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Form **990**

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

2008

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea	ir, or tax year beginning 07-01	-2008 and ending 06-30-200	19				
_		pplicable	Please	C Name of organization BRIDGE COMMUNITIES INC		tification number				
_	dress ch	-	use IRS label or	Doing Business As		36-3705951 E Telephone number				
Na	me char	nge	print or type. See	boing business As						
Ini	tıal retur	rn	Specific Instruc-		f mail is not delivered to street addre	ess) Room/suite	(630) 545-0 G Gross receipts			
Te	mınatıoı	n	tions.	505 Crescent Boulevard			d dioss receipts	φ 2,400,013		
- Am	nended r	return		City or town, state or country, ar Glen Ellyn, IL 60137	nd ZIP + 4		1			
Ap	plication	pending		Gien Ellyn, 1E 60137						
			F Nar	me and address of Principal Of	fficer	H(a) Is th	s a group return i			
				MILLIGAN rescent Boulevard		affilia		⊤Yes ▼ No		
				llyn,IL 60137	H(b) Are al	H(b) Are all affiliates included?				
Та	x-exem	pt status	▽ 501(c))(3) ◀(Insert no)			See instructions)			
w	eb site	e: 🕨 www	v BridgeCo	ommunities org		H(c) Grou	ıp Exemption Nun	nber 🕨		
€ Тур	e of org	anızatıon	Corporat	tion trust association other	>	L Year of Fo	ormation 1990 M S	itate of legal domicile IL		
Pa	rt I	Sumi	marv							
				ne organization's mission or mo	ost significant activities					
ų		TO PRO	VIDE SEF	RVICES AND OPPORTUNITI	ES FOR HOMELESS FAMILIE	S				
<u>≥</u>										
Ĭ										
soveniance	1		,	if the organization discontinue						
	1		_	members of the governing bod				18		
ß	1			ndent voting members of the g		b)		<u>16</u> 26		
ACUMINES &				mployees (Part V , line 2a) . olunteers (estimate if necessa			5 _			
3				ited business revenue from Pa			0 <u> </u>	10,257		
•				iness taxable income from For	•	7a _ 7b	134			
	+ -					Prie	or Year	Current Year		
an.	8	Contri	butions and	d grants (Part VIII, line 1h)			2,471,183	1,493,132		
	9	Progra	m service	revenue (Part VIII, line 2g)		647,229	937,437			
Revenue	10	Invest	ment incor	me (Part VIII, column (A), line		5,779	554			
Ä	11	Other	revenue (P	art VIII, column (A), lines 5,		32,186	32,557			
	12	Total r 12)	evenue—a	dd lines 8 through 11 (must e	qual Part VIII, column (A), lır	ne	3,156,377	2,463,680		
	13	Grants	and simila	ar amounts paıd (Part IX, colu	mn (A), lines 1-3)		150,800	133,400		
	14	Benefit	ts paid to c	or for members (Part IX, colum	nn (A), line 4)			0		
ø	15		s, other co	ompensation, employee benefi	ts (Part IX, column (A), lines	5 –	565,489	715,244		
Expenses	16a	10)	cional fund	draising fees (Part IX, column	(A) line 11e)		303,489	713,244		
<u>Φ</u>	ь			penses, Part IX, column (D), line 25			<u> </u>			
Ф	17		-	(Part IX, column (D), line 25	,		1,450,064	1,351,776		
	18		•	-add lines 13–17 (must equal			2,166,353	2,200,420		
	19			penses Subtract line 18 from			990,024	263,260		
8 % %						Beginn	ing of Year	End of Year		
9 4 9 4 9 4	20	Totala	ıssets (Paı	rt X, line 16)			8,381,094	8,675,032		
18a	21			Part X, line 26)			3,401,951	3,432,629		
net Assers of Fund Bafamoes	22		•	nd balances Subtract line 21 f	rom line 20		4,979,143	5,242,403		
	rt II		ature Bl				. ,	, , , , , , , , , , , , , , , , , , , ,		
		Under p	enalties of pe	erjury, I declare that I have examine correct, and complete Declaration of						
Plea		****	**			2010	-02-12			
Sigr		Signa	ature of office	er		Date				
ler•	c		K MILLIGAN F							
	-	Type	or print nam	ne and title						
		Preparer'		ret McGinnis	Date	Check If self-	Preparer's PTIN (S	See Gen Inst)		
Paid		signature	· F manya			empolyed F				
•	arer's		me (or your	SELDEN FOX LTD	<u> </u>		EIN Þ			
Jse (Only		and ZIP + 4	619 ENTERPRISE DRIVE						
				OAK BROOK, IL 605238835			Phone no ▶ (63	0) 954-1400		
/av	the IDS	S discus	s this retu	irn with the preparer shown abo	ove2 (See instructions)			Vas ENO		

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

1	Briefly describe the organization's mission				
•	TO provide services and opportunities FOR F	OMELESS FAMILIES, TO collabo	orate with faith-based partne	rs, community groups and bu	sinesses to leverage resources and
	create long-term solutions, and TO lead by				
2	Did the organization undertake any	sıgnıfıcant program servı	ces during the year whi	ch were not listed on	
	the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new servic	es on Schedule O			
3	Did the organization cease conduct	ing or make significant cl	nanges in how it conduc	ts any program	┌ Yes ┌ No
	services?				i fes i No
_					
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organiza				
	others, the total expenses, and rev			it the amount of grants a	ind anocations to
4a	(Code) (Expense	s \$ 1,832,418 ır	cluding grants of \$	133,400) (Revenue \$	133,400)
	temporary housing FOR homeless families	, INCLUDING COUNSELING and	d other support to direct fami	ilies toward independence	
4b	(Code) (Expense	s \$ ind	cluding grants of \$) (Revenue \$)
4c	(Code) (Expense	s \$ ind	cluding grants of \$) (Revenue \$)
4d	Other program services (Describ	e in Schedule O)			
	(Expenses \$	including grants of \$)) (Revenue \$)
4e	Total program service expenses \$		Must equal Part IX, Line		·
		1,002,110		,,, (-),	

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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 located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	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		Νο
22	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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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 person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i>	200		140
	complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

12. Enter the number reported in Box 3 of From 1996, Annual Summery and Transmitted of U.S. Internation Returns. Circle 40-01 miles along the services of the sugarization of the sugariza				Yes	No
b Enter the number of Forms W-2G included in line 1s Enter-0- If not applicable 1s	1a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable by the organization comply with backup withholding rules for reportable parming fearing landing with most to prace wherein? 22 Enter the number of employees reported on Form W-3, Transmitted of Mage and Taw Statements the fear the calendar year anding with or within the year covered by this return. 25 Estatements life for the calendar year and may with or within the year covered by this return. 26 If at least one is reported in 2a, did the organization file all required federal employment tax returns? 27 Note: The sum of hims 1a and 2 as a greater than 250, you may be required to e-file this return. 28 If Yes, "has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0. 29 If Yes, "has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0. 30 If Yes, "has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0. 31 If Yes, "has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0. 32 If 'Yes, "in a significant of the secondary year, and the organization have an interest in, or a signature or other authority over, a framenic all account in a foreign country (such as a bank account, securities account, or other account) over, a framenic all accounts in a foreign country (such as a bank account, securities account, or other account) over, and the foreign account or a foreign country (such as a bank account, securities account, or other security over, a framenic all country and a prohibited tax sheller transaction? 32 If 'Yes,' indicate the number of foreign 888-5-7, Organization at any time during the tax year? 33 If yes a security of the organization file form 888-7-7, Organization and any security of prohibited fax sheller transaction? 34 If 'Yes,' indicate the great part of the value of the goods or services provided? 35 If yes, indicate the number of forms 888-7-7, Organization and accountry of the security					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable against (gambling) winnings to prize winners? 22 Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements flea for the calendar year ending with or within the year covered by this return. 24 Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements flea for the calendar year ending with or within the year covered by this return. 25 It fless to see in perported in 2, did the organization fles all required federal employment tax returns? 26 It fless to see in perported in 2, did the organization fless in required federal employment tax returns? 27 Note: If the and or lines is and 2 as greater than 250, year may be required federal employment tax returns? 28 It fless to see in exported in 2, did the organization have an interest in, or a significant or other submority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the companization approach of the organization and property of the companization and property for which it was required to file form 2522? 29 Did the organization and provide poods or services in exchange for any could property for which it was required to file form 2522? 30 If If Yes, "did the organization high the donor of the value of the goods or services provided? 31 Did the organization and provide property, did the organization file form 5639 is required.	h				
gamma (gambing) winnings to prize winners? 25. Einst reht number of employees reported on Form W-3, Transmittal of Wage and Tar Statements filed for the calendar year ending with or within the year covered by this return. 26. It is teast one is reported in 2a, did the organization file all required federal employment tax returns? 36. Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return. 37. Did the organization have unreliated business gross income of \$1,000 or more during the relational regular tax returns? 38. Ves. 39. If 'Yes,' has it filed a Form 990-T for this year? If 'Wo,' 'provide an explanation in Schedule O. 30. If 'Yes,' an additional regular tax shall require the calendar year, did the organization have an interest in role as inginature or other authority over, a financial account; 39. Yes. 49. If 'Yes,' return the name of the foreign country (such as a bank account, securities account, or other financial accounts.' See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Glenk and Annacial Accounts. 59. Was the organization aparty to a prohibited tax shelter transaction? 50. Did the organization sparty to a prohibited tax shelter transaction? 50. Did the organization solicit any contributions that were not tax deductible? 50. Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 50. Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 51. If 'Yes,' indicate the number of Forms \$282 filed duming the year provided? 52. Organization staff any exceeve deductible contributions under section 170(c). 51. If yes,' indicate the number of Forms \$282 filed duming the year provided? 52. Organization and form year year provided and section \$290 year year. 53. No. If yes in the organization make any time duming the year provided? 54. Organization make any time duming the year pr					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements 10 feet for the calendar year ending with or within the year ocvered by this 2a 2	c		4.	V	
Statements filed for the calendar year ending with or within the year covered by this return? All at least one is reported in 24, did the organization his all required federal employment tax returns? Note: If the sum of lines I a and 24 is greater than 250, you may be required to e-file this return? All of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? By the sum of lines I are and 24 is greater than 250, you may be required to e-file this return? All any time during the calendar year, did the organization was an interest in, or a signature or other authority over, a financial account; in foreign country (such as a bank account, so either financial account; or other authority over, a financial account; or other financial account; or o	22		10	res	
b If the sext one is reported in 2a, did the organization file all required federal employment tax returns? Notes! Notes! file sum of lines I a and 2 als greater than 250, you may be required to e-file this return. Did the organization have unrelated bus inses gross income of \$1,000 or more during the year covered by this return? If Yes, has it filed a Form 930-T for this year? If No, provide an explanation in Schedule 0. 3a Yes If Yes, has it filed a Form 930-T for this year? If No, provide an explanation in Schedule 0. 3b Yes 1a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts.) 1b If Yes, anter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 1b If Yes, to See or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 1b Yes, to See or 5b, did the organization like Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 1b If Yes, to See or 5b, did the organization like Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 1c Yes, to See or 5b, did the organization in like with every solicitation an express statement that such contributions or gits were not tax deductible? 1c Did the organization provide goods or services in exchange for any rule organization of \$75 or more? 7c Did the organization organization in the form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 7c In No more? 7c Did the organization organization in the form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 7c In No Mines Provided Transaction organization in the form 8886-T, Disclosure that the sex of the provided Tax Shelter Transaction? 7c In	2 a	Statements filed for the calendar year ending with or within the year covered by this			
Note: If the sum of lines I a and Ze is present than 250, you may be required to e-file this enturn. 3 but the organization have unrelated business gross income of \$1,000 or more during the year covered by this settin? 3 but the organization in Service (and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts). 5 lif Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts). 5 was the organization a party to a prohibited tax shelter transaction? 5 lif Yes, accounts of the argument of the foreign accountry (such as a party to a prohibited tax shelter transaction? 5 lif Yes, did the organization file Form 8386-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 lif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 lif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 lif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 lif Yes, did the organization notify the donor of the value of the goods or services provided? 10 life the organization provide goods or services in exchange for any guid proquio contribution of \$7.5 or more? 11 life form \$2.82? 12 life the organization of the service of the service of the service of the service of the organization					
3a Ves return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, southers account, or other financial account in a foreign country (such as a bank account, southers account)? 5b If "Yes," enter the name of the foreign country Sea the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Rinancial Accounts. 5b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization of party to a prohibited tax sheller transaction? 6c If "Yes," to Sa or Sb, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 9d Did the organization solicit, exchange, or otherwise dispose of rangible personal property for which it was required to life form 8885-T (miles) and the organization include with every solicitation and expression property for which it was required to life form 2882? 1b If "Yes," did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d No If "Yes," indirected the number of Forms 2822 filed during the year for indirectly, on a personal benefit contract? 7d No If the organization of qualified intellectual property, did the organization file a form 1008-C	b		2b	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule C. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. 5b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxeble party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c In the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 5c In the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 5c In the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 5c In the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 5d If "Yes," indicate the number of forms 8282 filed during the year. 5d If Yes, indicate the number of forms 8282 filed during the year. 5d In the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 5d Port all contributions of cars, boats, airplanes, and other vehicles, did the organization file Form 8999 as required? 5d Section \$01(c)(3) and other sponsoring organizations maintaining donor advised funds and section \$09(s)(3) supporting organizations. Enter 5d In the organization make a distribution to donor, donor advised funds. 5d Poss income from members or shareholders. 5d Po	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_		
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82.82?	а		7a		No
file Form 8282?					
d If "Yes," indicate the number of Forms 8282 filed during the year	С				N.o.
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	d				110
benefit contract?					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	е		7e		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	f				
Required?	g		7g	Yes	
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)	a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

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

Section A.	Governing	Body and	Management	

			Yes	No			
	For each "Yes" response to lines 2-7 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 18						
b	Enter the number of voting members that are independent 16						
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?						
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? .						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo			
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?	9b					
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	Yes				
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		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply won website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 505 Crescent Boulevard Glen Ellyn, IL 60137 (630) 545-0610

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply) (F)							(F)				
(A) Name and Title (B) A verage hours per week (B) A verage hours per week (C) Reportable compensation from the organization (W-2/1099MISC) (C) Reportable compensation from the organization (W-2/1099-MISC) (B) A verage hours per week										or	Estima mount of compens from t rganizati relate organiza	other ation he on and	
											+		
		<u> </u>	<u>.</u>	<u> </u>				▶	137,402	<u> </u> 2	0		35,920
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable													
2		g those ın 1								<u> </u>			
2	Total number of individuals (includin compensation from the organization)	g those ın 1								<u> </u>		1	
	compensation from the organization	g those in 1 ▶0	a) who	recei	ved	mor	e than	n \$1	00,000 in reportab	de		Yes	No
3		g those in 1 ►0 officer, direc	a) who	recei	ved e, k	mor	e than	n \$1	00,000 in reportable	de	3	Yes	No No
	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 ▶0 officer, direc le J for such	a) who	recei ruste <i>ual</i> .	e, k	ey e	mploy ation a	ree,	or highest compens	sated employee		Yes	No
3 4	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of s greater th	a) who tor or t individu reporta nan \$15	ruste	e, k	ey e	mploy ation a	ee,	or highest compens other compensation lete Schedule J for su	sated employee n from the	3	Yes	
3	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, direct le J for such the sum of ns greater th ever accre	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	mploy ation aes," cc	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee in from the ich for services		Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of s greater th vive or accru ," complete s	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	mploy ation aes," cc	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee in from the ich for services	4	Yes	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th enve or accru ," complete so	a) who	ruste ual ble c 0,00 e oensa	e, k	ey e eey e fror ch pe	mploy ation aes," cc n any	ee, and omp	or highest compens or highest compens other compensation lete Schedule J for su other compensation	sated employee in from the ich for services	4	Yes	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th enve or accru ," complete so	a) who	ruste ual ble c 0,00 censa	e, k	ey e eey e fror ch pe	mploy ation aes," cc n any	ee, and omp	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services	4	Yes (C	No No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th enve or accru ," complete so ctors nest comper organizatio (A)	a) who	ruste ual ble c 0,00 censa	e, k	ey e eey e fror ch pe	mploy ation aes," cc n any	ee, and omp	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services re than	4	(с	No No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th enve or accru ," complete so ctors nest comper organizatio (A)	a) who	ruste ual ble c 0,00 censa	e, k	ey e eey e fror ch pe	mploy ation aes," cc n any	ee, and omp	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services re than	4	(с	No No

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt	(C) Unrelated Business	(D) Revenue Excluded from
					Function Revenue	Revenue	Tax under IRC 512, 513, or 514
14 -	1a	Federated campaigns 1	а		No volido		012,010,0.01.
ants	b	Membership dues 11					
₽ĕ	c	Fundraising events	229,861				
र्ड ¥ ¥	d	Related organizations					
s,≅ E,∰	e	Government grants (contributions) 16					
흔	f	All other contributions, gifts, grants, and	888,646	i			
Contributions, gifts, grants and other similar amounts		sımılar amounts not ıncluded above					
E E	g	Noncash contributions included in lines 1a-1f \$133,400					
O a	h	Total (Add lines 1a-1f)		1,493,132			
			Business Code				
anna	2a	RENT/PROGRAM PARTNERS	531,110	670,000	670,000		
Reve	ь	RENT/FROM PARTICIPNTS	531,110	267,437	267,437		
es	С		-				
Ker∎	d e		-				
an	f	All other program service revenue					
Program Serwce Revenue							
	g	Total. Add lines 2a-2f					
	3	Investment income (including div	· · · · · · · · · · · · · · · · · · ·	554			554
		other similar amounts)	► [554			354
	4	Income from investment of tax-exempt l	oond proceeds				
	5	Royalties	(u) Paragrah				
	6a	(1) Real Gross Rents 33,396	(II) Personal				
	ь	Less rental 23,139 expenses					
	c	Rental income 10,257 or (loss)					
	d	Net rental income or (loss)		10,257		10,257	
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	с	Sales expenses Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
	8a	Gross income from fundraising	i i				
		events (not including \$					
ıue		of contributions reported on line					
 }		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ά		\$15,000	223,001				
Other Revenue	b c	Less direct expensesb Net income or (loss) from fundrais					
0	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		a					
	b c	Less direct expensesb Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<u>►</u>				
	100	returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	22,300	22,300		
	b c		-				
		All other rangemen	-				
	d e	All other revenue Total. Add lines 11a-11d					
	12		\$ 22,300	2,463,680	959,737	10,257	554
	**	Total Revenue. Add lines 1h, 2g, 8c,		2, .33,000	555,157	10,237	334
	J	9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 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	133,400	133,400		
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, trustees, and key employees	166,774	130,252	12,340	24,182
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	474,534	369,788		69,352
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,271	21,196	232	3,843
9	Other employee benefits				
10	Payroll taxes	48,665	37,618	3,650	7,397
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,808		4,808	
c	Accounting	23,484		23,484	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	58,686	6,784	44,770	7,132
12	Advertising and promotion	57,970			57,970
13	Office expenses	70,968	45,406	10,400	15,162
14	Information technology				
15	·				
16	Occupancy	643,711	627,729	15,982	
17 18	Payments of travel or entertainment expenses for any Federal,	13,624	12,575		1,049
4.0	state or local public officials				
19	Conferences, conventions and meetings	00.426	62.052	25.072	
20	Interest	88,126	63,053	25,073	
21 22	Payments to affiliates	153,252	153,252		
23	Insurance	94,887	90,333	1,518	3,036
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)	54,007	50,555	1,310	3,030
а	TAXES PAID	392	392		
b		48,149	48,149		
c	A utomobile REPAIRS	25,731	25,731		
d	Volunteer RECOGNITION	24,363	24,363		_
e	Tutoring Supplies	17,525	17,525		_
f	All other expenses	26,100	24,872	614	614
25	Total functional expenses. Add lines 1 through 24f	2,200,420	1,832,418	178,265	189,737
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				990 (2008)

	Part X	Balance	Sheet
--	--------	---------	-------

					(A) Beginning of year		(E	-
	1	Cash—non-interest-bearing			98,526	1		286,048
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			203,500	3		388,958
	4	Accounts receivable, net			77,700	4		75,619
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		es or		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges			7,095	9		40,222
Assets	10a	Land, buildings, and equipment cost basis	10a	9,137,908				
*	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,292,150	7,957,811	10c		7,845,758
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	rt VII of		27,877	12		20,697
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			8,585	15		17,730
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,381,094	16		8,675,032
	17	Accounts payable and accrued expenses			154,456	17		166,477
	18	Grants payable				18		
	19	Deferred revenue			1,115,980	19		1,078,877
	20	Tax-exempt bond liabilities			20			
es	21	Escrow account liability Complete Part IV of Schedule D		166,492	21		249,203	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third parties			1,913,955	23		1,886,349
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			51,068	25		51,723
	26	Total liabilities. Add lines 17 through 25			3,401,951	26		3,432,629
		Organizations that follow SFAS 117, check here ▶ 🔽 and compl	ete lines 27					
ф		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			3,918,176	27		3,976,626
<u>В</u>	28	Temporarily restricted net assets			1,060,967	28		1,265,777
Fund	29	Permanently restricted net assets				29		
or Fu		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	d complet e					
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		_
Ą	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		
Net	33	Total net assets or fund balances		4,979,143	33		5,242,403	
_	34	Total liabilities and net assets/fund balances			8,381,094	34		8,675,032
Da	rt XI	Financial Statements and Reporting						
	-C-\\-	. mandar otatements and reporting					Yes	No

Deat VI	Financial Chatamanta and Banautine	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

As Filed Data -

DLN: 93493043020210

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Open to Public Inspection

BRIDG	E COM	MUNITIES INC											
									-370595				
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)			
The o	rganı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)					
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed ir	Section :	170(b)(1)	(A)(i).				
2	Γ	A school de	escribed in Sec t	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)							
3	\sqcap	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(O(b)(1)(A)(iii). (Attach Schedule H)					
4	\sqcap	A medical i	esearch organi	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's r	name, city, and	state									
5	\sqcap	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın		
		Section 170)(b)(1)(A)(iv).	(Complete Part II)									
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).				
7		An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	3	
		described i	n Sect ion 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipts fro	m activities re	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta:	x) from bu	sınesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509	(a)(4). (S	ee instruc	tions)		
11	Г			and operated exclusively fo									
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check	
						- Function			'' d	Гтуре	III - Ot	her	
e	Г	·		rtify that the organization is						re disqual	ıfıed pers	ons	
	•	•		agers and other than one or			•						
_		section 50											
f		If the organ		d a written determination fro	om the IRS	s that it is	a Type I,	lypello	r I ype III	supportir	ng organiz	zation,	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
_		following persons?											
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (III) bel	ow, the governi	ng body of the the supported	d organıza	tion?				11g	(i)		
		(ii) a famıly	/ member of a p	erson described in (i) above	1,5					11g((ii)		
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)		
h		Provide the	following infori	nation about the organizatio	ns the org	ganızatıon	supports						
				T	I		T		1		T		
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		is the	1 '	nount of	
(oorted nization		described on lines 1 - 9 above or IRC section		ation in Iisted in		inization i) of your		zation in organized	supp	יטוני	
				(See Instructions))		verning		ort?		US?			
					docui	ment?					_		
					Yes	No	Yes	No	Yes	No			

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box ol	11 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	2 050 604	1 424 064	2.010.007	2 471 102		1 402 122	10 267 070
	membership fees received (Do not	2,858,604	1,434,064	2,010,987	2,471,183		1,493,132	10,267,970
_	include any "unusual grants ")						+	
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	2,858,604	1,434,064	2,010,987	2,471,183		1,493,132	10,267,970
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							700,120
	on line 1 that exceed 2% of the amount							700,120
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							9,567,850
	4							
To	otal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	2,858,604	37,352	2,010,987	2,471,183		1,493,132	10,267,970
8	Gross income from interest, dividends,							
	payments received on securities loans,	1,415	37,352	41,957	39,184		33,950	153,858
	rents, royalties and income from similar	,	<i>'</i>	<i>'</i>	,		,	,
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
10	regularly carried on Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in	8,914	7,136	11,521	23,538		22,300	73,409
	Part IV)	′	,	,	, l		,	,
11	Total Support (Add lines 7 through 10)							10,495,237
12	Gross receipts from related activities, etc	(See instruction	<u> </u>	I		12		3,646,718
								3,040,718
13	First Five Years. If the Form 990 is for the	organization's fir	st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
	organization, check this box and stop here						•	-1
	omputation of Public Support Perc	ontago						
14	Public Support Percentage for 2008 (line 6		ad by line 11 co	Jumn (f))				
			•	numm (1))		14		91.160 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		90.120 %
16a	33 1/3% Test - 2008. If the organization die	d not check the b	oox on line 13, a	ind line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as	a publicly supp	orted organızatı	on				▶ ▽
b	33 1/3% Test - 2007. If the organization di			,	L5 is 33 1/3% o	r more	, check thi	
	box and stop here. The organization qualifie							► □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							▶ 厂
b	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fact and circu							·w ▶□
18	the organization meets the "facts and circu Private Foundation. If the organization did							F-1
	instructions	not check the bu	,, on the ro, re	, a, 100, 17 a or .	I, D, CHECK HIIS	DOX a	14 366	▶ □
								• •

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 36-3705951

Name: BRIDGE COMMUNITIES INC

Form 990, Part VII - Section Aaa

Fullii 990, Part VII - Section Ada											
		Posit t	(C tion (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Mark Milligan , President	40 00	Х		Х				70,285	0	12,623	
Joyce Hothan , Executive Director	40 00	Х		Χ				67,117	0	23,297	
Laura Allen , CHAIRPERSON	1 00	Х						0	0	0	
Kathy Favata , VICE CHAIRPERSON	1 00	Х						0	0	0	
Carol A Gavin , SECRETARY	1 00	Х						0	0	0	
Kımberly Yates , TREASURER	1 00	Х						0	0	0	
JAN BERMANN , Board Member	1 00	Х						0	0	0	
Sara Bonkowskı , Board Member	1 00	Х						0	0	0	
JENNIFER DARNELL , Board Member	1 00	Х						0	0	0	
JEFF HUPPERTZ , Board Member	1 00	Х						0	0	0	
Vicky Joseph , board Member	1 00	Х						0	0	0	
PATRICIA CARTER-LUESSENH , Board Member	1 00	Х						0	0	0	
STEPHANIE PIERCE , Board Member	1 00	X						0	0	0	
NANCY PAYNE , Board Member	1 00	Х						0	0	0	
CARL PELLETTIERI , Board Member	1 00	Х						0	0	0	
MARIA SANCHEZ , Board Member	1 00	Х						0	0	0	
ROBERT WAHLGREN , Board Member	1 00	Х						0	0	0	
MELODY WHITAKER , Board Member	1 00	X						0	0	0	

As Filed Data -

DLN: 93493043020210

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

Open to Public

ernal Revenue Service	answered "Yes," to Fo	orm 990, Part IV, line 6, 7, 8, 9, 10, 11, or	12.	Inspection
Name of the organi			Employer identific	ation number
BRIDGE COMMUNITIES	INC		36-3705951	
		dvised Funds or Other Similar F		s. Complete if the
organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and	other accounts
. Total number a	t and of year	(a) Donor advised funds	(b) Fullus allu	other accounts
	tributions to (during year)			
55 5	nts from (during year)			
	e at end of year			
_		sors in writing that the assets held in dor organization's exclusive legal control?	nor advised	┌ Yes ┌ No
used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or other	•	┌ Yes ┌ No
Part III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part I	V, line 7.
Preservati Protection Preservati Complete lines	conservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space c 2a-2d if the organization held a quali of the tax year	on or pleasure)	n historically importar ertified historic struct n of a conservation ea	ure
on the last day	or the tax year		Held at	the End of the Year
a Total number	of conservation easements		2a	
b Total acreage	restricted by conservation easement	s	2b	
c Number of co	nservation easements on a certified hi	storic structure included in (a)	2c	
d Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d	
Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization	during
the taxable yea	ar ►			
· Number of stat	es where property subject to conserva	ation easement is located 🕨		
Does the organ		the periodic monitoring, inspection, viol	ations, and	┌ Yes ┌ No
Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►	
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$	
	•	(d) above satisfy the requirements of sec	ction	┌ Yes ┌ No
In Part XIV, de balance sheet,		onservation easements in its revenue and the footnote to the organization's financia nents		and
art IIII Organ	izations Maintaining Collectio	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.
art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of pi	
b If the organizations but the but t	tion elected, as permitted under SFAS	116, to report in its revenue statement a public exhibition, education, or research i	and balance sheet wo	•
(i) Revenues I	ncluded in Form 990, Part VIII, line 1		► \$	
(ii) Assets inc	luded ın Form 990, Part X		► \$	
	tion received or held works of art, histonts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, prov	ide the
a Revenues inclu	uded in Form 990, Part VIII, line 1		► \$	
b Assets include	ed in Form 990, Part X		► \$	

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treası	ires, or Othe	er Similar Ass	ets (co	ontinued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that ar	e a significant i	use of its collectio	n	
а	Γ 1	Public exhibition		d	\sqcap	Loan or exc	hange programs	3		
b	F 9	Scholarly research		e	Γ	Other				
С	Γ	Preservation for future generations								
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v the y	further the	organızatıon's e	xempt purpose in		
5		ng the year, did the organization solicit o						nılar	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ansv	vered "Yes" to F	orm 9	90,
1a		e organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	lary	for c	ontributions	or other assets		Yes	√ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	!						
								A mo	unt	
С	Begi	inning balance					1c			
d	Addı	itions during the year					1d			
e	Dist	ributions during the year					1e			
f	Endı	ing balance					1f			
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?				<u> </u>	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	,							
Pai	rt V	Endowment Funds. Complete								
	_		(a)Current Year 27,877	(b)	Prior Y	'ear (c) Tw	o Years Back (d	Three Years Back (e)Four Y	ears Back
1a		nning of year balance	27,077							
b		tributions	-7,180							
C		stment earnings or losses	7,100							
d e		nts or scholarships								
-		programs								
f	Adm	ninistrative expenses								
g	End	ofyearbalance	20,697							
2	Prov	ide the estimated percentage of the yea	r end balance held as	;						
а	Boar	d designated or quasi-endowment 🕨	100 000 %							
b	Perm	nanent endowment 🕨								
С	Term	n endowment 🕨								
3a	A re t	there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and a	administered for	the		
	-	nization by						[_ (I)	Yes	No
		nrelated organizations			•			3a(i)		
b	` '	elated organizations es" to 3a(ii), are the related organization			 chod	ulo P2		3a(ii)	Yes	<u> </u>
4		cribe in Part XIV the intended uses of th	·							<u> </u>
	t VI						art X. line 10.			
		Description of investment	-,		(a)	Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	and					1,764,913	1,607,291	1		3,372,204
	Buildir					. ,	5,482,737	ን		4,334,444
		hold improvements					168,316			86,308
		ment					74,284			12,435
							40,367	·		40,367

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr	ıptıon		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Security Deposits	42,379		
Program partner and tenant deposits	9,344		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	51,723		

	text Reconcination of change in Net Assets from Form 550 to Financial Statemen	_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,463,680
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,200,420
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	263,260
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	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	263,260
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		2,486,819
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 23,139		
е	Add lines 2a through 2d	2e	23,139
3	Subtract line 2e from line 1	3	2,463,680
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,463,680
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per 1	
1	Total expenses and losses per audited financial statements		2,223,559
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	23,139
3	Subtract line 2e from line 1	3	2,200,420
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		2,200,420
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,200,420
	. The supplies of the supplies		2,200,120

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanat ion
Part IV, Line 2b		The CORPORATION PROVIDES ACCOUNTING SERVICES AND ACTS AS CUSTODIAN FOR CASH DEPOSITED BY FAMILIES
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION INTENDS TO BUILD UP THE ENDOWMENT FUND TO A POINT WHERE, PRIMARILY THROUGH ITS ANNUAL EARNINGS, IT WILL BE ABLE TO PROVIDE SUPPORT TO GENERAL OPERATIONS AND CAPITAL NEEDS
		PART X, LIABILITY FOR UNCERTAIN TAX POSITIONS THE CORPORATION HAS ELECTED TO DEFER IMPLEMENTATION OF FIN 48 TO NEXT YEAR AND DOES NOT EXPECT THAT ADOPTION OF FIN 48 WILL HAVE A MATERIAL EFFECT ON ITS FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS PART XII, LINE 2D CONSISTS OF RENTAL EXPENSES THAT OFFSET GROSS RENTS ON FORM 990, PART VIII PART XIII, LINE 2D CONSISTS OF RENTAL EXPENSES THAT OFFSET GROSS RENTS ON FORM 990, PART VIII

As Filed Data -

DLN: 93493043020210

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

miema	ai Revenue Service	, , ,	, ,		. ,	•	Inspection
	ne of the organization DGE COMMUNITIES	INC				' '	ntification number
						36-3705951	
Pa	rt I Fundraisir	ng Activities. Complete	e if the orga	anızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
1	Indicate whether the	e organization raised funds	through any	of the fo	ollowing activities. Che	ck all that apply	
а	Mail solicitation	ıs			Solicitation of n	on-government grants	
Ь	Email solicitatio	ns		1	· · · · · · · · · · · · · · · · · · ·	jovernment grants	
c	Phone solicitation	ons		ç	g 🔽 Special fundrais	sing events	
d	✓ In-person solici	tations					
2a b	or key employees li	I (III) A CTIVITY	or entity in entities (fun	draisers m 990- d have or	tion with professional f s) pursuant to agreeme	undraising activities? ents under which the fui	
			Yes	No		(1)	
Tota	al			-			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	æd
			(a) Event #1 SLEEP OUT	(b) Event #2 BRIDGE BLDRS FALL	(c) O ther Events	(Add col	tal Eve (a) th	
Part Expenses Revenue Direct Expenses Revenue 6 4 5 6 4 7 8 9 1 1 1 2 2 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			SA TURDA Y	EVENT	(total number)		(-)/	
dı	_		(event type) 137,917	(event type)	F7.46F	<u> </u>		0.061
Ě	1	Gross receipts	137,917	34,479	57,465			9,861
Reve	2	Less Charitable contributions	137,917	34,479	57,465			9,861
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
X	6	Rent/Facility costs						
	7	Other direct expenses						
2	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	•			
	9	Net income summary Combine li	nes 3 and 8 ın column (d))				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganızatıon answered ' ne 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
	2	Cash prizes						
cbens	3	Non-cash prizes						
ញ ក្ត	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%_ ┌ No	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
		ter the state(s) in which the organiza					Yes	No
		the organization licensed to operate No," Explain	gaming activities in each	of these states?		· 9a		\vdash
10a	— We	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	 10a		
b		Yes," Explain			,			
	_							
11 12	Is	es the organization operate gaming a the organization a grantor, beneficial	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		
	fori	med to administer charitable gaming	?			. 45		1

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493043020210 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service Name of the organization

BRIDGE COMMUNITIES INC

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

						36-3705951	
Part I General Infor	mation on Grai	nts and Assistance	1			•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grar	nts or assistance?					▼ Yes □
Form 990, Part Part IV and Sch		ny recipient that rece tional space is	ived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of second and a contractions and a contractions are a contractions and a contraction and a contraction and a contraction are a contraction are a contraction and a contraction are a contraction are a contraction and a contraction are a contraction are a contraction and a contraction are a contract		=	•		· •	•	
3 Enter total number of oth							•
For Paperwork Reduction Act No				Cat No 500551			nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
USED AUTOMOBILES	46		133,400	FAIR MARKET VALUE	USED AUTOMOBILES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 AUTOMOBILES ARE DONATED TO FAMILIES IN DUPAGE COUNTY THAT NEED TRANSPORTATION TO REACH WORK, SCHOOL, OR JOB TRAINING CASE MANAGERS ASSIST IN DETERMINING SUITABLE RECIPIENTS AND IN MONITORING USE OF THE VEHICLES TO ACHIEVE INDEPENDENCE

As Filed Data -

DLN: 93493043020210

OMB No 1545-0047

JMB NO 1545-004

2008

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization BRIDGE COMMUNITIES INC						Eı	Employer identification number					
DRIDGE C	OFFICIALITIES INC					3	6-370	595:	L			
Part I	Excess Benefit Transacti	ions (sect	tion 501(d	c)(3) and section 501	L (c)(4							
	To be completed by organization	ns that ans	wered "Yes	s" on Form 990, Part IV	, line 2	5a or 25l	o, or F	orm 9	90-EZ			
1	(a) Name of disqualified	person		(b) Des	cription	of transa	action					ected?
					'						Yes	No
										_		
										$\neg \vdash$		
2 Ent	er the amount of tax imposed on t	he organiza	ation mana	gers or disqualified pers	ons du	ring the v	ear ui	nder		•	-	
	tion 4958	_				• •	• •	-	\$			
3 Ente	er the amount of tax, if any, on lin	e 2, above,	reımburse	d by the organization .				•	\$			
Part II	<u> </u>											
	To be completed by organizat	ions that a	nswered "Y	es" on Form 990, Part	IV , line	26, or F	orm 9	90-E			38a	
	(o or				(f) (e) In Approve		•	(a)\//	rıtten	
(a) N	(a) Name of interested person and	from the		(c)O riginal principal	(d)Balance due		1 ' 1 ' 1			agree		
	purpose	<u> </u>		amount							comm	ıttee?
		То	From				Yes	No	Yes	No	Yes	No
		 										
		 										
		 										
		<u> </u>									<u> </u>	<u> </u>
otal .		<u> </u>		> \$								
art III												
	To be completed by organ					irt IV, lir	ne 27					
(1	a) Name of interested person	(b) R		between interested pe the organization	rson	(c) A m	ount	ofgra	nt or ty	pe of a	ıssısta	nce
			una	the organization								

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the organization (c) A mount of transaction (c)		(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
JOHN MULHERIN	SPOUSE OF BOARD 10,734 COMPENSATION SERVICES		COMPENSATION FOR LEGAL SERVICES		No

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DLN: 93493043020210

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M **Non-Cash Contributions** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Internal Revenue Service Name of the organization Employer identification number BRIDGE COMMUNITIES INC 36-3705951 Part T Types of Property

	Types of Freperty	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermi	ning	
	Art-Works of art	аррисавіе		1 g				
	Art—Historical treasures .							
_	=							
4	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles	Х	46	133,400	FMV WHEN CONTR	IBUTE	D	
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at					 		
	least three years from the date		•	not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
ь 31	If "Yes", describe the arrangem			roviow of any non-standard	contributions?	31	Yes	
	Does the organization have a gi						163	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not repor	t revenues ı	n Column (c) for a type of p	property for which Column (a	ı) ıs			
	checked, describe in Part II							
Ear D	anorwork Poduction Act Notice see	the Instruct	tions for Form 000	Cat No. 512271	Schodulo	M /For		2000

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.		
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	I .

As Filed Data -

DLN: 93493043020210

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization BRIDGE COMMUNITIES INC

Employer identification number 36-3705951

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT OF FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THEN ALSO APPROVED BY THE ENTIRE BOARD PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT THE JANUARY BOARD MEETING AND DECLARATIONS ARE INDIVIDUALLY SIGNED BY BOARD MEMBERS ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION FOR THE EXECUTIVE DIRECTOR AND PRESIDENT IS REVIEWED BY THE INDEPENDENT MEMBERS OF THE HUMAN RESOURCES COMMITTEE AND IS BASED ON PERFORMANCE REVIEWS, THE CORPORATION'S FINANCIAL PERFORMANCE, AND PEER COMPENSATION ANALYSIS THE HUMAN RESOURCES COMMITTEE THEN MAKES A RECOMMENDATION TO THE INDEPENDENT MEMBERS OF THE FULL BOARD OF DIRECTORS, WHICH APPROVES THE FINAL COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE CORPORATION PROVIDES A FINANCIAL SUMMARY ON ITS WEBSITE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
		FORM 990, PART XI, LINE 2C THE AUDIT COMMITTEE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED SIGNIFICANTLY FROM THE PRIOR YEAR