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 2007 Open to Public Inspection

Α	For th	e 2007 ca	lendar y	ear, or tax year beginning $7/01$	/07 , and ending -6	/30/	08		
В	Check if	applicable.	Please	C Name of organization				D Em	ployer identification number
	Address	change	use IRS label or					62	2-1753127
	Name ch	ande	print or	Bridges of Willi	amson County			E Tel	ephone number
\exists		·	type.	Number and street (or P.O. box if mail	is not delivered to street addres	ss)	Room/suite		
님	Initial reti	urn	See	P. O. Box 1592				F Acc	ounting method: Cash
\sqcup	Terminat	tion	Specific Instruc-	City or town, state or country, and ZIP	+ 4			X Acc	crual Other (specify)
	Amended	d return	tions.	Franklin	TN 37065			•	
$\bar{\sqcap}$	Application	on pending		Section 501(c)(3) organizations and 4947		H and	I are not applicable to s	ection 527	organizations.
1	· · · · · · · · · · · · · · · · · · ·	on ponung	1	trusts must attach a completed Schedul	e A (Form 990 or 990-EZ).	H(a)	Is this a group return fo	r affiliates?	Yes X No
G	Websi	ite: 🤨 N	I/A			∫ H(b)	If "Yes," enter number	of affiliates	•
J	Organ	ization ty	pe			H(c)	Are all affiliates include	d?	Yes No
	(check	only one) > X	501(c) (3) ∢ (insert no.)	4947(a)(1) or 527		(If "No," attach a list. See in:	structions)	
K	Check i	here 🕨	if the	e organization is not a 509(a)(3) supporting o	rganization and its gross	H(d)	Is this a separate return	n filed by an	1
•••				pre than \$25,000. A return is not required, but	· ·		organization covered b	y a group ru	uling? Yes No
	•		-	a complete return.		I	Group Exemption N	umber▶	
						М	Check ▶ ☐ if th	e organiza	ation is not required
L	Gross	receipts:	Add lines	s 6b, 8b, 9b, and 10b to line 12 ▶	583 , 331		to attach Sch. B (Fo	rm 990, 9	90-EZ, or 990-PF)
P	art I	Rev	venue,	Expenses, and Changes in N	let Assets or Fund Ba	alance:	s (See the instr	uctions.)
-	1	Contribu	itions, git	fts, grants, and similar amounts receive	ed:		· ···· =		
	а	Contribu	itions to	donor advised funds		1a		00000	
	b	Direct p	ublic sup	port (not included on line 1a)		1b	412,33	7	
	С	Indirect	public su	pport (not included on line 1a)		1c			
	d			tributions (grants) (not included on line		1d	115,57	5	
	e	Total (a	dd lines	1a through 1d) (cash $\$$ 4 $\$$			39,700)	1e	527,912
	2			revenue including government fees ar		ine 93)		2	
	3	Member	ship due	s and assessments				3	
	4	Interest	on savin	gs and temporary cash investments					6,722
	5			terest from securities				5	
	6a	Gross re	ents			6a			
	b	Less: re	ntal expe			6b			
	С	Net rent	al incom	e or (loss). Subtract line 6b from line 6	a			6c	
đ)	7			t income (describ e ►)			7	
Revenue	8a	Gross a	mount fro	om sales of assets other	(A) Securities		(B) Other		
eve		than inve	entory			8a			
ď	b	Less: co	st or oth	er basis and sales expenses		8b			
	С			tach schedule)		8c			
	d	Net gain	or (loss)). Combine line 8c, columns (A) and (B	i)			8d	
	9	Special o	events a	nd activities (attach schedule). If any a					
	а	Gross re	evenue (r	not including \$	of				
	1	contribut	tions rep	orted on line 1b)	_	9a	48,69	<u>7</u>	
	b	Less: dir	rect expe	nses other than fundraising expenses		9b			
	С			ss) from special events. Subtract line		,		9c	48,697
	10a	Gross sa	ales of in	ventory, less returns and allowances		I0a		_	
	b	Less: co				10ь	11111		
	С	Gross pr	rofit or (lo	oss) from sales of inventory (attach sch	nedule). Subtract line 10b fro	om line 1	0a	10c	• • • • • • • • • • • • • • • • • • • •
	11	Other re	venue (fr	rom Part VII, line 103)				11	
	12	Total rev	venue. A	dd lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	o, and 11			12	<u>583,331</u>
	13	Program	services	s (from line 44, column (B))				13	425,399
Expenses	14	Manager	ment and	general (from line 44, column (C))	, ,			14	64,361
Jen:	15	Fundrais	sing (fron	n line 44, column (D))				15	31,496
EX	16	Paymen	ts to affil	iates (attach schedule)	***************************************			16	
	17	Total ex	penses.	Add lines 16 and 44, column (A)				17	521,256
Sits	18	Excess	or (deficit) for the year. Subtract line 17 from line	e 12			18	62,075
SS	19	Net asse	ets or fun	d balances at beginning of year (from	line 73, column (A))			19	903,313
Net Assets	20	Other ch	anges in	net assets or fund balances (attach ex	xplanation)			20	
	21	Net asse	ets or fun	d balances at end of year. Combine lin	es 18, 19, and 20			21	965,388
For	Privac ruction	y Act and	Paperw	ork Reduction Act Notice, see the se	parate				Form 990 (2007)
DAA	. activi								. ,

Statement of Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 31,012 31,012 23 24 Benefits paid to or for members (attach 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See Statement 2 60,550 30,333 25,180 25a 5,037 b Compensation of former officers, directors, key employees, etc. listed in 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included 191,253 26 191,253 on lines 25a, b, and c 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 19,502 25a – 27 28 2,216 19.026 16.743 1.903 29 Payroll taxes 29 30 Professional fundraising fees 30 1,310 1,310 31 Accounting fees 31 32 32 Legal fees 6,951 6,603 33 Supplies 33 348 15,198 6,664 8,534 34 Telephone 34 35 Postage and shipping 35 28,176 28,176 36 Occupancy 36 8,016 5,8472,16937 37 Equipment rental and maintenance 3,096 38 Printing and publications 3.096 38 5,330 2,590 2,740 39 3,605 40 Conferences, conventions, and meetings 40 3,605 2,005 2,005 41 42 27**,**352 4.923 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): See Statement 3 96,215 62,242 8,337 25,636 43a 43b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 521,256 425,399 64,361 31,496 Joint Costs. Check ▶ if you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs\$; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and genera\$; and (iv) the amount allocated to Fundraising\$

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 of ¢	at is the organization's primary exempt purpose? Domestic violence intervention organizations must describe their exempt purpose achievements in a clea lients served, publications issued, etc. Discuss achievements that are not anizations and 4947(a)(1) nonexempt charitable trusts must also enter the	measurable. (Section 501(c)(3) and (4) amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	To serve women, men and children is and Spring Hill affected by domest ensuring a safe transition to succommunity living through education and case management.	ic violence, essful independent , intervention	
	(Grants and allocations \$	If this amount includes foreign grants, check here	425,399
b		••••••	

	(Grants and allocations \$	If this amount includes foreign grants, check here ▶	
С		•••••••	
	(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 (attach schedule)	in this amount molddes loreign grants, theth field	
•	• •	If this amount includes foreign grants, check here 🕨 🗍	
f	Total of Program Service Expenses (should equal line 44, column (B), F		425,399

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description (A) (B) Beginning of year column should be for end-of-year amounts only. End of year 179,286 Cash—non-interest-bearing 207,055 45 45 Savings and temporary cash investments 46 46 47a Accounts receivable 47a Less: allowance for doubtful accounts 470 Pledges receivable 48a 48a Less: allowance for doubtful accounts 48b 9,299 49 Grants receivable 1,067 Receivables from current and former officers, directors, trustees, and key employees (attach schedule) b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) 50b 51a Other notes and loans receivable (attach schedule) 51a Less: allowance for doubtful accounts 51b 52 Inventories for sale or use Prepaid expenses and deferred charges 3,859 53 3,166 54a Investments—publicly-traded Cost FMV 54a Investments—other securities (attach schedule) Cost FMV 54b 55a Investments—land, buildings, and equipment: basis Less: accumulated depreciation (attach b 55b 55c Investments—other (attach schedule) 56 Land, buildings, and equipment: basis 857,268 57a 57a Less: accumulated depreciation (attach 93,502 schedule) See Statement 4 57b 791,118 763,766 57c Other assets, including program-related investments 58 Total assets (must equal line 74). Add lines 45 through 58 562 054 59 59 Accounts payable and accrued expenses 647 60 60 61 Grants payable 61 Deferred revenue See Statement 5 62 62 8,000 63 Loans from officers, directors, trustees, and key employees (attach schedule) Tax-exempt bond liabilities (attach schedule) 64a 64a Mortgages and other notes payable (attach schedule) 64b Other liabilities (describe ► See Statement 6) 79,602 65 80,249 Total liabilities. Add lines 60 through 65 9,666 Organizations that follow SFAS 117, check here | X| and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 861,049 965.388 Unrestricted 42,264 Temporarily restricted 68 Permanently restricted ______ 69 Organizations that do not follow SFAS 117, check here 🕨 📘 and complete lines 70 through 74. Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 Retained earnings, endowment, accumulated income, or other funds 72 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 903,313 Total liabilities and net assets/fund balances. Add lines 66 and 73

Form 990 (2007)	Bridges o	of Williams	son County	62-1753127	
Part IV-A	Reconciliatio instructions.)	•	er Audited Financia	al Statements With Revenue per Ret	urn (See the

	instructions.)			
а	Total revenue, gains, and other support per audited financial statements		а	589,091
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2 5, 7	'60	
3	Recoveries of prior year grants			
4	Other (specify):			
		b4		
	Add lines b1 through b4		ь	5,760
¢	Subtract line b from line a		С	583,331
d	Amounts included on Part I, line 12, but not on line a:	*******************		
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
	Add lines d1 and d2		d	
е	Total revenue (Part I, line 12). Add lines c and d		▶ e	583,331
P:	art IV-B Reconciliation of Expenses per Audited Financial Stat	ements With Expense	s per Retur	1
а	Total expenses and losses per audited financial statements		а	527,016
b	Amounts included on line a but not Part I, line 17:			<u> </u>
1	Donated services and use of facilities	b1 5,7	60	
2	Prior year adjustments reported on Part I, line 20			
3	Losses reported on Part I, line 20	b3		
4	Other (specify):			
		b4		
	Add lines b1 through b4		ь	<u>5,7</u> 60
С	Subtract line b from line a			521,256
d	Amounts included on Part I, line 17, but not on line a:	***********		
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
		d2		
	Add lines d1 and d2		d	
е	Total expenses (Part I, line 17). Add lines c and d			521,256

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Linda Jackson	Franklin	Exec Dir			
	TN 37064	40+	60,550	0	<u></u>
Greer Carlisle	Franklin	Chair			Ì
	TN 37064	0	0	0	0
Trinka Dykes	Franklin	Co-Chair			
	TN 37064	0	0	0	g
Lynn Gore	Franklin	Secretary			
	TN 37064	0	0	0	
Brad Duke	Franklin	Treasurer			
	TN 37064	0	0		. 0
Jim Cheney	Franklin	Director			
	TN 37064	0	0	0	o
Pam Lewis	Franklin	Director			
	TN 37064	0	0	0	0
Beverly Burger	Franklin	Director			
	TN 37064	0	0	0	0
Dana Langfitt	Franklin	Director			
	TN 37064	Q	О	0	0
Carol Waugh					
		0	o	0	0

Forr	n 990 (2007) Bridges of Williamson County	62-1753	3127			,	Page
P	art V-A Current Officers, Directors, Trustees, and Key Emplo					Yes	$\overline{}$
75a	Enter the total number of officers, directors, and trustees permitted to vote on orga	nization business at	board				
	meetings	▶ Al					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A	- ,	sated				
	employees listed in Schedule A, Part I, or highest compensated professional and of	•					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through fam	•					
	relationships? If "Yes," attach a statement that identifies the individuals and explain	ns the relationship(s)		75b		X
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A,	-					
	compensated employees listed in Schedule A, Part I, or highest compensated prof						
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation	•					
	organizations, whether tax exempt or taxable, that are related to the organization?	See the instructions	for				
	the definition of "related organization."				75c	0 000000000	l X
	If "Yes," attach a statement that includes the information described in the instruction	ins.					100
d	Does the organization have a written conflict of interest policy?	The A D	· · · · · · · · · · · · · · · · · · ·		75d		<u></u>
	Former Officers, Directors, Trustees, and Key Employ						
	(If any former officer, director, trustee, or key employee received comp person below and enter the amount of compensation or other benefits				the y	ear, lis	st that
	person below and enter the amount of compensation of other benefits	in the appropriate co	(C) Compensation		 	Е) Ехр	
	(A) Name and address	(B) Loans and Advances	(if not paid	employee benefit plans & deferred compensation plans	acc	ount an	nd othe
			enter -0-)	compensation plans	-	allowar	nces
N,	<u>A</u>						
					+		
					+		
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					\top		
Pε	ort VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting activities	ties? If "Yes," attach	а				
	detailed statement of each change				76		Χ
77	Were any changes made in the organizing or governing documents but not reported	d to the IRS?		[77		X
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross income of \$1,000 or more during	ig the year covered	by				
	this return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the	ie year? If "Yes," att	ach				
	a statement				79		Х
80a	Is the organization related (other than by association with a statewide or nationwide	organization) throug	gh				
	common membership, governing bodies, trustees, officers, etc., to any other exemp	ot or nonexempt					
	organization?			[80a		X
b	If "Yes," enter the name of the organization▶						
	and check who	ether it is 🔲 exem	pt or 🔲 none	exempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	<u>_</u> <u>{</u>	1a	0			
	Did the organization file Form 1120-POL for this year?			· · · · · · · · · · · · · · · · · · ·	81b		Х

22222222	990 (2007) Bridges of Williamson County 62-175	53127			age 7
	art VI Other Information (continued)			Yes	No
82a		harge			
	or at substantially less than fair rental value?		82a	Χ	
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 7	82b 5,760			
83a	Did the organization comply with the public inspection requirements for returns and exemption applic	ations?	83a	Χ	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	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 contributi	ons or			
	gifts were not toy deductible?	NI / 7\	84b	onosmismis	07 930303
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ		630	8880	B080 808
	received a waiver for proxy tax owed for the prior year.	lization			
_	· · ·	les-1			
C	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	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			profile.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		i Propositione
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on lir				362 (31.1 2003 (34.1
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for t				
	following tax year?	N/A	85h		
86	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	86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a			
þ	Gross income from other sources. (Do not net amounts due or paid to other				
	sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	on 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		88a		Χ
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	ne			
	meaning of section 512/h)(13\2 If "Ves." complete Part XI	_	88b		Χ
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
000	0	•			
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				
b	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," at	i i			
		[001-		
_	a statement explaining each transaction		89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	0			
d	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• 			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she	lter	80 BB		
	transaction?		89e		Χ
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance	contract?	89f	*********	X
g	$\label{thm:constraints} For supporting organizations and sponsoring organizations maintaining donor advised funds. \ Did the$				200 VV
	supporting organization, or a fund maintained by a sponsoring organization, have excess business ho	oldings			
	at any time during the year?		89g		X
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, 2007 (See				
	instructions.)	90Ь			8
91a	instructions.) The books are in care of ▶ Bridges of ₩mson Co	Telephone no. ▶			
	Located at ▶ Franklin, TN	ZIP + 4 ▶			
h	At any time during the calendar year, did the organization have an interest in or a signature or other a	A CONTRACTOR OF THE PROPERTY O	• • • •		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	-	٢	Ves	
	200	Г		Yes	No
	account)? If " Yes," enter the name of the foreign country▶		91b		X
	* ************************************				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	bank			
	and Financial Accounts.				
DAA			Form	990	(2007)

Form 990 (2007) Bridges o		County	62-17	5312	7		Page 8
Part VI Other Informati						Y	es No
c At any time during the calendar						91c	X
If "Yes," enter the name of the fo Section 4947(a)(1) nonexempt c and enter the amount of tax-exer	preign country 🕨						_
Section 4947(a)(1) nonexempt c	haritable trusts filing Form 99	00 in lieu of Form	1041—Check here				▶ ∟
					▶ 92		
Part VII Analysis of Inco	•						
Note: Enter gross amounts unless other	erwise		business income	1	by section 512, 513, or 514	(E) Relate	
ndicated.		(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt fo	unction
93 Program service revenue:		 		code		incor	ne
a b		+					
		 		 			
c							
d						-	
f Medicare/Medicaid payments , .							
g Fees and contracts from governments	ment agencies	1					
94 Membership dues and assessme	ents						
95 Interest on savings and tempora	ry cash investments						6,722
96 Dividends and interest from secu							-1 , - 2
97 Net rental income or (loss) from							
a dabt financed meanage.					000000000000000000000000000000000000000		<u></u>

98 Net rental income or (loss) from	personal property				-		
00 Gain or (loss) from sales of asse	ts other than inventory						
01 Net income or (loss) from specia	l events					4 8	3,697
02 Gross profit or (loss) from sales	of inventory						
03 Other revenue: a							
b							
c					-		
d	······································	ļ	****				
e				800000000000000000000000000000000000000			
Subtotal (add columns (B), (D), a	ınd (E))		0		0		5,419
05 Total (add line 104, columns (B),						55	<u>,419</u>
ote: Line 105 plus line 1e, Part I, sho			f Example Diversi	(6	oo the instruction		
Part VIII Relationship of							.
	tivity for which income is repo exempt purposes (other than				tantiy to the accompi	isnment	
N/A	p. p. p (*	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,.			
14/17							
							
							
Part IX Information Reg	garding Taxable Subsi	idiaries and D	isregarded Enti	ities (Se	e the instruction	ns.)	
(A)	(B)		(C)		(D)	(E)	
Name, address, and EIN of corpora partnership, or disregarded entit	ation, Percentage of by ownership intere		ure of activities		Total income	End-of-ye assets	
N/A		%					
		%					
		%					
		%					
Part X Information Reg	arding Transfers Ass	ociated with F	Personal Benefi	it Contr	acts (See the ins	structions	.)
(a) Did the organization, during the	year, receive any funds, dire	ectly or indirectly,	to pay premiums on	a person	al benefit contract?	Yes	X No
(b) Did the organization, during the	year, pay premiums, directly	y or indirectly, on a	a personal benefit co	ontract?		Yes	X No
Note: If "Yes" to (b), file Form 8870	and Form 4720 (see instruc	tions).					

Form **990** (2007)

orm 990	(2007) Bridges of Williamson	County	(7-1/2217	<u> </u>			<u>'age y</u>
Part X	Information Regarding Transfers To	o and From Co	ontrolled E	E ntities. Comp	lete only if the	organiza	tion	
	is a controlling organization as define	ed in section 5	12(b)(13).			····		
	 :						Yes	No
106 D	id the reporting organization make any transfers to a co	ontrolled entity as o	defined in sec	tion 512(b)(13) of				
th	ne Code? If "Yes," complete the schedule below for each	n controlled entity.						X
1	(A)	(B)		(C)	_		(D)	
	Name, address, of each	Employer ID		Description	n of	Amour		ansfer
	controlled entity	Number		transfer				
		;						
a								
7								
b	***************************************					ĺ		
						-		
1								
c								
		The state of the s				X - 26		
	Totals				The state of the s	Section .		
					•		Yes	No
107 C	id the reporting organization receive any transfers from	a controlled entity	y as defined i	n section				
5	12(b)(13) of the Code? If "Yes," complete the schedule	below for each co	ntrolled entity		_ .		<u></u>	X
	(A)	(B)		(C)			(D)	
	Name, address, of each	Employer ID		Description		Amour		ansfer
	controlled entity	Number		transfer				
T	***************************************							
а								
b						}		
		-	<u> </u>					
c								
		Deviation in the second				and the second		
	Totals	A STATE OF THE STA				Act of		
		1000					Yes	No
108 E	old the organization have a binding written contract in ef	fect on August 17,	2006, coveris	ng the interest,				İ
	ents, royalties, and annuities described in question 107	above?					<u> </u>	<u> </u>
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct and complete. Declaration,	et Dis return, including	g accompanying	g schedules and state	ements, and to the be	st of my knowl	edge	
Please	and belief, it is true, correct, and complete. Declarations	preparet (other than	TORICET) IS DOOR	ed on an imorniación	I /	/	/	
Sign	near a	lest				2/30/	o Y	
Here	Signature of officer	- L - 1	DOARD	0114 0	Date			
	OREFIZ CARLIS	· CK , 1-	-0/7(2-1)	CHAIR				
	Type or print name and title			Date	Check if	Preparer's	SSN o	r PTIN
Paid	Preparer's signature Vancua Vano	or6		12-29-08	self-	(See Gen.		
Prepar	er's		, CPAs	(- 1 - 0			<u>νο (11</u> 1865	
Use Or	Firm's name (or yours PALSOIIS & A		, CPAS		EIN	<u> </u>	100	1204
	if self-employed), ZJ4 FOULUL I	AVE N N 37064			Phone	615-7	91-4	1215
	I GUULESO, GIRU EN TE HETE AFIK I ITI 'I'I	N)/UD4			i nn 🖛	.,, , , _ ,	,	- 11

			Special Ev	ents Sc	hedule			
Form 9	90	For calendar year 2007, or tax yea				, and ending	6/30/08	2007
ame	t			······································				dentification Number
Bridae	s of	Williamson County					62-17	53127
		(A)	(B)		(C)		Others	Total
Gross receipi Less contri Gross revenu Less direct Net income (l	ibutions ue expenses	48,697 0 48,697 0 48,697		0 0 0 0		0 0 0 0 0	0 0 0 0	48,697 0 48,697 0 48,697
Description:	(A)	<u>Various fundrai</u>	ising					
	(B)							
	(C)							
	Others	-						
								
				 				

FYE: 6/30/2008

Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

	Description		Amount
		\$_	31,012
Total		\$	31,012

621753127 Bridges of Williamson County 62-1753127 FYE: 6/30/2008

Federal Statements

	Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officer	II, Line 25a - Compens	ation of Current Officers
Name	Program Services	Management & General	Fundraising
Expenses	‹ ›	₹∕Դ	₹
Linda C. Jackson Compensation	30,333	25,180	5,037
Total	\$ 30,333	\$ 25,180	\$ 5,037

FYE: 6/30/2008

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

Description	 Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$ Ş	3	\$	\$
Insurance	16,674	15,007	1,667	
Other professional fees	39,035	39,035		
Dues and subscriptions	3,289		3,289	
Other	1,281		1,281	
Small Equipment < \$1,000	10,300	8,200	2,100	
Fundraising expenses	 25,636			25,636
Total	\$ 96,215 \$	62,242	\$ 8,337	\$ 25,636

FYE: 6/30/2008

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description		_			
	_	Beginning of Year	Accum Depr	End of Year	Accum Depr
Fixed assets	\$	757,268 \$	66,150	\$ 757,268	\$ 93,502
	_ \$	100,000 857,268 \$	66,150	100,000 \$ 857,268	
Total	\$	857,268 \$	66,150	\$ 857,268	\$ 93,5

Statement 5 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	 End of Year
Deferred revenue	\$	\$ 8,000
Total	\$0	\$ 8,000

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	 Beginning of Year	End of Year		
Mortgage payable	\$ 79,602	\$	0	
Total	\$ 79,602	\$	0	

FYE: 6/30/2008

Statement 7 - Form 990, Part VI, Line 82b - Donated Services

Description		Amount		
Office space	\$	5,760		
Total	\$	5,760		

SCHEDULE A (Form 990 or 990-EZ)

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the orga		Williamson Cour		Employer ident 62-175312	tification number
Part I	Compensation of the Five Highest Paid Employee (See page 1 of the instructions. List each one. If the	s Other Than Office	ers, Directors, a		
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hou per week devoted to posit	rs (a) Canada	(d) Contributions to empl. benefit plans & deferred comp.	
NONE					
. ,					
	·····				
Total number of	of other employees paid over \$50,000				
Part II-A	Compensation of the Five Highest Paid Independent	ent Contractors for	Professional S	ervices	
	(See page 2 of the instructions. List each one (whe				er "None.")
	(a) Name and address of each independent contractor paid more than \$5	" "	(b) Type of se		c) Compensation
NONE					

Total number o	f others receiving over \$50,000 for			Secretary and the secretary an	
professional se	rvices				
Part II-B	(List each contractor who performed services other firms. If there are none, enter "None." See page 2 c	than professional softhe instructions.)	ervices, whethe	er individuals	
	(a) Name and address of each independent contractor paid more than \$5	0,000	(b) Type of se	rvice (c	c) Compensation
NONE					
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·
Total number o \$50,000 for oth	f other contractors receiving over er services				
	B () A (N () () (E CCC) =	222 53		A 15	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

	1753127			
	redule A (Form 990 or 990-EZ) 2007 Bridges of Williamson County 62-175312 art III Statements About Activities (See page 2 of the instructions.)	27		Page 2
1	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	Yes	No X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
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 transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 99	0 2 d	Χ	
e	Transfer of any part of its income or assets?	2e		Х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
b	Did the organization make any taxable distributions under section 4966?			
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tay year (excluding donor advised			

funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

amounts in such funds or accounts

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

	апп	Reason for Non-Private Found	iation Status (See	pages 4 through	& of the ins	tructions.)	
l cer		at the organization is not a private foundation l A church, convention of churches, or associat			ele box.)		
6		A school. Section 170(b)(1)(A)(ii). (Also compl	lete Part V.)				
7		A hospital or a cooperative hospital service or	ganization. Section 170(b)(1)(A)(iii).			
8		A federal, state, or local government or govern	nmental unit. Section 170	0(b)(1)(A)(v).			
9		A medical research organization operated in c	onjunction with a hospita	al. Section 170(b)(1)(A)	(iii). Enter the	hospital's nan	ne, city,
		and state ▶					
10		An organization operated for the benefit of a conformal (Also complete the Support Schedule in Part	=	ed or operated by a gov	vernmental uni	t. Section 170(l	b)(1)(A)(iv).
11a		An organization that normally receives a subst 170(b)(1)(A)(vi). (Also complete the Support S		from a governmental u	ınit or from the	general public	. Section
11Ь		A community trust. Section 170(b)(1)(A)(vi). (A	Also complete the Suppo	ort Schedule in Part IV	'-A.)		
12	_	An organization that normally receives: (1) mo from activities related to its charitable, etc., fur from gross investment income and unrelated to organization after June 30, 1975. See section	nctions-subject to certain pusiness taxable income	exceptions, and (2) no (less section 511 tax)	o more than 3 from business	3 1/3% of its su es acquired by	pport
13		An organization that is not controlled by any di requirements of section 509(a)(3). Check the t		pe of supporting organi		erwise meets th	ne
		Provide the following inform	ation about the suppor	rted organizations. (Se	ee page 8 of th	ne instructions.))
		(a)	(b)	(c)	(((e)
	N	lame(s) of supported organization(s)	Employer	Type of	is the su		Amount of
			identification	organization	organizatio		support
			number (EIN)	(described in lines	1	porting	
				5 through 12 above or IRC section)	organiz governing o	ation's locuments?	
					Yes	No	
	-						
Tota	l . , , ,			· · · · · · · · · · · · · · · · · · ·		>	
14		An organization organized and operated to test	t for public safety. Section	on 509(a)(4), (See page	e 8 of the instr	uctions.)	
				(-/, //. \200 page			

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

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

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	466,442	653 , 385	638,843	284,094	<u>2,</u> 042,764
16	Membership fees received					0
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose			· ·		0
18	Gross income from interest, dividends,					<u>-</u>
. –	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties,					
	income from similar sources, and unrelated					
	business taxable income (less section 511					
	taxes) from businesses acquired by the	7,510	2,915	977	110	11,512
19	organization after June 30, 1975	7,510	2,010			11,012
19	Net income from unrelated business					0
	activities not included in line 18					<u>_</u>
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					^
	its behalf					0
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					0
22	Other income. Attach a schedule Do not include gain or (loss) from					
	sale of capital assets Stmt 8	980				980
23	Total of lines 15 through 22	474,932	656,300	639,820	284,204	2,055,256
24	Line 23 minus line 17	474,932	656,300	639,820	284,204	2,055,256
25	Enter 1% of line 23	4,749	6 , 563	6,398	2,842	
26	Organizations described on lines 10 or	11: a Enter 2% of	amount in column (e),	line 24	▶ 26a	41,105
b	Prepare a list for your records to show the	name of and amount	contributed by each p	erson (other than a		
	governmental unit or publicly supported o					
	amount shown in line 26a. Do not file this	- '	-		▶ 26b	
c	Total support for section 509(a)(1) test: E	· ·			▶ 3c-	2,055,256
d	Add: Amounts from column (e) for lines:	·				
-	(-,	22			▶ 26d	12,492
e	Public support (line 26c minus line 26d to					2,042,764
f	Public support percentage (line 26e (nu					99.3922%
<u>-</u>	Organizations described on line 12:		,	•		<u> </u>
21	person," prepare a list for your records to					on a
	Do not file this list with your return. Ent			eu ili each year from, e	acii disqualilled pers	n/A
					(2003)	IA / 12
	For any amount included in line 17 that w					
þ	•		•		•	
	show the name of, and amount received to	-	_			
	(Include in the list organizations described	•		•	•	
	the difference between the amount receiv	ed and the larger amo	unt described in (1) or	(2), enter the sum of th	ese differences (the	
	amounts) for each year:					N/A
		05)	(2004)		(2003)	
C	Add: Amounts from column (e) for lines:	15				
	17	20	21	,	▶ 27c	
d	Add: Line 27a total	and line 27b			N A − 1	111.00
е	Public support (line 27c total minus line 2	7d total)			Þ 27e	
f	Total support for section 509(a)(2) test: E	nter amount from line	23, column (e)	▶ 27f		
g	Public support percentage (line 27e (nu	merator) divided by li	ine 27f (denominator))	▶ 27g	%
-	Investment income percentage (line 18,					%
28	Unusual Grants: For an organization des					
	prepare a list for your records to show, for			_	·	
	description of the nature of the grant. Do	•			-	

Schedule A (Form 990 or 990-EZ) 2007 Bridges of Williamson County 62

Part V Private School Questionnaire (See page 9 of the instructions.)

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

	(To be completed ONET by schools that checked the box on line 6 in Fart IV)				
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	/A_		Yes	No
	other governing instrument, or in a resolution of its governing body?		29	<u> </u>	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its				
	brochures, catalogues, and other written communications with the public dealing with student admissions,				
	programs, and scholarships?		30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during				
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	ı			
	that makes the policy known to all parts of the general community it serves?		31	SET 15 TO 15	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
		🖁	25 25 Y		
22	Does the organization maintain the following:				
32	Records indicating the racial composition of the student body, faculty, and administrative staff?		22-	0 689 68 '	3009366
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	·	32a		
D	hacis?		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	·	بدي		+-
-	with student admissions, programs, and scholarships?		32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	. –	32d		\vdash
					2007398
	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 race in any way with respect to:				
а	Students' rights or privileges?	<u> </u>	33a		
			ļ		
b	Admissions policies?	ļ	33b		<u> </u>
			_		
С	Employment of faculty or administrative staff?	ŀ	33c		
а	Scholarships or other financial assistance?		33d		
<u> </u>	Scholarships or other financial assistance?	·	,5u		
ρ	Educational policies?		33e		
•	Educational policies?	ľ	700		
f	Use of facilities?		3f		
g	Athletic programs?		33g		
h	Other extracurricular activities?	3	3h	li de contration	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
					873 SRT
34a	Does the organization receive any financial aid or assistance from a governmental agency?	3	4a		
ь	Has the organization's right to such aid ever been revoked or suspended?		4b		1
b	If you answered "Yes" to either 34a or b, please explain using an attached statement.		+D	8738	2000000
	you allowed to the oral of a place explain using an attached diatement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05				
-	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	, p. 2	35	00000000	0.05.25

	Part VI-A Lobbying Expen (To be completed	d ONLY by an elig			orm	5768)	N/A		,
Ch		ongs to an affiliated gro				ecked "a" ar	nd "limite	d cor	itrol" provisions apply.
	Limits o	n Lobbying Expe	nditures			Affiliate	a) d group als		(b) To be completed for all electing organizations
		litures" means amount							organizations
	Total lobbying expenditures to influence				36				
	Total lobbying expenditures to influence				37				
38	Total lobbying expenditures (add lines	36 and 37)			38				
	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures (a	dd lines 38 and 39) 👝			40	04.00 to			
41	Lobbying nontaxable amount. Enter th	e amount from the follo	wing table-						
	If the amount on line 40 is-		ontaxable amount is-						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000,000								
	Over \$1,000,000 but not over \$1,500,000	·		1 1	41	~~~~			M. M
	Over \$1,500,000 but not over \$17,000,000								
	Over \$17,000,000	\$1,000,000	********						
42	Grassroots nontaxable amount (enter	25% of line 41)		,	42				
43	Subtract line 42 from line 36. Enter -0-	if line 42 is more than	line 36		43				
44	Subtract line 41 from line 38. Enter -0-	if line 41 is more than	line 38		44				
	Caution: If there is an amount on either								
		4-Year Aver	aging Period Und	der Sectio	n 501	l(h)			
	(Some organizati	ons that made a section	n 501(h) election do n	ot have to co	mplete	all of the five	e colum	ns be	elow.
	*****	See the instructions for	or lines 45 through 50	on page 13 o	f the in	structions.)			
			Lobbying Expe			Vone Avorac	.: D	hoi	
			coopying Expe	nditures Du	mig 4-	Teal Averag	jing Per	iou.	
	Calendar year (or	(a)	(b)	nditures Du (c)		Teal Averag	(d)		(e)
	Calendar year (or fiscal year beginning in) ▶	(a) 2007							(e) Total
,	fiscal year beginning in)		(b)	(c)			(d)		· ·
	fiscal year beginning in) Lobbying nontaxable amount		(b)	(c)			(d)		· ·
	Lobbying nontaxable amount Lobbying ceiling amount (150% of	2007	(b)	(c)			(d)		· ·
	fiscal year beginning in) Lobbying nontaxable amount	2007	(b)	(c)			(d)		· ·
46	Lobbying nontaxable amount Lobbying ceiling amount (150% of	2007	(b)	(c)			(d)		· ·
46 47	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2007	(b)	(c)			(d)		· ·
46 47 48	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	2007	(b)	(c)			(d)		· ·
46 47 48	fiscal year beginning in) ▶ Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of	2007	(b)	(c)			(d)		· ·
46 47 48	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	2007	(b)	(c)			(d)		· ·
46 47 48 49	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))	2007	(b)	(c)			(d)		· ·
46 47 48 49	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	2007	(b) 2006	(c)			(d)		· ·
46 47 48 49	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity	y by Nonelecting	(b) 2006 Public Charities	(c) 200	5		(d) 2004		Total
46 47 48 49 50	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onl	y by Nonelecting y by organizations	(b) 2006 Public Charities s that did not com	(c) 200	5 VI-A		(d) 2004		· ·
46 47 48 49 50	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attern	y by Nonelecting y by organizations pt to influence national	(b) 2006 Public Charities that did not com	plete Part	5 VI-A		(d) 2004 ge 14 (Total
46 47 48 49 50	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization atternation and legerate in the legerat	y by Nonelecting y by organizations pt to influence national	(b) 2006 Public Charities that did not com	plete Part	5 VI-A		(d) 2004 ge 14 (of th	e instructions.) N / A
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Schedule A (Form 990 or 990-EZ) 2007 Bridges of Williamson County Part VII Information Regarding Transfers To and Transactions and Rel Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 14 of the instructions.)

51	-			ectly engage in any of the following 3) organizations) or in section 527,	with any other organization described in section relating to political organizations?			
а	Transfers f	from the reporting organ	nization to a	noncharitable exempt organization	of:		Yes	No
	(i) Cast	ו		· · · · · ·		51a(i)		X
	(ii) Othe					a(ii)		Х
þ	Other trans							
	(i) Sale	s or exchanges of asse	ts with a nor	ncharitable exempt organization		b(i)		Х
	(ii) Purc	hases of assets from a	noncharitab	le exempt organization		b(ii)		Х
	(iii) Rent	al of facilities, equipme	nt, or other a	assets	·	b(iii)		X
	(iv) Rein	nbursement arrangeme	nts			b(iv)		X
	(v) Loar	is or loan quarantees	,,,,,,,,			b(v)		X
	(vi) Perfe	ormance of services or	membershir	or fundraising solicitations			_	X
_	Charing of	facilities equipment m	milina liete. 7	other accete, or paid employees		b(vi)		X
r C						<u> </u>		
d		=			mn (b) should always show the fair market value o	rtne		
	_	=			zation received less than fair market value in any			
			nt, snow in c	olumn (d) the value of the goods, o			·	
	(a) Line no:	(b) Amount involved	Name	(c) of noncharitable exempt organization	(d) Description of transfers, transactions, and sharm	a arranaa	mante	
/		Amount myorved	Ivallie	Thoriciantable exempt organization	Description of transfers, transactions, and shalls	g arranger	nents	
<u>N/</u>	Α							
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		,						
52a				d with, or related to, one or more to		$\overline{}$	_	1
	described i	n section 501(c) of the	Code (other	than section 501(c)(3)) or in section	n 527? •	· [] Ye	s 🛚	No
b	If "Yes," co	mplete the following sc	hedule:	r				
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
]	A/N							
		•						
	•••							
							-	
			-					
					A			

FYE: 6/30/2008

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	_	2006	_	2005	_	2004	_	2003
Other	\$_	980	\$_		\$_		\$	
Total	\$_	980	\$_	0	\$	0	\$	0