Employer identification number 62-1753127		
Part I	Compensation of the Five Highest Paid Employee (See page 1 of the instructions. List each one. If the	s Other Than Officers ere are none, enter "Ne	, Directors, one.")	and Trustee	s		
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp	(e) Expense account & other allowances		
NONE							
Total number of	of other employees paid over \$50,000						
Part II-A	Compensation of the Five Highest Paid Independent	ent Contractors for Pr	ofessional	Services			
	(See page 2 of the instructions. List each one (where	ther individuals or firm	s). If there a	re none, ente	er "None.")		
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of		) Compensation		
	(-)						
NONE							
Total number of	of others receiving over \$50,000 for						
professional se	ervices		than Camilan	_			
Part II-B	Compensation of the Five Highest Paid Independent (List each contractor who performed services other firms. If there are none, enter "None." See page 2 of	than professional ser	vices, wheth	er individual	s or		
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of	service (c	c) Compensation		
	(4) 110110 4114 4114111111111111111111111		-107				
NONE							
Total number	of other contractors receiving over						
\$50,000 for otl	ner services						
For Paperwor	k Reduction Act Notice, see the Instructions for Form 990 and Fo	orm 990-EZ.	Schedu	le A (Form 990	or 990-EZ) 2005		

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	MEA (FORM 550 OF 550-EZ) 2000 DZ Z Z Z Z Z Z			age
Par	Statements About Activities (See page 2 of the instructions.)	_	Yes	No
i (	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		Х
2 !	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ransactions.)			
a :	Sale, exchange, or leasing of property?	2a		X
b I	ending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?			X
d I	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e ·	Fransfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
	Did you maintain any separate account for participating donors where donors have the right to provide advice on he use or distribution of funds?	4a		X
	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
******	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The or 5 6 7 8 9	ganization is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, circ	ty,		
10 [	and state ►  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)	A)(iv).		
	(Also complete the Support Schedule in Part IV-A.)			
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Sect	ion		
r	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	anint-		
12 [	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross re- from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check			
	the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3			

(a) Name(s) of supported organization(s)	(b) Line number from above

Provide the following information about the supported organizations. (See page 6 of the instructions.)

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

MOTE	. Tou may use the worksheet in the mistru	ctions for converting if	on the accidanto the	casii illetilou oi accouliti	iig.					
Caler	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total				
15	Gifts, grants, and contributions received. (Do				0.0700000000000000000000000000000000000					
	not include unusual grants. See line 28.)	638,843	284,094	261,099	179,940	1,363,976				
16	Membership fees received					(				
17	Gross receipts from admissions, merchandise					2				
	sold or services performed, or furnishing of									
	facilities in any activity that is related to the									
	organization's charitable, etc., purpose					(				
18	Gross income from interest, dividends,									
	amounts received from payments on securities									
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less									
	section 511 taxes) from businesses acquired									
	by the organization after June 30, 1975	977	110	42	159	1,288				
19	Net income from unrelated business									
	activities not included in line 18					C				
20	Tax revenues levied for the organization's									
	benefit and either paid to it or expended on									
	its behalf					C				
21	The value of services or facilities furnished to									
	the organization by a governmental unit									
	without charge. Do not include the value of services or facilities generally furnished to the									
	public without charge			8,405	9,264	17,669				
22	Other income, Attach a schedule, Do not									
	include gain or (loss) from sale of capital assets	3,100				3,100				
23	Total of lines 15 through 22	642,920			189,363	1,386,033				
24	Line 23 minus line 17	642,920		269,546	189,363	1,386,033				
25	Enter 1% of line 23	6,429	2,842	2,695	1,894					
26	Organizations described on lines 10 or	11: a Enter 2% of	amount in column (e),	line 24	▶ 26a	27,721				
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a									
	governmental unit or publicly supported of	rganization) whose to	tal gifts for 2001 through	gh 2004 exceeded the						
	amount shown in line 26a. Do not file thi	s list with your return	n. Enter the total of all t	these excess amounts	▶ 26b					
С	Total support for section 509(a)(1) test: E	nter line 24, column (e	e)		▶ 26c	1,386,033				
d	Add: Amounts from column (e) for lines:									
		22 3,	100 26b		▶ 26d	4,388				
е	Public support (line 26c minus line 26d to	tal)			▶ 26e	1,381,645				
f	Public support percentage (line 26e (nu	merator) divided by	line 26c (denominator	"))	Þ 26f	99.68349				
27	Organizations described on line 12:	a For amounts inclu	ded in lines 15, 16, and	d 17 that were received f	rom a "disqualified					
	person," prepare a list for your records to	show the name of, an	d total amounts receiv	ed in each year from, ea	ch "disqualified perso	on."				
	Do not file this list with your return. Ent	er the sum of such an	nounts for each year:			N/A				
	(2004) (20	003)	(2002)		(2001)					
b	For any amount included in line 17 that w	as received from each	person (other than "d	isqualified persons"), pre	pare a list for your re	cords to				
	show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000.									
	(Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing									
	the difference between the amount receiv	ed and the larger amo	ount described in (1) or	(2), enter the sum of the	ese differences (the e	excess				
	amounts) for each year:					N/A				
	(2004) (20	003)	(2002)		(2001)					
c	Add: Amounts from column (e) for lines:		16							
	17	20	21		▶ 27c					
d	Add: Line 27a total.	and line 27b	total		▶ 27d					
е	Public support (line 27c total minus line 2	7d total)			Þ 27e					
f	Total support for section 509(a)(2) test: E			▶ 27f						
g	Public support percentage (line 27e (nu			))	▶ 27g	9				
h	Investment income percentage (line 18,				Þ 27h	9				
28	Unusual Grants: For an organization des				001 through 2004.					
	prepare a list for your records to show, for				-					
	description of the nature of the grant. Do	지도 있는 일반이 전 경기 있는 것이 없는 것이 없는 것이다.								

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	ndiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
other governing instrument, or in a resol		29		
	nt of its racially nondiscriminatory policy toward students in all its			
	communications with the public dealing with student admissions,			
programs, and scholarships?		30		
	ly nondiscriminatory policy through newspaper or broadcast media during			
	during the registration period if it has no solicitation program, in a way			
that makes the policy known to all parts		31		
if Yes, please describe, if No, please	explain. (If you need more space, attach a separate statement.)			
	***************************************			
32 Does the organization maintain the follow	ving:			
	n of the student body, faculty, and administrative staff?	32a		
	and other financial assistance are awarded on a racially nondiscriminatory			
basis?		32b		
c Copies of all catalogues, brochures, ann	ouncements, and other written communications to the public dealing			
with student admissions, programs, and	scholarships?	32c		
d Copies of all material used by the organi	zation or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above	, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by ra	ce in any way with respect to:			
0				
a Students' rights or privileges?	•••••	33a	$\rightarrow$	
h Admissions policios?		226		
b Admissions policies?		33b	$\rightarrow$	_
c Employment of faculty or administrative	staff?	33c		
and the state of t				
d Scholarships or other financial assistance	e?	33d		
e Educational policies?		33e		
f Use of facilities?		33f		
g Athletic programs?		33g		
h Other extracurricular activities?		33h		
If you are your of the show				
if you answered "Yes" to any of the abov	e, please explain. (If you need more space, attach a separate statement.)			
***************************************				
***************************************	••••••			
***************************************				
34a Does the organization receive any finance	ial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid e	ver been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b,	please explain using an attached statement.			
	omplied with the applicable requirements of sections 4.01 through 4.05			
of Rev. Proc. 75-50, 1975-2 C.B. 587, co	vering racial nondiscrimination? If "No," attach an explanation	35		

Page 5

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Part VI-A (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ a if the organization belongs to an affiliated group. Check ▶ b | if you checked "a" and "limited control" provisions apply. (a) Limits on Lobbying Expenditures To be completed for ALL electing Affiliated group totals organizations (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 37 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 39 Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . . . . \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below, See the instructions for lines 45 through 50 on page 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) fiscal year beginning in) 2005 2004 2003 2002 Total 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (Include compensation in expenses reported on lines through c h.) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines through c h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2005 Bridges
Part VII Information Regarding Trans Information Regarding Transfers To and Transactions and Relationships With Noncharitable

٠		Exempt Organiza	ations (Se	e page 12 of the instruction	ns.)			
1	Did the repo	rting organization direc	ctly or indired	tly engage in any of the following	with any other organization described in section			
					relating to political organizations?			
а	Transfers fro	om the reporting organ	ization to a r	oncharitable exempt organization	of:		Yes	No
	(i) Cash					51a(i)		X
	(ii) Other					a(ii)		X
b	Other transa	ctions:						* 7
	(i) Sales	or exchanges of asset	s with a non	charitable exempt organization		b(i)		X
	(ii) Purcha	ases of assets from a	noncharitabl	e exempt organization		b(ii)		X
	(iii) Rental	of facilities, equipmen	nt, or other a	ssets		b(iii)		X
	(iv) Reimb	ursement arrangemer	nts			b(iv)		X
	(v) Loans or loan guarantees				b(v)		X	
						b(vi)		X
C	Sharing of fa	acilities, equipment, ma	ailing lists, o	ther assets, or paid employees		С		X
d	If the answe	r to any of the above is	s "Yes," com	plete the following schedule. Colu	mn (b) should always show the fair market value o	f the		
					zation received less than fair market value in any			
	transaction of	or sharing arrangemen	t, show in co	olumn (d) the value of the goods, o				
	(a)	(b)		(c)	(d)  Description of transfers, transactions, and sharing	a arrange	ments	
	Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharif	g arrange	IIICIIII	_
N	/A							
	/							
52a				d with, or related to, one or more t		. П v	es X	No
				than section 501(c)(3)) or in section	on 52/7	·	65 2	140
b	If "Yes," con	nplete the following sc	nedule:	45	(c)			
	,	(a) Name of organization		(b) Type of organization	Description of relationship			
		value of organization		1,700 01 01 01 01 01				
	N/A							
_								
-								
_								
_								
_								
_								
_								
-								

