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SCANNED WAR I 8 2010

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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	2008 calendar year, or tax year beginning $\mathrm{JUL}1$, 2008 $$	g Jl	JN 30, 2009	
В	Check if applicable	Please use IRS		D Employer identific	cation number
Г	Addres	Bridgeport International Academy, Inc.			
	Name change	type		06-1	595283
	Initial return	See Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephone number	
	Termin	Specific 285 Lafayette Street		(203	
	Ameno		L	G Gross receipts \$	835498.
	Applic	bilagepoie/ ci cocci		H(a) Is this a group re	
	pendir	F Name and address of principal officer:Dr. Hugh D. Spurgin		for affiliates?	Yes X No
		56 Hazel Avenue, Bridgeport, CT 06604		H(b) Are all affiliates inc	luded? Yes No
$\overline{\mathbf{L}}$	Tax <u>-ex</u>	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		lf "No," attach a	list (see instructions)
		e: ▶ bridgeportacademy.org		H(c) Group exemption	
K	Type of	organization X Corporation Trust Association Other ► L	Year of	f formation 2000 N	I State of legal domicile ${ m CT}$
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: To provi	<u>ıde</u>	<u>a diversit</u>	y of
Activities & Governance		academic programs for secondary education in			
ern	2	Check this box if the organization discontinued its operations or disposed of	more t	than 25% of its assets	S.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ies	5	Total number of employees (Part V, line 2a)		5	27
Ξ̈́	1	Total number of volunteers (estimate if necessary)		6	0
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	ļ	376594.	31097.
Revenue	1	Program service revenue (Part VIII, line 2g)		698913.	803155.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	9625.	1246.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	1005133	025400
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	1085132.	835498.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-		
	14	Benefits paid to or for members (Rartix, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		275177	353385.
es	15	Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)	-	375177.	333303.
e	16a	Professional tundraising fees (Part IX, column (A), line 11e)			
Expenses	_b	Total fundraising expenses (டூஸ்டி) இழியார் (இ. line 25)	ļ	783422.	703981.
	17	Other expenses (Part IX, column (A), lines 1 21 d, 11f-24f)	-		
	18	Total expenses. Adolines 13:17 (must paud Part IX, column (A), line 25) Revenue less expenses Submact line 48 from line 12		1158599.	1057366.
_ 0	19	Revenue less expenses Subtract line 18 from line 12	_	-73467.	<u>-221868.</u>
Net Assets or Fund Balances		T	8	eginning of Year 2522701.	End of Year 2314660.
SSE	20	Total assets (Part X, line 16)		936708.	950535.
et l	21	Total liabilities (Part X, line 26)		1585993.	1364125.
6	22 art 1	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	<u> </u>	1303333.	1304123.
	21 1 11	Under penalties of penjury, I declare that I have examined the return, including accompanying schedules and statem	nents, an	nd to the best of my knowledge	ne and belief, it is true, correct,
		and complete Declaration of preparer other than officer) is based on all information of which preparer has any know	vledge	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- /-
Sig		X Hugh of Aprizar		$\perp X Z$	- 20-10
Hei		Signature of officer/		Date	
nei	e	Dr. Hugh D. Spurgin, President		,	
		Type or print name and title			
		Preparer's Date	Chec		er's identifying number
Pai	d	signature 1/and Valla (VIII) 12/31/09	9 self-	loyed [see ins	tructions)
Pre	parer's	Firm's name (or Brunhofer and Balise LLP	- <u>1 2111</u> P	EIN >	
Use	Only	yours if self-employed), 287 Farview Avenue			
		address, and ZIP+4 Paramus, NJ 07652		Phone no ► 2	01-599-9899
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1.110110110 - 2	Yes No
	01 12-1		e instr	ructions.	Form 990 (2008)

	n 990 (2008) Bridgeport International Academy, Inc. 06-1595283 Pag
Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: See Schedule O for Continuation
	Bridgeport International Academy is a private, college preparatory
	high school committed to academic excellence, moral development,
	global citizenship, cultural diversity, and the advancement of
	international, intercultural, and inter-religious understanding.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 823347 • including grants of \$) (Revenue \$
	We provided high-quality college-prep education for 78 high school
	students from 8 nations and 4 states of the USA, combining academic
	excellence with character education, leadership training, community
	service projects, and extracurricular programs.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Cosses) (Expenses)
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►\$ 823347 • (Must equal Part IX, Line 25, column (B).)
	Form 990 (20
83200	2

	990 (2008) Bridgeport International Academy, Inc. 06-1595	<u> 283</u>	<u> </u>	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		۱	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u>,,</u>
	public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	 -	-
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			,,
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١,,
	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	l	v	l
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			v
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	v	X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	v
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	ļ	X
b				l .
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			v
	located outside the United States? If "Yes," complete Schedule F, Part II	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0		v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├	X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	A
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
		24b	 	l
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		$\vdash \vdash$
270	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	230		- **
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<u></u> -
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X

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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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Bridgeport International Academy, Inc. Part IV Checklist of Required Schedules (continued)

Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other Х 28a person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV b Have a family member who had a direct or indirect business relationship with the organization? 28b X If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional 28c corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 35 Х If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Form **990** (2008)

Lat	Statements negaring Other ind Fillings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng]
	(gambling) winnings to prize winners?	1 1		1c		X
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		0.7			
	filed for the calendar year ending with or within the year covered by this return	2a_	27			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			1		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
ь	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 a	ind			
	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			_5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding Prohibited			
	Tax Shelter Transaction?			5c		- V
	Did the organization solicit any contributions that were not tax deductible?		_	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribute	lions o	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		47 50	_		v
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7-		X
	to file Form 8282?	7d		7c		A
	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	Derson	aı	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	root?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		gured?	79 7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		•			
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?	guinza		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: N/A					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	· ———	12a		
_	If I Van I and on the amount of toy avance interest received an analysis dismark the van	المما		. 7	7	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	3		
ь	Enter the number of voting members that are independent	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			Ì
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9ь	ļ	<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Sec</u>	tion B. Policies		T	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		.,	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	4-	v	
a	The organization's CEO, Executive Director, or top management official?	15a	X	
D	Other officers or key employees of the organization?	15b	^	_
10-	Describe the process in Schedule O. (see instructions)			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	х
L	taxable entity during the year?	16a	 	
В	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	466	1	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for		
. •	public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fin	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation: I	_	
	Dr. Hugh Spurgin - 203-334-3434			
	285 Lafayette Street, Bridgeport, CT 06604			
83200 12-18-		Forn	990	(2008)
	6			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	/ /		Pos		app	sk A	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Dr. Hugh D. Spurgin										_
President and Director	70.00	X	<u> </u>	X		<u> </u>		19300.	0.	0.
Nora M. Spurgin Principal and Director	50.00	x		x				20700.	0.	0.
Christine Hempowicz										
Secretary and Director	0.50	X		X			_	0.	0.	0
Chang Shik Yang		l								
Chairman	0.50	X	ļ			_		0.	0.	0.
Edwin K. Ang	0.50									
Director	0.50	X	ļ	ļ		<u> </u>	_	0.	0.	0.
Marie J. Ang	0.50								^	0
Director Eric Holt	0.50	I.	<u> </u>		_			0.	0.	0.
Director	0.50	v	l					0.	0.	0.
Elizabeth Jones	0.30	^	├	├				0.	0.	
Director	0.50	x						0.	0.	0.
Farley Jones	""									
Vice Chairman	0.50	X						0.	0.	0.
Kevin Smith										
Director	0.50	X						0.	0.	0.
Pierre Tardy										
Director	0.50	X						0.	0.	0.
Paul An			Γ							_
Vice Chairman	30.00	X		X				15205.	0.	0.
Alexa Ward										
Director	0.50	X	L_				L	0.	0.	0.
	ļ	_	<u> </u>	<u> </u>		<u> </u>	_			
		_	├-	\vdash		_	<u> </u>			
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			Ц_		Ц.	L	Щ.	<u> </u>	<u>-</u>	

Form 990 (2008)

Nan	(A) ne and title	(B) (C) Average Position hours (check all that apply)							(D) (E Reportable Repor		able Estima			
		hours per week	Individual trustae or director	Institutional frustee		Key employee	Highest compensated de		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	com fro	other pensa om the anizated relate	ition e ion ed
										11-				
		NU .												
								-						
1 b Total							<u> </u>		55205.		0.			0.
	f Individuals (including those from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable	·	<u> </u>		Yes	0 N o
line 1a? If "Yes,	ation list any former officer, " c <i>omplete Schedule J for</i> s ual listed on line 1a, is the su	uch individual										3		Х
and related org 5 Did any person	anizations greater than \$150 listed on line 1a receive or a n? <i>If</i> "Yes," complete Sched	0,000? <i>If "Yes,</i> accrue compe	," co nsat	mple ion f	ete S	Sche	edul	e J	for such individual			5		X
Section B. Indepen	dent Contractors able for your five highest co	_			ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation f	rom	
The organization	(A) Name and business	address							(B) Description of s	services	C	(C omper) nsatio	n
		_												
2 Total number o	f Independent contractors (i	ncluding those	e in '	1) wi	ho re	ecer	ved	moi	re than \$100,000 in com	pensation				

					<u>ternatio</u>	nal Academ	y, Inc.	06-1595	283 Page 9
Pa	rt \	Ziji	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and ove 1f	2000. 29097. 2000.	21007			
Program Service C Revenue	2	a b c d	Tuition and boa		Business Code 611600	31097. 803155.	803155.		
Progr R		e f g	All other program service reve Total. Add lines 2a-2f		•	803155.			
	3		Investment income (including other similar amounts) Income from investment of ta		>	786.			786.
	5		Royalties	(i) Real	(II) Personal				
	6	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		•				
	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(II) Other				
e	8	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin	-	>	460.			460.
Other Revenue			contributions reported on line Part IV, line 18 Less: direct expenses	a 1c). See a b			,		
	9	а	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less. direct expenses	•					
	10	а	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	-				······································	
		С	Net income or (loss) from sale Miscellaneous Revenu	s of inventory	Business Code				
	11	a b c							
	12		All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	Oc, and 11e	835498.	803155.	0.	1246.
83200	9								Earm 000 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	55006	0.4706	20400	
	trustees, and key employees	55206.	24726.	30480.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.500.56	100455	7.5.70	
7	Other salaries and wages	259056.	182477.	76579.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2016		2016	<u> </u>
9	Other employee benefits	3216.	00000	3216.	
10	Payroll taxes	35907.	28990.	6917.	
11	Fees for services (non-employees):				
а	Management	22252		22052	
b	Legal	23053.		23053.	
C	Accounting	6813.		6813.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	405		425	
9	Other	425.		425.	
12	Advertising and promotion	6292.	15044	6292.	
13	Office expenses	24245.	15844.	8401.	
14	Information technology	9089.	9089.		
15	Royalties	170220	171616	7714	<u> </u>
16	Occupancy	179330.	171616.	7714.	<u>-</u>
17	Travel	8592.	4804.	3788.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1400		1400	
19	Conferences, conventions, and meetings	1408.		1408.	
20	Interest	53573.		53573.	
21	Payments to affiliates	103653	170074	2770	
22	Depreciation, depletion, and amortization	183653.	179874.	3779.	
23	Insurance	28023.	28023.		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				,
_	Dorm & Meals Expense	115591.	115591.		
b	Educational Supplies &	43409.	43409.		
	Bad Debt Expense	10648.	10648.		
d	Training Expense	8256.	8256.		<u> </u>
e	Licenses, permits & Fee	1581.		1581.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1057366.	823347.	234019.	0
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation				Form 990 (200

832010 12-18-08

Par	tΧ	Balance Sheet		·						
					(A) Beginning of year	'	(B) End of	year		
	1	Cash - non-interest-bearing .			16130.	1		246	29.	
	2	Savings and temporary cash investments			68618.	2		9	27.	
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			8850.	4		81	92.	
	5	Receivables from current and former officers, d	rectors	s. trustees, kev						
	•	employees, or other related parties. Complete F			,	5				
	6	Receivables from other disqualified persons (as		F**						
	·	4958(f)(1)) and persons described in section 49		t t						
		Part II of Schedule L		,,=,,		6	İ			
S	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
As	9	Prepaid expenses and deferred charges			20838.	9		80	35.	
	10a	Land, buildings, and equipment: cost basis	10a	2916247.						
		Less: accumulated depreciation. Complete								
		Part VI of Schedule D	10b	682495.	2365361.	10c	22	337	52.	
	11	Investments · publicly traded securities				11				
	12	Investments - other securities. See Part IV, line	11			12				
	13	Investments - program-related. See Part IV, line		Γ		13				
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			42904.	15		391		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2522701.	16		146		
	17	Accounts payable and accrued expenses			24089.	17		249	91.	
	18	Grants payable		18						
	19	Deferred revenue		4212.	19		87	80.		
	20	Tax-exempt bond liabilities				20				
S	21	Escrow account liability. Complete Part IV of Sc	hedule	D		21				
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,						
iabi		highest compensated employees, and disqualif	ied per	sons. Complete Part II						
		of Schedule L				22				
	23	Secured mortgages and notes payable to unrel	ated th	ird parties	890639.	23		702		
	24	Unsecured notes and loans payable		<u>_</u>		24		290		
	25	Other liabilities. Complete Part X of Schedule D		L	17768.	25			33.	
	26	Total liabilities. Add lines 17 through 25			936708.	26	9	<u>505</u>	<u>35.</u>	
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			[
es		lines 27 through 29, and lines 33 and 34.			1505000		1.2	c 4 1	2.5	
anc	27	Unrestricted net assets		-	1585993.	27	13	641	<u> 25.</u>	
Bal	28	Temporarily restricted net assets		-		28				
Net Assets or Fund Balance	29	Permanently restricted net assets				29			•	
·Fu		Organizations that do not follow SFAS 117, or	heck h	iere 🕨 🔛 and						
S OI		complete lines 30 through 34.					Ė			
set	30	Capital stock or trust principal, or current funds		., .		30				
As	31	Paid-in or capital surplus, or land, building, or e				31				
Net	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	1585993.	32	13	641	25	
_	33	Total helds and an Assact for disclarate		-	2522701.	33 34		$\frac{041}{146}$		
Day	34 + ¥1	Total liabilities and net assets/fund balances Financial Statements and Reporting		<u></u>	2322101.	34		140	00.	
1 20	<u> </u>	Financial Statements and Reporting	1		<u> </u>			Yes	No	
1	۸۵۵۵	ounting method used to prepare the Form 990:	<u></u> с	ash X Accrual	Other					
1 2a		o the organization's financial statements compile					2a		х	
b		the organization's financial statements complete the organization's financial statements audited			ocountain:		2b		X	
					shility for oversight of the	audit				
U	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?									
3.2		result of a federal award, was the organization re		•		ile Auc	dit 2c			
Ju		result of a receilal award, was the organization re and OMB Circular A-133?	,quii ou	to undergo all addit of addi	to ato soci forth in the Only	,,,,,,,,,,	3a		х	
ь		es," did the organization undergo the required au	idit or a	udits?			3b			
_	12-18		<u> </u>					990 ((2008)	
,								- 1	,	

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.

OMB No 1545-0047

Department of Internal Rever	of the Treasury nue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. ► See	separate	instruction	ons.		Open to Public Inspection
Name of t	the organizat	ion						E	mployer	identification number
		Bridgep	ort Internat	cional	Acad	emy,	Inc.		0	6-1595283
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)		
The organ	ization is not	a private foundation	because it is: (Please cl	neck only o	ne organi	zation.)				
1 📋			s, or association of chui				(b)(1)(A)(i).		
2 X			'0(b)(1)(A)(ii). (Attach So							
з 🗀			tal service organization			170(b)(1)	(A)(iii) . (At	tach Sche	dule H.)	
4	A medical recity, and state		operated in conjunction	with a hos	spital desc	rıbed ın s €	ection 170)(b)(1)(A)(i	ii). Enter	the hospital's name,
5 🗌	An organizat		benefit of a college or u	niversity o	wned or op	perated by	a govern	mental un	t describ	ped In
6 🗆			ent or governmental un	ıt describe	d in sectio	n 170/b\/	11/41/51			
7		- · ·	eives a substantial part					or from the	neneral	public described in
• 🗀	-	(b)(1)(A)(vi). (Comple		or no oupp) (1 1 1 0 1 1 1 u	govomin	orrica orrica	J. 110111 (110	gonora	pasio accomoca in
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗔			eives: (1) more than 33	•		rom contr	butions, n	nembershi	o fees. a	and aross receipts from
	•	•	nctions · subject to cert		• •				•	= -
		•	axable income (less sec	-						
		509(a)(2). (Complete	· ·		,		•	,		·
10			perated exclusively to te	est for publ	lic safety. S	See secti o	n 509(a)(4). (see ins	structions	s)
11 🔲	•	•	perated exclusively for t		•					·
	more publicly	y supported organiza	ations described in sect	ion 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(a)(3). Ch	eck the box that
			organization and comp							
	а 🔲 Туре		¬		e III - Fund		tegrated		a 🗀	☐ Type III · Other
e 🗀	By checking	this box, I certify tha	at the organization is no	t controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons other than
	foundation n	nanagers and other t	han one or more publicl	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	nis box							
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (iii) below	y, Yes No
	the gov	erning body of the s	upported organization?							11g(i)
	(ii) A famıly	member of a persor	n described in (i) above?	7						11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)
h	Provide the f	ollowing information	about the organizations	s the organ	ization su	oports.				
		T	· · · · · · ·					ı		
	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	the	(vii) Amount of
orga	anization		(described on lines 1-9		sted in your document?		r support?	(i) organiz U S	ed in the	support
			above or IRC section	Yes	No	Yes	No	Yes	No	
			(see instructions))	163	140	165	140	165	140	
					ļ					
				<u> </u>						
				 				-		
				 	 					
-				-						
Total										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Sch	edule A (Form 990 or 990-EZ) 2008						Page 2
	art II Support Schedule for)(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)			
Se	ction A. Public Support	 	· · · · · ·				
Cal	endar year (or fiscal year beginning in)▶	(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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 · 3						
5	The portion of total contributions						
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	**			-			
	Public Support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	£	.1	.t		1
		(=) 2004	(b) 200E	(-) 2006	(d) 2007	(e) 2008	(f) Total
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(0) 2007	(e) 2006	(i) rotai
_	Amounts from line 4					- 	
8	Gross income from interest,				1		
	dividends, payments received on						
	securities loans, rents, royalties				1	•	
	and income from similar sources						
9							
	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.)						
11	Total support. Add lines 7 through 10		<u></u>	1		_	<u> </u>
12	Gross receipts from related activities	, etc. (see instruct	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth t	ax year as a sect	on 501(c)(3)	. —
_	organization, check this box and sto						<u> </u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		· · -		· ·
14	Public support percentage for 2008 (line 6, column (f) d	ivided by line 11,	column (f))		14	9
15	Public support percentage from 2007	' Schedule A, Part	IV-A, line 26f			15	9
16	a 33 1/3% support test - 2008. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n	-		▶ []
ı	o 33 1/3% support test - 2007. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check tl	nis box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶ □
178	a 10% -facts-and-circumstances tes	t - 2008. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check	this box and stop l	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	d organization		▶□

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the

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

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

Part III Support Schedule for Section A. Public Support	<u>Organizations</u>	Described in	Section 509(a	(Complete only	of you checked the	box on line 9 of Part I
	4-) 0004	(L) 000F	(-) 2006	(d) 2007	(e) 2008	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2006	(i) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						-
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						-
iness under section 513						
4 Tax revenues levied for the organ- ization'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	i					
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>		
Section B. Total Support	,				-	
Calendar year (or fiscal year beginning in)▶	(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				İ		
(less section 511 taxes) from businesses acquired after June 30, 1975		_				
c 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)						
13 Total support (Add lines 9, 10c, 11, and 12)					1	
14 First five years. If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	nization,
check this box and stop here						_
Section C. Computation of Pub					 	<u> </u>
15 Public support percentage for 2008	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	
16 Public support percentage from 200					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	· ·				17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2008. If th						e 17 is not
more than 33 1/3%, check this box		-				
b 33 1/3% support tests - 2007. If th	=					
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	on did not check a	box on line 14, 19	a, or 19b, check ti	nis box and see in	structions	200 57) 200

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Employer identification number

	Bridgeport Interna	tional Academy, Inc.	06-1595283
Par			Accounts. Complete if the
<u></u>	organization answered "Yes" to Form 990, Part IV, lin		
	o, gamenta e e e e e e e e e e e e e e e e e e e		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor		
Pai			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of certified his	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a conservat	tion easement on the last day
_	of the tax year.		
	or the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c		ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		
Ū	year	woodod, oxingaloned, or terminated by the erga	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	enforcement of the conservation easements it holds?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		B)(ı)
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance sho	eet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, prov	vide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain.	
-	the following amounts required to be reported under SFAS 1	-	•
а	Revenues included in Form 990, Part VIII, line 1	•	> \$
b	Assets included in Form 990, Part X		> \$
	,		
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008

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Sche	dule D (Form 990) 2008 Bridgepo	ort Intern	atio	nal Ac	ademy,	Inc.	. 0	6-15	95283	Page 2
_	t III Organizations Maintaining C									
3	Using the organization's accession and other									
	that apply):	·		_						
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other	• • •					
c	Preservation for future generations								_	
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or									
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Trust, Escrow and Custodial		. Comp	lete if organ	ization answe	ered "Yes	to Form	990, Par	t IV, line 9,	or
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	L No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d	. <u> </u>		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	organization answe	ered "Ye	s" to Form 9	990, Part IV,	line 10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four y	ears back_
1a	Beginning of year balance									
b	Contributions			·····				, ,		
С	Investment earnings or losses						***************************************			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ►	%								
c	Term endowment ▶	%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for th	ne organiza	ation	_	
	by:								Y	es No_
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3ь	
4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.						
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.			_	
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) D	epreciation	n	(d) Book	value
	·	basıs (investr	ment)	basis	(other)					
1a	Land			1	17412.					7412.
ь	Buildings			25	46720.		48160	8.	206	5112.
	Leasehold improvements									
d	Equipment			2	14702.		17191			2786.
	Other				37413.		2897	71.		8442.
	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B),	line 10(c).)				>	223	3752.

Schedule D (Form 990) 2008

832053 12-23-08

_	dule D (Form 990) 2008 Bridgeport International Ac			06-1595283	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial	Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9	. <u>.</u>	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	4 14C++ F	10	<u> </u>	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With H	Revenue per		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1			
а	Net unrealized gains on investments	2a		4	
Ь	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV)	2d		- _	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4. 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		 	
c	Add lines 4a and 4b Tatal reviews Add lines 2 and 4a. (This should equal Form 900, Bort I, line 12.)			4c	
Pa ₁	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses pe		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		4 1	
С	Losses reported on Form 990, Part IX, line 25	2c		4 1	
d	Other (Describe in Part XIV)	2d		4 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		-1 . 1	
_	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	
	t XIV Supplemental Information	1 1:000 40 000	d 4. Don't IV Jane	4h and Ohi Davi V. Isaa	4. Dort
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	i, lines Ta and	3 4; Part IV, lines	16 and 26; Part V, line	4; Part
A, Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
	· · · · · · · · · · · · · · · · · · ·	-	•		
			·· ·		
	··· <u>-</u> ·				
832054				Schedule D (Form 9	90) 2008

12-23-08

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	Bridgeport International Academy, Inc. 06	6-159	5283	}
_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
•	other governing instrument, or in a resolution of its governing body?	1	X	
2	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 scholarship	ps? 2	X	
3	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 that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	X	<u> </u>
	The policy of nondiscrimination is publicized on the website,			
	in publications, and in correspondence of the school.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?) 4b	X	ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with students	t		
	admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		—		
5	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	5a	+	X
ь	Admissions policies?	5b	+	X
C	Employment of faculty or administrative staff?	5c	-	X
	Scholarships or other financial assistance?	5d	+	X
	Educational policies?	<u>5e</u>	-	
f	Use of facilities?	<u>5f</u>	+	X
_	Athletic programs?	5 <u>g</u>	+-	X
h	Other extracurricular activities?	5h	-	^
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
8 -	Does the evaporation receive any financial aid or exciptance from a coveremental economic	-	Х	Ì
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	A -	Х
D	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. Statement		+	<u> </u>
7	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	,	X	Ì
НΔ	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule E (Form	n 990 or (1 2009
	Schedule E (FOII	11 330 01 8	,,,,-LZ	, 2000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Bridgeport International Academy, Inc.

Employer identification number 0.6-1595283

Bilddeboic international noddemy inc. 10133200
Form 990, Part I, Line 1, Description of Organization Mission:
and a positive learning environment for domestic and international
students.
Form 990, Part III, Line 1, Description of Organization Mission:
The Academy seeks to achieve these goals by offering a knowledgeable
and culturally diverse faculty and staff and a holistic, educational
experience, which emphasizes the study of core subjects, oral and
written communication, technological skills, character education,
community service, physical education, the arts, and extracurricular
activities.
Form 990, Part VI, Section A, line 2: Our President and Director, Hugh
Spurgin, is married to our Principal and Director, Nora Spurgin.
Our Vice President and Director, Marie Ang, is married to our Director
Edwin Ang.
Our Director, Elizabeth Jones, is married to our Director Farley Jones.
Form 990, Part VI, Section A, line 10: Our 990 is emailed to all members
of our Board of Directors for their review and comment, before it is filed.
Form 990, Part VI, Section B, Line 12c: All officers and directors are
required to annually affirm that they are in compliance with our conflict
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Bridgeport International Academy, Inc.	Employer identification number 06-1595283
of interest policy, and the Board monitors the annual aff	irmations.
Form 990, Part VI, Section B, Line 15: The Board approves	s the salaries of
our top management, which are considerably below the mark	et rates for
comparable positions.	
	.
Form 990, Part VI, Section C, Line 19: Copies of our 990	and governing
documents are available to the public upon request.	

iblia,

SCHEDULE R (Form 990) Department of the Treasury	► Attach to Form 990. To	Related Organizations and Unrelated Partnerships ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.	Related Organizations and Unrelated Partnerships d by organizations that answered "Yes" to Form 990. ►	, Part IV, lines 33, (34, 35, 36, or 37.	OMB No. 1545-004 2008 Open to Publi
Name of the organization	Bridgeport	International Academy,	Inc.		<u>E</u>	Employer identification numb 06–1595283
Part f Identificatio	Identification of Disregarded Entities					
Name of d	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Seaside Institute, LLC 283-285 Lafayette Street	e, LLC e Street 06604	Boarding for faculty and		111432.	1607112	
demer CT	ional House, LLC e Avenue 06604	Boarding for faculty and students		54920.		
ademy te St CT	reet	currently no activity		0	0	
Part II Identificatio	Identification of Related Tax-Exempt Organizations	tions				
Name of re	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
					:	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

06-1595283

Page 2

Schedule R (Form 990) 2008 Bridgeport International Academy, Inc.

Part III Identification of Related Organizations Taxable as a Partnership

No ocean	l	
General managin partner		
(I) (J) (J) (J) (J) (J) (J) (J) (J) (J) (J		
(H) Disproportionate allocations?		
(G) Share of end-of-year assets		
(F) Share of total Income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicite (state or foreign country)		:
(B) Primary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(3)	(0)	(E)	(7)	(5)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Sha	Share of end-of-year assets	Percentage ownership
					-		
832162 12-23-08	25	2				Schedule R (Form 990) 2008	m 990) 2008

Page 3

Schedule R (Form 990) 2008 Bridgeport International Academy, Inc.

izations
Organi
Related
With
Transactions
Part V

				⊢
Note. Co	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	ĝ
- E	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rece	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift,	Gift, grant, or capital contribution to other organization(s)		1b	×
c Giff,	Gift, grant, or capital contribution from other organization(s)		1	×
- To	Loans or loan migrantees to or for other organization(s)		7	×
			7	×
e Loa	Loans of loan guarantees by other organization(s)		<u> </u>	•
f Sale	Sale of assets to other organization(s)		11	×
g Purc	Purchase of assets from other organization(s)		0	×
	Exchange of assets		÷	×
			;	>
- Lea	Lease of facilities, equipment, of other assets to other organization(s)		=	4
-	ease of facilities equinoment or other assets from other organization(s)		-	×
, Dorf.	Deformance of sensings or membership of findfasing callettations for other organization(s)		¥ .	×
	Performance of services or membership or fundrations by other organization(s)		= =	×
. 2	Charing of facilities an incharacter mailing lists or other assets		£	×
<u> </u>	וווון לי ומלווונים, לקטורוניון ווימווון וויזים, עו לתופן מסטמנס			;
n Shar	Sharing of paid employees		-	×
o Rein	Reimbursement paid to other organization for expenses		10	×
p Rein	Reimbursement paid by other organization for expenses		1p	×
Ę,	Other transfer of cash or property to other organization(s)		5	×
	Other transfer of cash or property from other organization(s)		-	×
, if th	or mariner or occur of the chair of the contraction for information on who must complete the last contract selections and transcolutes the	40 CA CO CA CA CA CA CA CA CA CA CA CA CA CA CA	 - -	
1	II (THE ATISMET TO ATIV OF THE ADDIVERS.) SEE THE INSTRUCTIONS OF INFORMATION OF WHO THUS COMPLETE THIS THIS THEY INCLUDING COVERED FEATURES AND TRANSPORTED AND THE ADDIVERSIONS THEY WAS A TO THE ADDIVERSION OF THE ADDIVER	triresriolds.		
		(B)	(C)	7
	Name of other organization(s) type (type (a-r)		2
Ξ		<u> </u>		
				1
<u>8</u>				
(3)				
9				
(2)				
(9)				
832163 12-23-08	256	Schedul	Schedule R (Form 990) 2008) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

inal was not a related organization ded instructions regarding exclusion to deficial investment partitionings			ć	į	٤	S	
3	<u>(</u>	2	€	<u> </u>	Ē	2	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No		Yes No	(Form 1065)	1 1
			•	-			
							-
							-
					- -		-
		:			_		
	-						
							•

Schedule R (Form 990) 2008

Schedule E

Government Financial Assistance Statement Line 6

Statement

We receive funds from the U.S. government's "No Child Left Behind" program, that are sent to us through the Bridgeport Public Schools.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Sequence No 67

Form 990 Page 10 06-1595283 Bridgeport International Academy, Inc. Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions.) **Section A** 197167 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed only - see instructions) in service 5357 3 Yrs. HY SL 893 19a 3-year property 600 HY SL Yrs. 5-year property Ь 42309 Yrs. HY SL 7-year property C d 10-year property 15-year property e 20-year property f 25-year property 25 yrs. S/L q 27.5 yrs. MM S/L h Residential rental property ММ S/L 27.5 yrs. MM S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV | Summary (See Instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 201142. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 816251 11-08-08 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2008)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

Casti	through (c) of 3 on A - Depreciation a		of Section B, a					r limi	to fo	or nasseno	er auton	nobiles l				
	·						res [$\overline{}$	No					ton2	Yes	No
	4a Do you have evidence to support the business/investm (a)			(d) Cost or		Ba	(e) Basis for depred (business/invest use only)		ciation Recovery		(g)		(h) Depreciation deduction		(i) Elected section 179 cost	
25 S	pecial depreciation all	owance for q	ualified listed p	property	y placed	ın serv	ice dur	ıng tl	he ta	ax year an	d			-		
u	sed more than 50% in	a qualified b	usiness use			_						25			<u> </u>	
26 P	roperty used more that	ın 50% ın a c	qualified busine	ss use	<u> </u>	_ ,				·			r			
			9	6							<u>.</u>					
	<u> </u>		9	6		_										
		<u> </u>	9	6							L					
27 P	roperty used 50% or I	ess in a quali	ified business i	use:											·····	
		<u> </u>	9	6		-					S/L·					
			9	6							S/L·					
		<u> </u>	_ 9	6						<u>L</u>	S/L·		ļ			
28 A	dd amounts in columr	n (h), lines 25	through 27. Er	nter her	re and or	line 2	1, page	1				28	l <u> </u>		ļ	
<u>29 A</u>	dd amounts in columr	ı (i), lıne 26. E			7, page B - Infor									29	<u> </u>	
If you	plete this section for ve provided vehicles to y evehicles.	ehicles used your employe	by a sole propees, first answe	netor, per the q	partner, c	or other	"more tion C1	than to se	5% e if y	6 owner," 6 you meet 6	an excer	otion to	n. complet	ing this s	,	
_					(a)		(b)		(c) Vehicle		(d) Vehicle		(e)		(f)	
	Total business/investment miles driven during the			Vehicle		V6	Vehicle		Vehicle		Vehicle		Vehicle		Vehicle	
-	ear (do not include com	-						-					 		_	
	otal commuting miles							_			ļ					
	otal other personal (no	ncommuting	j) miles													
-	riven		ŀ		 -			+						-		
	otal miles driven durin															
	dd lines 30 through 32				T	 -	Т	-		Т	<u> </u>		 	T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Vas the vehicle availab	le for person	ial use	Yes	No	Yes	No	`	Yes	No No	Yes	No	Yes	No	Yes	<u>No</u>
	luring off-duty hours?				 			+		_		ļ	<u> </u>	 		
	Vas the vehicle used p		more		1											
	han 5% owner or relate	•					+	+								
	s another vehicle availa	able for perso	onai		1											
u	se?	Cardian O	0	F		/h - D-		<u> </u>		doc Hoo b	. Their l					
	ver these questions to		- Questions for you meet an expense of the control											re not m	ore than	5%
	o you maintain a writte	en policy stat	tement that pro	ohibits a	all persor	nal use	of veh	ıcles,	, inc	luding cor	nmuting	, by you	r		Yes	No
е	mployees?		·							_						
38 D	o you maintain a writte	en policy stat	tement that pro	ohibits j	personal	use of	vehicle	s, ex	сер	ot commut	ing, by y	our				
е	mployees? See the ins	structions for	vehicles used	by corp	porate of	ficers,	dırecto	rs, o	r 1%	6 or more	owners					
39 D	o you treat all use of v	rehicles by er	mployees as pe	ersonal	use?											
40 D	o you provide more th	an five vehic	les to your emp	ployees	, obtain	ınforma	ation fro	om y	our e	employee:	s about					
tł	ne use of the vehicles,	and retain th	ie information i	eceive	d?											
41 D	o you meet the require	ements conc	erning qualified	dautom	nobile de	monstr	ation u	se?								<u> </u>
N	lote: If your answer to	37, 38, 39, 4	0, or 41 is "Yes	," do n	ot compi	lete Se	ction B	for t	he c	covered ve	hicles.					<u> </u>
Par	t VI Amortization															_
	(a) Description o	of costs		(b) mortization legins		(c) Amortiza amoui	able			(d) Code section		(e) Amortiza period or per		A fc	(f) Amortization for this year	
42 A	mortization of costs th	nat begins du	ırıng your 2008	tax ye	ar:											
43 A	mortization of costs th	nat began be	fore your 2008	tax yea	ar								43			534.
44 Total. Add amounts in column (f) See the instructions for where to report 44										2534.						
816252	2 11-08-08													F	orm 456 2	2 (2008)

Form 8868 (Rev 4-2009) Page 2										
• Jf y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ОX		ightharpoons						
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	8868							
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	_								
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).										
Туре	Name of Exempt Organization	Empl	loyer identif	ication number						
print	Bridgeport International Academy, Inc.	0	6-1595	283						
File by extended due dat	Number, street, and room or suite no. If a P.O. box, see instructions.	For II	RS use only							
filing the return of instruct	See City, town or post office, state, and ZIP code For a foreign address, see instructions.									
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069										
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.										
Dr. Hugh Spurgin • The books are in the care of ▶ 285 Lafayette Street - Bridgeport, CT 06604										
Telephone No. ► 203-334-3434 FAX No ► 203-334-8651										
• If t	he organization does not have an office or place of business in the United States, check this box			•						
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the									
box		memb	ers the exte	nsion is for.						
	I request an additional 3-month extension of time until May 15, 2010	TIINT	20 2	000						
5	For calendar year, or other tax year beginning	$\overline{}$								
6 7	If this tax year is for less than 12 months, check reason: Initial return Final return	ш	Change in a	ccounting period						
,	State in detail why you need the extension We are waiting for information from third parties so t	hat	we ca	n						
	answer all questions on Form 990.			<u> </u>						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	nonrefundable credits. See instructions.	8a	\$							
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid									
	previously with Form 8868.	8b_	\$							
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			4-						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A						
	Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form										
tt is true, correct, and complete, and that I am authorized to prepare this form Signature ► Hugh L. Shwan Title ► President Date ► 2-20-10										

Form **8868** (Rev 4-2009)