Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For the	e 2008 calend	lar year	or tax year beginning	7/01/08	and ending	6/3	<u> 30/09</u>			
В	Check if	applicable:	Please	C Name of organization	l					D E	Employer identification numbe
Ц	Address	change	use IRS label or								
Ц	Name ch	hange	print or	BRIDGES of	Williamsor	n County				6	<u> 62-1753127</u>
Ц	Initial ret	turn	type.	,	or P.O. box, if mail is not	delivered to street a	address	s)	Room/suite	E T	Telephone number
Ц	Terminat	tion	See Specific	P. O. Box 1	L592						
Ц	Amende	ed return	Instruc-	City or town, state or	•					F	Group Exemption
		ion pending	tions.	Franklin		TN 37065					Number u
	Sect	tion 501(c)(3)	G Accounting	g metho	od: Cash X Accrual						
				mpleted Schedule A (Fo	orm 990 or 990-EZ).				Other (specify)		
I		e: u <u>N/</u>		[]	_				H Check u	i X	if the organization is not i Schedule B (Form 990, F).
<u>J</u>	Organia				3) t (insert no.)	4947(a)(1) or		527			
K	Check	_	-			=	_	oss receip	ots are normal	ly not	more than \$25,000. A return
				anization chooses to file							
<u>L</u>				9 to determine gross receipts							<u>1\$ 478,670</u>
F	Part I	Reven	ue, Ex	penses, and Chan	ges in Net Asse	ets or Fund B	<u>alan</u>	ces (S	<u>ee the inst</u>	<u>ructio</u>	
	1			nts, and similar amounts rec						. —	1 422,942
	2	Program ser	rvice rev	renue including governme	ent fees and contract	ts				. 🗀	2
	3	Membership	dues a	nd assessments						. 🗀	3
	4									4	4 2,967
	5a			sale of assets other than			5a			_	
	b			pasis and sales expenses			5b				
a	С			of assets other than inventor	•					. 5	5c
Revenue	6			vities (complete applicable pa			jamino	g, check h	ere 🕨 🔲		
eve	а			including \$	of c	ontributions		İ			
~		reported on					6a		52,31		
	b			es other than fundraising			6b		20,42	_	21 000
	С	Net income	. 6	Sc 31,890							
	7a										
	b	Less: cost of	_								
	С	Gross profit			7c						
	8	Other revenue (describe See Statement 1 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8									8 443
_	9	Total revenu	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8		· · · · ·				9 458,242
	10			mounts paid (attach sch	edule)	See	es	cate	ment 2	. —	38,284
	11	Benefits paid								. —	11 224 041
es	12	Salaries, oth	ner comp	pensation, and employee	e penetits					· 1	334,841
sesuec	13	Professional	tees ar	nd other payments to ind	ependent contractors					· 1	39,229
Exp	14	Occupancy,	rent, uti	lities, and maintenance						· 1	14 73,476
_	13	Other areas	Directions	s, postage, and shipping	2+0mon+ 2						6,714 6,432
	16			scribe <u>See Sta</u>						.′ —	
	17			Id lines 10 through 16	17 from line (1)						·
Net Assets	18 19	Not accets or	fund hala	or the year (Subtract line nces at beginning of year (fro	om ling 27 column (A)\	(must garge with and of	voor fice	uro roportod	on prior voorle retur	. 1	18 - 79,734 19 965,388
As	19										20
Š	20			et assets or fund balance balances at end of year.							885,654
	Part II			ets. If Total assets on							
	artII	Daiail		e the instructions for Par		ii σ φ∠,500,000 01			seginning of year		(B) End of year
22	Cach	i bne annives	•		,		}	(^)	207,05		128,193
		nd buildings		ents					763,76		
			 he. ▶	See Statem	 ent 4				4,23		
							—'		975,05		
26	Total li	iabilities (des	cribe	See State	ment. 5		,		9,66		
27	Net ass	sets or fund	balance	s (line 27 of column (B)	must agree with line	21)	′		965,38		

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Form 990-EZ (2008) BRIDGES of Williamson Coun		2-1753127			Page 2
Part III Statement of Program Service Accomplishmen	ts (See the instruc	tions for Part II		•	enses
What is the organization's primary exempt purpose?					for 501(c)(3)
<u>Domestic violence intervention</u> Describe what was achieved in carrying out the organization's exempt purpose	s In a clear and concise	manner			ganizations (a)(1) trusts;
describe the services provided, the number of persons benefited, or other rele					or others.)
28 See Statement 6					<u>, </u>
20 204 (64)			٠٠.		161 110
(Grants \$ 38,284) If this amount includes foreign gran			28a		464,410
29					
(Grants \$) If this amount includes foreign gran	its, check here	u	29a		
30					
(Grants \$) If this amount includes foreign gran	its, check here	u	 30a		
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign gran	its, check here	u	31a		
32 Total program service expenses (add lines 28a through 31a)			u 32	L	464,410
Part IV List of Officers, Directors, Trustees, and Key Employees. L	ist each one even if not (b) Title and average	compensated. (See	the instru (d) Contrib		r Part IV.) (e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ben deferred com		account and other allowances
Greer Carlisle Franklin	Chair	,			
TN		0		0	0
Trinka Dykes Franklin					•
Lynn Gore TN Franklin	Secretary	0		0	0
Lynn Gore Franklin TN	Secretary	0		0	0
Brad Duke Franklin	Treasurer				
TN		0		0	0
Elana Cheney Franklin	Director				•
Pam Lewis Franklin	Director	0		0	0
TN	Director	0		0	0
Beverly Burger Franklin	Director				
TN		0		0	0
Dana Langfitt Franklin	Director				0
Linda C. Jackson Franklin	Exec Dir	0		0	0
TN		52,367		0	0
Pam Horne Franklin	Director				
TN		0		0	0
Debby Lee Franklin	Director	0			0
TN		0		0	0
				\longrightarrow	
				\longrightarrow	
	1	1	i		

Form **990-EZ** (2008)

Pa	ort V Other Information (Note the statement requirements in the instructions	for Part VI.)			
		,		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detail	ed			
	description of each activity		33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Y				
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),	but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) noti	ce, reporting,			
	and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u	37a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee	e or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unc	ler:			
	section 4911 ${f u}$; section 4912 ${f u}$; section 4955 ${f v}$				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess ben	efit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," co	mplete Schedule			
	L, Part I		40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958	u			
d	Enter amount of tax on line 40c reimbursed by the organization	u			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she	lter			
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed. u <u>None</u>				
42a	The books are in care of $ {f u} $ Bridges of Wmson Co	Telephone no.	u		
	Located at u Franklin, TN	ZIP + 4	u		
b	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 financial	ancial		Yes	No
	account)?		42b		Х
	If "Yes," enter the name of the foreign country: ${f u}$				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? \dots		42c		X
	If "Yes," enter the name of the foreign country: ${f u}$				_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				u L
	and enter the amount of tax-exempt interest received or accrued during the tax year	u L	43		
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead	d of			
	Form 990-EZ		44	oxdot	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)	• •			
	"Yes," Form 990 must be completed instead of Form 990-EZ				X

AAA 27 /A	000) BRIDGES of Williamson County	62	-1753127			Pε	ge 4
orm 990-EZ (2 Part VI	Section 501(c)(3) organizations only. All section 501	(c)(3) organiza	ations must an	swer questions	46-49	}	
	and complete the tables for lines 50 and 51.						
5 Did the co	rganization engage in direct or Indirect political campaign activities on	behalf of or in opp	osition to	i	· •	89	No.
candidate	es for public office? If "Yes." complete Schedule C, Part I				46	\dashv	<u>X</u>
7 Did the a	rganization engage in lobbying activities? If "Yes," complete Scheduk	C, Part II			47	\dashv	X
a le the nm	anization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		48 49a	┪	$\frac{\Lambda}{Y}$
9a Did the o	rganization make any transfers to an exempt non-charitable related or	rganization?			49b	┪	
b If "Yes," v	was the related organization(s) a section 527 organization?	K disostore to	untone and key en	anloueses) who	100	1	
0 Complete	this table for the five highest compensated employees (other than of	nicers, cirectors, n	"None"	picyass/ wiic			
each reci	eived more than \$100,000 of compensation from the organization. If ${f t}$	11010 13 110110, 01110					
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) E		
	(a) Name and address of each employee paid more than \$100,000	haurs par week devoted to position		employes benefit plans & deferred compensation	other al		
łoże							
					<u> </u>		
		ļ	!				
			<u> </u>		ļ		
			1		İ		
				 			
			1				
					i		
fotal number o	of other employees paid over \$100,000		d	onn of			
51 Complete	e this table for the five highest compensated independent contractors	who each receive	d more man \$100,	000 Bi			
compens	sation from the organization. If there is none, enter "None."						
	ame and address of each independent contractor paid more than \$100,000	1 0	Type of service	(c) (Compensa	stion	
(8) N							
хойе		••••					
				Ì			
Total number	of other independent contractors each receiving over \$100,000					_	
	Under penalties of partury, I declare that I have examined this return, including and belief, it is the correct, and complete. Declaration of preparer (other than	accompanying sched officers is based on a	dules and statements It information of which	, and to the best of My n preparer has any kn	y knowledi owiedae.	3 e	
•	and belief, it is true correct, and complete. Decaration of prevaler (circle true)	Onicor, la badoc on c	1 //3				
Sign	Jam arish		Date	5/2010			
Here	Asignature of Officer 6-2-6-2 CARLISLE BOARD CH	AIR	Dall				
	Type or print name and title.				- =		
	A . Abo or harmonical and and	Date	Check if	Preparer's Ide	enlifyang Hui	nber (See instr.)
Deid	Preparers	1.2	\$ett. employed	4- Porc	7181	6	
Paid	Firm's name (or yours Parsons & Associates)		YET I BUSHOYED		$\frac{7}{26-18}$		984
Preparer's	224 Fourth Ave N	ULAS		Pinne	· · ·	<u></u>	
Use Only	7	· · · · · · · · · · · · · · · · · · ·			5-79	4-1	1313
May the IDC:	discuss this return with the preparer shown above? See instructions				Ye		No
MBY IIIB INS	JISQUAS UNA TELUTIT WITH UTE PROPERTY STORM COSTO. COST. MANUELLE				Form 99	0-E	Z (2008

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UE 11 JU 121

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

 \boldsymbol{u} Attach to Form 990 or Form 990-EZ. $\;\boldsymbol{u}$ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

BRIDGES of Williamson County 62-1753127

Pa	ırt l	Reas	on for Public Charity	Status (All organization	s must o	complet	e this	part.)	(see ii	nstruction	ons)		
The	orga	nization is not	a private foundation because	e it is: (Please check only one	organizati	on.)							
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ection 170	(b)(1)(A)(i	ii). (Atta	ach Sch	edule H	.)			
4	П	A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	n 170(b))(1)(A)(ii	i). Ente	er the hos	spital's name	,	
		city, and state	e:										
5	\Box	An organizati	on operated for the benefit of	of a college or university owner	d or operat	ed by a c	overnme	ental un	it descri	bed in			
		•	b)(1)(A)(iv). (Complete Part	•	•								
6		•		jovernmental unit described in	section 17	'0(b)(1)(A)(v).						
7	X	•		substantial part of its support fi				from the	genera	al public			
		_	section 170(b)(1)(A)(vi). (C		· ·				Ü	•			
8				70(b)(1)(A)(vi). (Complete Par	t II.)								
9	П	An organizati	on that normally receives: (1) more than 33 1/3 % of its su	pport from	contribut	tions, me	embersh	ip fees,	and gros	SS		
		receipts from	activities related to its exem	pt functions—subject to certain	exception	ns, and (2) no mo	re than	33 1/3	% of its			
		support from	gross investment income ar	nd unrelated business taxable i	ncome (les	ss section	511 tax	() from b	ousiness	ses			
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III	.)						
10		An organizati	on organized and operated	exclusively to test for public sa	fety. See s	section 50	09(a)(4).	(see ins	struction	ns)			
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform tl	ne functio	ns of, or	to carry	out the	е			
		purposes of o	one or more publicly support	ed organizations described in	section 50	9(a)(1) or	section	509(a)(2	2). See	section			
		509(a)(3). Ch	neck the box that describes t	he type of supporting organiza	tion and co	omplete li	nes 11e	through	11h.				
		a Type	I b Type II	c Type III–Function	nally Integr	ated	d	🗌 Тур	e III–Ot	her			
е		By checking	this box, I certify that the org	anization is not controlled direct	ctly or indir	ectly by o	ne or m	ore disc	ualified				
		persons othe	r than foundation managers	and other than one or more po	ublicly sup	ported or	ganizatio	ns desc	ribed in	section			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	s a Type I,	Type II,	or Type	III suppo	orting				_
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contril	oution from	n any of th	ne						
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with person	ons descr	ibed in (ii)				Yes	No
		and (iii)	below, the governing body o	f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ped in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(iii)		
h		Provide the	following information about t	he organizations the organizati	on suppor	ts.							
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section	1 ''	isted in your	T	nization in	organizat		supp	ort	
				(see instructions)	governing	document?		of your port?	1''	ized in the S.?			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
					+								
Total													
ı vıa							1		1				

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.)

Sec	tion A. Public Support			<u> </u>			
Ca	lendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on	638,843	653,385	466,442	452,968	416,852	2,628,490
3	its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	638,843	653,385	466,442	452,968	416,852	2,628,490
5	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)		·				
6	Public support. Subtract line 5 from line 4						2,628,490
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ${f u}$	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	638,843	653,385	466,442	452,968	416,852	2,628,490
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	977	2,915	7,510	3,565	2,967	17,934
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			980		443	1,423
11	Total support. Add lines 7 through 10						2,647,847
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here	ə					▶ 📙
Sec	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2008 (line 6,	, column (f) divided	by line 11, column	n (f))		14	99.2690 %
15	Public support percentage from 2007 Sche	edule A, Part IV-A,	line 26f			15	99.3922 %
16a	33 1/3 % support test-2008. If the organ	ization did not ched	k the box on line 1	13, and line 14 is 3	3 1/3 % or more,	check this box	_
	and stop here. The organization qualifies	as a publicly suppo	rted organization				▶ 🗓
b	33 1/3 % support test-2007. If the organ	ization did not chec	k a box on line 13				
	box and stop here . The organization quali						▶ 🗌
17a	10%-facts-and-circumstances test—2008						—
	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circumst			-	•		▶ □
b	10%-facts-and-circumstances test—200		-		-		
-	more, and if the organization meets the "facts-and-circumst	acts-and-circumstar	ces" test, check th	nis box and stop he	ere. Explain in Pa	rt IV how the	▶ □
18	Private foundation. If the organization did		-		-		······· 🔓 📙

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	l					
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5.000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ${f u}$	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	l					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su	pport Percen	tage				
 15	Public support percentage for 2008 (line 8,	column (f) divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2007 Sche						%
Sec	tion D. Computation of Investmen	nt Income Pe	rcentage				
17	Investment income percentage for 2008 (li	ne 10c, column (f) divided by line 13	B, column (f))		17	%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the orga	nization did not ch					_
	17 is not more than 33 1/3 %, check this b	ox and stop here.	. The organization	qualifies as a pub	licly supported orga	anization	▶ ∐
b	33 1/3 % support tests—2007. If the orga	nization did not ch	neck a box on line	14 or line 19a, and	d line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3 %, check the	nis box and stop h	nere. The organiza	ition qualifies as a	publicly supported	organization	▶ ∐
20	Private foundation. If the organization did	not check a box	on line 14, 19a or	19b, check this box	x and see instruction	ons	▶ ∟

Schedule A (I	Form 990 or 990)-EZ) 2008	BRIDGE	S of	Willia	mson	Count	У	62-17531		Page 4
Part IV	Suppleme	ntal Infor	rmation. C	Complete	this part t	to provid	de the ex	kplanation	required by Part ormation. (see ins	II, line 10; structions)	
Part 1	II, Line	10 -	Other :	Incom	e Detai	.1					
Other						.\$	1,	423			
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			Spec	ial Event	ts Schedule	<u> </u>							
Form 99	0												
		For calendar year 2	008, or tax year begi	nning	7/01/08	, and ending	6	/30/09	2008				
Name								Employer Id	entification Number				
BRIDGES	of	Williamson	County					62-175	3127				
		(A)	(B)		(C)	0	thers		Total				
Gross receipts	3	52,31	8	0		0		0	52,318				
Less contrib	utions	-	0	0		0		0	0				
Gross revenue		52,31		0		0		0	52,318				
Less direct e		20,42		0		0		0	20,428				
Net income (lo	oss)	31,89	0			0		0	31,890				
Description:	(A)	<u>Various</u>	<u> Tundraising</u>	J									
	(D)												
	(B)												
	(C)												
	Others												

621753127 BRIDGES of Williamson County
62-1753127 **Federal Statements** 62-1753127

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
Other	\$ 443
Total	\$ 443

621753127 BRIDGES of Williamson County

62-1753127

Federal Statements

FYE: 6/30/2009

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address		Relationshi to Organizati		Class of Activity	Date ofGift		
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose	
Personal items and goods Personal items	5	Client 38,284		_			
Total		38,284		=			

Federal Statements

FYE: 6/30/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
Travel	5,255		
Conferences and meetings	4,825		
Insurance	14,045		
Dues and subscriptions	3,758		
Other	783		
Small Equipment < \$1,000	746		
Printing	7,225		
Repairs / Maintenance	8,795		
Total	\$ 45,432		

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year	
Grants Receivable Prepaid Expenses and Deferred Charges Interest Income Receivable	Expenses and Deferred Charges 3,166	1,067 3,166	\$	2,488 5,683 168
		4,233	_	8,339

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		 End of Year
Accounts Payable and Accrued Expenses Deferred Revenue	\$	1,666 8,000	\$ 1,112 14,455
		9,666	15,567

621753127 BRIDGES of Williamson County

Federal Statements

FYE: 6/30/2009

62-1753127

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

To serve women, men and children in Williamson County and Spring Hill affected by domestic violence, ensuring a safe transition to successful independent community living through education, intervention and case management.