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Fòrm 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

Α	For th	ne 2009 ca	lendar y	year, or tax year beginnir	ng	, 2009	, and er	nding			
<u>B_</u>	Check	ıf applicable		C					D Emp	loyer ı	dentification number
	Addres	s change	Please use IRS	COMMUNITY SERVI	CE CENTER OF V	WILMORE-H	HIGH		31-1020218		
	Name (change	label or print or	BRIDGE , INC.					E Tele	phone	number
	Initial r	eturn	type.	337 E. MAIN ST							
\square	Termin	ation	See Specific	LEXINGTON, KY 4	10390						
	Amend	ed return	Instruc- tions.								kemption
Ш	Applica	tion pending							Nun		
	● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method X Cash Accrual Other (specify) ▶										
H Check ► □											janization is not
000 57 or 000											dule B (Form 990,
<u>J</u>	Tax-ex	cempt status	check or			4947(a)(1) or	527				
-	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
L	Add I	ad of Form	n 990-EZ							▶\$	92,364.
Pa	rt I	Reve	enue.	Expenses, and Cha	nges in Net Asse	ts or Fund	Balan	ces (See the	ınstru	uctic	ons for Part I.)
	1			its, grants, and similar ar						1	81,443.
	2		-	revenue including goveri		cts				2	
	3	-		s and assessments						3	
	4	Investme	•							4	21.
	1 1			om sale of assets other t	nan inventory		5a				
	l			er basis and sales expen	-		5Ь				
\$	I	_		ale of assets other than inventor)				5c	
39	6			ctivities (complete applicable pa			nina, chec	k here		*****	., .
2-8-3040	່ ີ ລ			not including \$	of contr		٠,				
સું	"	reported				ibations.	6a		}	}	
	١,	•		enses other than fundrais	ING AVDANSAS		6b			1	
JUL	l		•	from special events and activiti	- '	e 6a)				6c	
				iventory, less returns and		c oa)	7a	10,9	ann H		
\Box	1			=	anowances		7b	8.6	573.	}	
岁		Less cos		oss) from sales of invent	ony (Subtract line 7h fr	om line 7a)				7 c	2,227.
Z	ا ،	•			ory (Subtract line 75 ii	om mic 7a)			\	8	2/22/1
Ă	8	Other reven	•		7 0			 -	_′ _ ⊦	9	83,691.
SCANNED	9			dd lines 1, 2, 3, 4, 5c, 6c				المستشششين	-+		03,091.
92	10			ar amounts paid (attach s	schedule)	FAC	TIEF	l. C		10	
É	11		•	or for members		REUE		701		11	24 720
P	12			ompensation, and emplo			0	ادُّنا م		12	24,739.
E	13			s and other payments to		s Jun ?	\mathcal{B} Sh	IN TEST		13	3,000.
EXPENSE	14			, utilities, and maintenant				154, 1		14 15	495. 358.
S	15			tions, postage, and shipp	∍ /[1 1	├		47,588.
	16			ribe ► <u>See Stateme</u>	ent 1	OGD		<u></u>	·′ ⊢	16	
	17			Add lines 10 through 16	17.1					17	76,180.
	18			t) for the year (Subtract I						18	7,511.
N S E E T	19	Net asset	ts or fun	nd balances at beginning	of year (from line 27,	column (A)) (i	must ag	ree with end-of-	year	19	10,302.
E S	-			n prior year's return)	(alleade aumlamatic	· • · ·			_	20	10,302.
S	.l			n net assets or fund balar					_	21	17,813.
	21			nd balances at end of year			0	000			
Pa	art II	Bala	ince 5	heets. If Total assets o		are \$1,250,000	o or moi				
~		-1-		(See the instruction	S IUI Fait II.)			(A) Beginning	, 302.	$\overline{}$	(B) End of year 15,142.
				nvestments				10	, 502.	23	13,142.
23		nd and bui		no a Coo Stateme	nt 2					24	7,186.
24			(aescrit	be ► <u>See Stateme</u>	:iic Z)			10	,302.	25	22,328.
25		al assets		which Con Chatan	ont 3	`		10	<u>, 302.</u> 0.	26	4,515.
26				cribe See States		J Ima 211		10	,302.	27	17,813.
<u>27</u>				alances (line 27 of column Paperwork Reduction Ac					, 502.	/	Form 990-EZ (2009)
ВA	A FO	r Privacy A	uct and	raperwork Reduction At	Li Houce, see separate	misu ucuvils.	•				1 OHH 330-EZ (2003)

Form	1990-EZ (2009) COMMUNITY SERVI	CE CENTER OF WILMO	RE-HIGH	31	-102	20218 Page 2
Par	t III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses
	s the organization's primary exempt purpose? Se				(Reg	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	oses In a clear and cor	ncise manner,	orga	nizations and section (a)(1) trusts, optional
desci	ribe the services provided, the number of	persons benefited, or other r	elevant information for	each	4947	(a)(1) trusts, optional
	ram title	OFF OF OMITTIES AND THE	OD TO THOUSE TH	AITED TH	101 0	thérs)
28	THE SERVICE CENTER PROVID					
	ALSO PAID FOR UTILITIES,					
	COMMUNITY WHO COULD NOT A	AFFORD THOSE EXPENS	SES THEMSELVES.			
	(Grants \$ 22,313.) If the	nis amount includes foreign gr	ants, check here		28 a	61,465.
29						
		- -				
	(Grants \$) If the	is amount includes foreign gr	ants, check here	>	29 a	
30				•		
				- -		
	(Grants \$) If the	is amount includes foreign gr	ants check here		30 a	
21	Other program services (attach schedule		ants, check here		300	
31	· -	•	ante abank bara	▶ □	31 a	
20	<u> </u>	is amount includes foreign gra	ants, check here		32	61,465.
	Total program service expenses (add lin		1			
Par	t IV List of Officers, Directors					
	4.5.5 1	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa		and other allowances
TOM	1 HARPER		0.	deletted compensa	0.	0.
		President	0.		υ.	0.
	E. MAIN STREET	J 4				
WIL	MORE, KY 40390					
DEB	BBIE HAGER	Vice President	0.		0.	0.
337	E. MAIN	1 o				
	MORE, KY 40390	j]		
	ESTE SHAWLER	Coanatany	0.		0.	0.
		Secretary	0.		υ.	0.
	E. MAIN	Į				
	MORE, KY 40390					
JAN	IICE HARPER	Director	0.		0.	0.
337	E. MAIN	0				
WIL	MORE, KY 40390]				
	RICHMOND	Director	0.		0.	0.
	E. MAIN	1				
	MORE, KY 40390	-l				
COM	INTE CUMPA	Dinastan	21 002		0.	0.
	NIE_SUNDRA	Director	21,083.		υ.	0.
	E. MAIN	35.00				
WIL	MORE, KY 40390					
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Par	Other Information (Note the statement requirements in the instrict for Part V.) See Sta	<u>iteme</u>	ent	<u>5</u>						
			Yes	No						
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		<u>x</u>						
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T									
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X						
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х						
	37a Enter amount of political expenditures, direct or indirect, as described in the instructions 27a 0.									
b	Did the organization file Form 1120-POL for this year?	37 b		X						
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х						
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	<u> </u>								
	Section 501(c)(7) organizations. Enter.									
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities. 39a N/A N/A	-f								
		}								
404	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.									
_										
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь	-	Х						
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958									
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.									
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T										
41	List the states with which a copy of this return is filed None	40 e		X						
42 a	The organization's books are in care of ► CONNIE SUNDA Telephone no ►									
	books are in care of ► CONNIE SUNDA Located at ► 337 E. MAIN ST. WILMORE KY ZIP + 4 ► 40390									
		 r								
E	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No X						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b		X						
	If Yes, enter the name of the foreign country									
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		- 1							
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X						
	If 'Yes,' enter the name of the foreign country:									
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	- [N/A						
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A						
			Yes	No						
			162	110						
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X						
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x						
BAA	TEEA0812L 01/30/10 Fc	rm 99 0)-EZ ((2009)						

31-1020218

Page 3

Form 990-EZ (2009) COMMUNITY SERVICE CENTER OF WILMORE-HIGH

May the IRS discuss this return with the preparer shown above? See instructions

BAA

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 X 46 X 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 b b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Contributions to employe benefit plans and deferred compensation (e) Expense account and other allowances (b) Title and average hours per week devoted to position (c) Compensation (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here onnie Type or print name and title Preparer's Identifying Number (See instructions) 4. Check if Preparer's signature 5/21/10 Paid P00738301 Laski CPA Ryan R. employed Pre-Summers, McCrary & Sparks PSC Firm's name (or yours if self parer's 61-0990940 Use 141 Prosperous Place #21A employed) address, and ZIP + 4 Only Lexington, KY 40509-1854 (859) 264-8785 Phone no ►X Yes

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number Name of the organization COMMUNITY SERVICE CENTER OF WILMORE-HIGH 31-1020218 BRIDGE , INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated d Type III- Other Type I Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Nο Yes (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) <u>11 g</u> (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) 11 q (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1.9 above or IRC section (v) Did you notify the organization in col (i) of (iv) Is the (vi) Is the (vii) Amount of Support (i) Name of Supported (ii) EIN organization in col organization in col (i) listed in your Organization your support? (see instructions)) US? Yes No Yes No Yes No

Sche	dule A (Form 990 or 990-EZ) 2009				ILMORE-HIGH				Page 2
Par	t II Support Schedule for	_			0(b)(1)(A)(iv) a	nd 170(b)	(1)(A))(VI)	
500	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)					
	tion A. Public Support			<u> </u>	T		—		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota ———	ul ——-
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support			•		<u></u>			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	ıl
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							 -	
11	Total support. Add lines 7 through 10					:			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	_			12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, c	or fifth tax year as	a section 50	1(c)(3)		▶ □
Sec	tion C. Computation of Pu		Percentage						
	Public support percentage for 20			e 11, column (f)			14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15		<u>%</u>
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did i qualifies as a pub	not check the bo licly supported or	x on line 13, and rganization	the line 14 is 33-1	/3 % or more	e, ched	ck this box	► 🗌
ı	33-1/3 support test — 2008. If the and stop here. The organization	e organization did i qualifies as a pub	not check a box o licly supported or	on line 13, or 16a ganization.	, and line 15 is 33	-1/3% or moi	e, che	ck this box	▶ 🗀
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop here	e. Explain in	Part IN	√ how	► [
ı	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test. The organi	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explaın ın ted organıza	Part I\ tion	/ how the	► □
_18		zation did not ched	ck a box on line,	13, 16a, 16b, 17a					7) 0000
BAA	L				S	cnedule A (F	orm 9	190 or 990-EZ	<u>(</u> 2009

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

	(Complete only if you chec	ACC THE BOX OIT HIT	e 9 or rait 1)				
	tion A. Public Support						40 =
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	35,529.	34,570.	31,247.	36,798.	81,443.	219,587.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	12,402.	11,722.	15,466.	13,433.	10,900.	63,923.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	12,402.	11,722.	13,400.	13,433.	10,300.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	47,931.	46,292.	46,713.	50,231.	92,343.	283,510.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0.
	year				0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	<u> </u>	<u> </u>	<u> </u>
8	Public support (Subtract line						000 510
	7c from line 6)	L	<u>l</u> .				283,510.
Sec	tion B. Total Support						
					1		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	47,931.	46,292.	46,713.	50,231.	92,343.	283,510.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,			46,713.	32.	92,343.	283,510. 148. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	47,931.	46,292.	46,713.	50,231.	92,343.	283,510. 148.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	47,931. 31.	46,292.	46,713.	32.	92,343.	283,510. 148. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	47,931. 31.	46,292.	46,713.	32.	92,343.	283,510. 148. 0. 148. 0.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12)	31. 31.	31. 31.	33.	32.	92,343.	283,510. 148. 0. 148. 0. 283,658.
Cale 9 10a 10a 11 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	31. 31. s for the organizat stop here.	31. 31.	33.	32.	92,343.	283,510. 148. 0. 148. 0. 283,658.
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Part IV	Supp Part	lemer	1 tal I n	forma or 17	ation.	Com Part	plete III, li	this ne 12	part 2. Pro	to pro	vide any d	the e	xplan additi	ations onal	s requ inform	ired b ation.	y Part See i	II, line nstruct	10; tions.
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Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

File a separate application for each return.

internal Revenue	Service	i ile a separate application for cacil retain.						
If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box.			► X			
	-	omatic) 3-Month Extension, complete only Part II (on p	page 2 of this f	orm).	_			
-	= -	dy been granted an automatic 3-month extension on a	-					
		ion of Time. Only submit original (no copi						
A corporation	n required to file Form 990-T and i	requesting an automatic 6-month extension – check t	his box and co	mplete Part I only	► [
	porations (including 1120-C filers),	partnerships, REMICS, and trusts must use Form 70			_			
Electronic Fi	ling (e-file). Generally, you can ele	ectronically file Form 8868 if you want a 3-month autoin required to file Form 990-T). However, you cannot f	matic extension	n of time to file on- electronically if (1)	e of the			
the additiona Form 990-T	il (not automatic) 3-month extensi	on or (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 8868	returns, or a c	composite or consc	olidated			
_	Name of Exempt Organization			Employer identification	n number			
Type or print	COMMUNITY SERVICE CE BRIDGE , INC.	NTER OF WILMORE-HIGH		31-1020218				
File by the	Number, street, and room or suite number	If a P O box, see instructions		<u> </u>				
due date for filing your	337 E. MAIN ST							
return See instructions	City, town or post office, state, and ZIP co	de For a foreign address, see instructions						
	LEXINGTON, KY 40390							
Check type of	of return to be filed (file a separate	application for each return)		-				
Form 990		Form 990-T (corporation)	Form 472	20				
Form 990	·	Form 990-T (section 401(a) or 408(a) trust)	<u>}−-4</u>					
X Form 990	· · · ·	Form 990-T (trust other than above)	Form 606					
Form 990		Form 1041-A	Form 887					
If this is find the extention	anization does not have an office for a Group Return, enter the orga s box F left it is for part of the ision will cover	FAX No ► or place of business in the United States, check this tanization's four digit Group Exemption Number (GEN) ne group, check this box ► and attach a list with	. If the names ar					
•	•	s for a corporation required to file Form 990-T) extens						
	8/15 , 20 10 , to file tension is for the organization's re	the exempt organization return for the organization naturn for	amed above					
► X	calendar year 20 09 or							
▶ □	tax year beginning	, 20, and ending, 20 _						
2 If this to	ax year is for less than 12 months		urn C	hange in accountii	ng period			
	application is for Form 990-BL, 990 undable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, les	s any	3a \$	0.			
b If this a made	application is for Form 990-PF or 9 Include any prior year overpayme	90-T, enter any refundable credits and estimated tax nt allowed as a credit	payments	3ь\$	0.			
	e Due. Subtract line 3b from line 3 twith FTD coupon or, if required, structions	la Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Sys	l, stem).	3c \$	0.			
Caution. If yo payment inst		c fund withdrawal with this Form 8868, see Form 8453	3-EO and Form	8879-EO for				
BAA For Pri	vacy Act and Paperwork Reduction	on Act Notice, see instructions.		Form 8868	(Rev 4-2009)			

2009	Federal Statements COMMUNITY SERVICE CENTER OF WI BRIDGE, INC.	ILMORE-HIGH	Page 1
Statement 1 Form 990-EZ, Part I, Line Other Expenses	16		
Advertising and Prom CONTRIBUTIONS EXPENSES FOR PEOPLE food FUNDRAISING Insurance MAINTENANCE MISCELLANEOUS EXPENS Office Expenses SHELTER TELEPHONE THIRFT STORE Travel UTILITIES VOLUNTEER RECOGNITION	IN NEED	1	107. 8,519. 1,018. 1,284. 443. 1,688. 36. 69. 491. 9,093. 1,741. 421. 480. 0,969. 401. 828. 7,588.
Statement 2 Form 990-EZ, Part II, Line Other Assets	e 24		
Inventories Prepaid Expenses and	l Deferred Charges	Beginning End \$ 0.\$ 0. \$ Total \$ 0.\$	7,084. 102. 7,186.
Statement 3 Form 990-EZ, Part II, Line Total Liabilities	e 26		
Accounts Payable and	l Accrued Expenses	Beginning End \$ 0. \$ 0.	ing 4,515. 4,515.
Statement 4 Form 990-EZ, Part III			

Organization's Primary Exempt Purpose

IDENTIFY THE NEEDS IN THE COMMUNITY AND TO ORGANIZE RESOURCES IN THE COMMUNITY IN ORDER TO DEVELOP PROGRAMS SO THAT THESE NEEDS MAY BE ADDRESSED.

2009

Federal Statements COMMUNITY SERVICE CENTER OF WILMORE-HIGH BRIDGE, INC.

Page 2

31-1020218

Statement 5 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

File a separate application for each return.

nternal Revenue	Service		rile a Separate ap	pilcauon for each return.			_	
If you are	filing for an A	Automatic 3-Mont	h Extension, complete onl	y Part I and check this box.				► X
-			- · · · · · · · · · · · · · · · · · · ·	o <mark>n, complete only Part II</mark> (on p	page 2 of this f	orm)		
				matic 3-month extension on a			n 8868	
				submit original (no copi				
A corporation	required to fi	le Form 990.T and	d requesting an automatic	6-month extension — check t	this box and co	molete	e Part I onl	v ► 🗆
				and trusts must use Form 70				
ncome tax re	eturns							
eturns noted he additiona Form 990-T.	l below (6 moi l (not automat Instead, you r	nths for a corporatic) 3-month exten nust submit the fu	tion required to file Form s	58 if you want a 3-month auto 990-T). However, you cannot t 990-BL, 6069, or 8870, group page 2 (Part II) of Form 8868 profits.	file Form 8868 returns, or a c	electro	onically if (site or cons	i) you want solidated
	Name of Exempt	Organization				Emplo	yer identificat	on number
Type or print	COMMUNIT BRIDGE ,	Y SERVICE C	E-HIGH	_	31-	1020218	·	
File by the tue date for	Number, street, a	and room or suite numb	ber If a P O box, see instructions					
iling your eturn See	337 E. M	AIN ST						
nstructions			code For a foreign address, see	nstructions				
		N, KY 40390						
Check type o		filed (file a separa	ate application for each re		Form 472	20		
H	_		Form 990-T (corporat	•	Form 522			
Form 990 X Form 990			Form 990-T (section 4		Form 606			
Form 990			Form 1041-A	er triair above)	Form 887			
1 01111 330	J-1 1		1 10111 1041-7		1 01111 007			
• The book	s are in the ca	are of ► <u>CONNIE</u>	E_SUNDA					
Telephone	e No. ►		FAX	No ►				
•		not have an office	ce or place of business in	the United States, check this	box			▶ 🗍
				up Exemption Number (GEN)		this is	for the wh	ole group,
				and attach a list wit				
the exten	ision will cover	r						
		•		ired to file Form 990-T) exten				
until _	8/15	_, 20 <u>10</u> _ , to fi	le the exempt organization	n return for the organization n	amed above.			
The ext	tension is for t	he organization's	return for					
► X	calendar yea	r 20 <u>09</u> _ or						
▶ □	tax year begi	nning	, 20 , and er	nding, 20	 .			
2 If this to	ax year is for	less than 12 mont	ths, check reason.	Initial return Final ret	turn C	hange	ın accoun	ting period
		or Form 990-BL, 9 s. See instructions		69, enter the tentative tax, les	ss any	3a	\$	0.
b If this a made	application is f Include any pi	or Form 990-PF o nor year overpayn	r 990-T, enter any refunda ment allowed as a credit	ble credits and estimated tax	payments 	3b	\$	0.
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deposit	t with FTD cou	pon or, if required	d, by using EFTPS (Electro	onic Federal Tax Payment Sys	stem)		_	0
	structions					3c		0.
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				45			E 000	0 (D - 4 0000)

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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