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990 Form

Return of Organization Exempt From Income Tax

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

2009

OMB No. 1545-0047

Department of the Treasury

Open to Public

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				tax year beginning				009, and en	aing			
Вс	heck if a	pplicable	Please use IRS	C Name of organization	on BRIDGE REFU	GEE SERVICE	S INC				D Employer identification no.	
	ddress c	hange	tabel or	Doing Business As					-,		58-1505955	
=	ame cha	-	print or type.	Number and street (7035 MIDDLE:	Or PO box if mail is not	delivered to street	eddress)		Room/s	ite	E Telephone number (865) 540-1311	
\equiv	ibal retur		See Specific				· · ·		_L			
\equiv	eminate		instruc- tions.	KNOXVILLE,	r country, and ZiP + 4						G Gross receipts \$ 687,085	
一	mended										\$ 687,085	
L) A	ppiicatioi	n pending	r Name	and address of principal	I omoer				H(a) is	this a group re	turn for Yes X No	
			بر بروا	2 . 4								
		pt status) N/A	K 501(c) (3) ◀ (insert no)	4947(a)(1) or	527			—	re all affiliates i "No," attach a l	st. (see instructions)	
					ation Other		1	1	200	roup exemption		
			Corporation	Trust Associ	ation Other		L. Year of	tormation -	302	M State of leg	al domicile 114	
Par		Summary Bases dasses			a as most significan	at activities	Dodica	tod to t	ho om	monical	ministry of	
	ł	~	-	ganization's mission gees in East	=	_				 	<u></u>	
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7,	1			f the organization d	•	*	sea or more	tnan 25%	or its net a	3	1	
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©e3 n	1		-	nt voting members						ļ	1	
% %	1 .		•	yees (Part V, line 2	•					5	21	
2	6			teers (estimate if ne						6	41	
	1			ousiness revenue fi						· · · 7a		
<u>w</u>	Ь	Net unrelated	busines	s taxable income from	om Form 990-1, lin	ie 34 · · · · ·	• • • • •					
SCANNED	1	0						_	Prio	r Year	Current Year	
e e	1		_	nts (Part VIII, line 1						729,189	681,582	
	9	•		nue (Part VIII, line 2	<u> </u>				· · · · · ·			
⊎∂ _n	10			art VIII, column (A),				-		2,25		
ē	11			III, column (A), line:	1 1		1 (0)	· · · · · _		2,27		
	12			es 8 through 11 (m				• • • • •	·	733,71		
	13			ounts paid (Part IX,			. 181.	• • • • • _		194,740	262,67	
E	14			members (Part IX,			~~~	• • • • •			117	
X P	15			nsation, employee				· · · · · ·		417,414	417,94	
ė	1			ng fees (Part IX, co				_:			 	
n s	b			nses (Part IX, colur			51,9	 -			140.00	
e s	17	-	•	IX, column (A), line		•		ļ		173,58	<u> </u>	
•	18			ines 13-17 (must e	· ·			<u> </u>		785,730		
	19	Revenue les	s expense	es Subtract line 18	3 from line 12 · ·		• • • • •			(52,02	1) (154,43	
Net Assets								<u> </u>	Beginning of	Current Year	End of Year	
OF	20	Total assets	•	•	• • • • • • • • •			• • • • • _		260,25		
Fund Bal-	21	Total liabilitie	• .	•	• • • • • • • •			• • • • •		28,65		
ances	22			ances Subtract lin	e 21 from line 20		• • • • •	• • • • •		231,59	77,16	
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		Preparer's		•		l Da	uc	Check self-	► [G]	(see instruct	• -	
Pald		signature Kim W. Dubb 10-29-2010										
Prepa	arer's			· · · · · · · · · · · · · · · · · · ·		10	-29-2010		r	<u> </u>		
Use (Only	Firm's name (Kim W Grub				EIN		₽ . \U∧∋	11516	
		f self-employed), address, and ZIP +4 Recognition 78 37921							ひろ- 140プリン 03- 140プリン			
				- Knower IIa	47BJ 47JU73					- × × × × × ×	w-4/111	

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Рα	rt III Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission:
	Dedicated to the ecumenical ministry of resettling refugees in East Tennessee by assisting
	with housing, furnishings, food, clothing, transportation, and job placement and training.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 707,024 including grants of \$) (Revenue \$)
	ECUMENICAL ORGANIZATION FACILITATING RESETTLEMENT OF
	REFUGEES IN EAST TENNESSEE BY PROVIDING HOUSING,
	FURNISHINGS, FOOD, CLOTHING, JOB PLACEMENT, TRAINING
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 707,024

Form 990 (2009) BRIDGE REFUGEE SERVICES INC

58-1505955

Page 2

58-1505955

Pa	rt IV Checklist of Required Schedules			
		\Box	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	X_	Ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			İ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			İ
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ł
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X_
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		X.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			Ì
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		- ** -	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		l	T
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		<u> </u>	† <u></u>
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	 	 ^
.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1 A
.3	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	x
4.0	Did the diganization operate one or more hospitals: it ites, complete ocheque (1)		<u>. </u>	

Pai	rt IV Checklist of Required Schedules (continued)			
L-3			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? if "Yes," complete Schedule J	23		X
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 lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
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		х
ь	Is the organization 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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			-41
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ŀ	
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-	 	-^-
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
	Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		 	
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	ļ	:	
	Part IV · · · · · · · · · · · · · · · · · ·	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If these, complete scriedite will be a solution of art, historical treasures, or other similar assets, or qualified			^
30	conservation contributions? If "Yes," complete Schedule M	30	ĺ	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	 	X
31	Part I · · · · · · · · · · · · · · · · · ·	31		v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
32	Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		-^-
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	 	-
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		 	1
35	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	25		x
20		35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		l v
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-	}	.,
		31		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	<u> 38</u>	X	<u> </u>

Pai	rt VI Statements Regarding Other IRS Filings and Tax Compliance	-τ		
4.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
1a	• • •	-		
_	U.S. Information Returns. Enter -0- if not applicable		1	
b]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	· ·	
0-	· ·		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	}		
_	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • • 2a 17 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	v	
Đ	· · · · · · · · · · · · · · · · · · ·	20	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	- 1	ł	
2-	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	20		7.7
_		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			.,
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			1
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			,
	required? · · · · · · · · · · · · · · · ·	7h	X	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ••••••• 10b			1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	}	!	}

Form 990 (2009) BRIDGE REFUGEE SERVICES INC 58-1505955 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a material diversion of the organization's assets? X Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a X 7b X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х Each committee with authority to act on behalf of the governing body? X Is there any officer, director, 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Х 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? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? X 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? 15a The organization's CEO, Executive Director, or top management official **b** Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 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 Х 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

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed > TN
- Section 6104 requires an organization to make its Forms 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.
 - Own website Another's website
- X Upon request

the organization's exempt status with respect to such arrangements?

- 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: > JENNIFER W CORNWELL (865) 540-1311

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Post I t d n r i d u r i s e v t c i e t d e o u r a o I r	it nr su ts it	0 1 - 0 e		Hat apply Hoe i om gmp hpi eeo sny tsee ae t	F o r m e	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARILYN BRESNAN									· · · · · · · · · · · · · · · · · · ·	
FORMER EXECUTIVE DIR	40.00			<u> </u>	<u> </u>	X		39,300	0	(
JIM O'BRIEN						i				
CHAIRMAN	1.00	X		Х	1					
JOHN HARPER										
VICE CHAIR	1.00	X		X	_					
TAYLOR DINSMORE										
BOARD MEMBER	1.00	X	L	L	L				<u> </u>	
FRANK DI MEMMO										
BOARD MEMBER	1.00	X	<u> </u>				L			
JENNIFER W CORNWELL										
EXECUTIVE DIRECTOR	40.00			X	1	<u> </u>	<u>. </u>	12,197		
		-				-	-			

58-1505955

Pa	<u>rt VII </u>	Section A. Officers, Directors, Tru	istees, Key Employee	s, and	Hig	nes	CO	mpens	ateo	Employees (CONT	nuea)			
		(A)	(B)			ď	5)		- 1	(D)	Œ		(F)	
	•	Name and Title	Average hours per week	Positi It d	1 t	0	к	etapphy) H c e i o m	F	Reportable compensation from	Reportable compensation from related		itimated nount of other	
			Week	dur i se vt c	s u	l f	ý e	g mp h p i e e o	r m	the	organizations		pensation from the	on o
				v t c i e t d e o	t e	e r	P	e e o s n y t s e	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ong	anızatıo	
				u r	t i		o y	a e t					d related anszation	
				1 г	o n a		e e	e d						
	,		·		ĭ							<u> </u>		
					-	ļ	-					 		
						L						<u> </u>		
					<u> </u>	-								
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				<u> </u>										
					\vdash	-	-					ļ		
	,				L.	<u> </u>								
				ŀ										
· ··· ·				_		-	_					 		
					ļ	├-		ļ		·		<u> </u>		
							-			******				····
		· · · · · · · · · · · · · · · · · · ·						ļ						
1b	Total			<u> </u>	<u></u>	 	<u> </u>	<u></u>	•	51,497	0	 		0
2		nber of individuals (including but no								han \$100,000 in	 			
	reportable	compensation from the organization	on 🕨								0			r
•	Dud the e	reconnection that any former efficer d	reactor or tructon key	omnio		a- 1	iaha	act con	222	ented			Yes	No
3		rganization list any former officer, d on line 1a? If "Yes," complete Sch										3		х
4		ndividual listed on line 1a, is the sur											e etce	
		ization and related organizations gr												
												4		X
5		erson listed on line 1a receive or a rendered to the organization? If "Ye										5		x
Se		Independent Contractors	s, complete coneduc	3 0 101	300	- pc	1301			· · · · · · · · · · · · · · · · · · ·		1	L	
1	Complete	this table for your five highest com	pensated independen	t cont	racto	ors t	hat r	eceive	d me	ore than \$100,000	of			
	compens	ation from the organization.	_,								·			
		(A)								(B) Description of s	ondoor.		(C) ensation	
		Name and busing	ess address							Description of s	services	Comp	ensauoi	<u>. </u>
2	Total nun	nber of independent contractors (ind	cluding but not limited	to the	se li	sted	aho	ve) wł	10 re					
-		n \$100 000 in compensation from the	-		J,	J.54	450	, 111	.0 10					

Page 9

Part \	<u>VIII </u>	Statement of Revenue					
	,	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a	1				
	ь	Membership dues · · · · · · · 1b					
Contri-	C	Fundraising events · · · · · · 1c	1	i l	Related or extempt function revenue sexchange function revenue sexchange for the first sex sex sex sex sex sex sex sex sex sex		
butions, gills,	d	Related organizations · · · · · · · 1d				Unrelated business revenue accluded fire under sec 512, 513, c	
grants	9	Government grants (contributions) · · 1e	641,801				
and other		All other contributions, gifts, grants,					
similar	'	and similar amounts not included above	39,781				
amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		681,582			
			Business Code				
	2a			1			
	ь				-		
Program	C						
Service Revenue	d						
	e	<u></u>					
	f	All other program service revenue • • • • •	•				
	I .	Total. Add lines 2a-2f					
		Investment income (including dividends, interes					· · · · · · · · · · · · · · · · · · ·
	•	other similar amounts) • • • • • • • • •		338	338		1
	4	Income from investment of tax-exempt bond pro	ceeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·			<u> </u>		
		(i) Real	(ii) Personal				
	6a	Gross Rents · · · · · ·	1				
	ь	Less. rental expenses • • • •					
	1	Rental income or (loss) · · ·					
	1	· · · · · · · · · · · · · · · · · · ·		1			1
	1	Gross amount from sales of (i) Securities	(ii) Other				
	"	assets other than inventory					
	Ь	Less: cost or other basis and sales expenses					
0	c	Gain or (loss) · · · · · ·					1
h	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·				ļ	
0	8a	Gross income from fundraising					
•		events (not including \$					
R	İ	of contributions reported on line 1c)					
6 V		See Part IV, line 18 · · · · · · · a					
0	Ь	Less direct expenses · · · · · · b		1			
n u	C	Net income or (loss) from fundraising events		1		1	
ē	ì	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · a					
	Ь	Less. direct expenses b		1			}
		•					
	1	Gross sales of inventory, less					
		returns and allowances · · · · · · a					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory •		1			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	5,165	5,165	J	
	ь						
	С						
	d	All other revenue · · · · · · · · · · · · · · · · · · ·					
	0	Total. Add lines 11a-11d		5,165			
	12	Total revenue. See instructions		687,085	5,503		d (

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundreusing
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	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 · · · · · · · · · · · · · · · · · ·	262,675	262,675		
3	Grants and other assistance to governments,	202,073	202,073		
•	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 • • • • • • • • • • • • • • • • • •	51,497	25,749	20,599	5,149
6	Compensation not included above, to disqualified			20,000	
_	persons (as defined under section 4958(f)(1)) and	į			
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages	268,769	228,193	24,126	16,450
8	Pension plan contributions (include section 401(k)	2007703	220,233	24,220	10,430
•	and section 403(b) employer contributions) • • • • •				
9	Other employee benefits	69,737	55,295	9,739	4,703
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	27,942	22,156	3,902	1,884
11	Fees for services (non-employees)	2,,342	22,100	3,302	1,004
·· a	Management · · · · · · · · · · · · · · · · · · ·				
ь	Legal · · · · · · · · · · · · · · · · · · ·				
c	Accounting	6,442	333	6,109	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
	Professional fundraising services See Part IV, line 17 •				.,
f	Investment management fees		···		-,
g	Other				
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
13	Office expenses · · · · · · · · · · · · · · · · · ·	24,655	13,066	10,288	1,301
14	Information technology • • • • • • • • • • • • • • • • • • •				
15	Royalties	······································			· · · · · · · · · · · · · · · · · · ·
16	Occupancy · · · · · · · · · · · · · · · · · · ·	45,154	32,519	3,336	9,299
17	Travel	32,022	24,028	1,407	6,587
18	Payments of travel or entertainment expenses	· ·· · · · · · · · · · · · · · · · · ·			······································
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,339	7,758	454	2,127
20	Interest · · · · · · · · · · · · · · · · · · ·	264	<u> </u>	264	<u></u>
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •			·····	
22	Depreciation, depletion, and amortization • • • • • •	770	557	213	
23	Insurance · · · · · · · · · · · · · · · · · · ·	3,040	2,233	624	183
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)	ļ			
а	PRINTING & POSTAGE	2,478	1,894	128	456
b	CONTRACTED SERVICES	31,698	27,515	358	3,825
C	MISCELLANEOUS	3,085	2,307	768	10
đ	MAINTENANCE & REPAIRS	950	746	204	
0					· · · · · · · · · · · · · · · · · · ·
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	841,517	707,024	82,519	51,974
26	Joint Costs. Check here ▶\ix\ 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 · · · · · · · · · · · · · · · ·				

Part	t X	Balance Sheet	_		
			(A)		(B)
	, ,		Beginning of year		End of year
	1	Cash - non-interest-bearing	48,253	1	6,674
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	84,098	2	10,781
	3	Pledges and grants receivable, net	120,481	3	79,80
	4	Accounts receivable, net	87	4	
	5	Receivables from current and former officers, directors, trustees, key			
	1	employees, and highest compensated employees. Complete Part II of]	
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
A		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1 1	
3		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
в	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	-
3	9	Prepaid expenses and deferred charges	4,875	9	1,78
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a 23,678			
	b	Less: accumulated depreciation · · · · · · · · · 10b 22,139	2,309	10c	1,53
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	150	15	2,32
	16	Total assets. Add lines 1 through 15 (must equal line 34)	260,253	16	102,89
	17	Accounts payable and accrued expenses	15,350	17	18,03
	18	Grants payable		18	
-	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·	10,000	19	
	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
5	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified			
:		persons. Complete Part II of Schedule L		22	
,	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	······································
	25	Other liabilities Complete Part X of Schedule D	3,305	25	7,69
	26	Total liabilities. Add lines 17 through 25	28,655	26	25,73
		Organizations that follow SFAS 117, check here			
F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	182,222	27	26,52
n d	28	Temporanty restricted net assets	49,376	28	50,64
_	29	Permanently restricted net assets		29	
B		Organizations that do not follow SFAS 117, check here			
ī		and complete lines 30 through 34.		1 1	
a	30	Capital stock or trust principal, or current funds		30	
n C	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
e	32	Retained earnings, endowment, accumulated income, or other funds		32	
8	33	Total net assets or fund balances	231,598	33	77,16
- 1	34	Total liabilities and net assets/fund balances	260,253	34	102,89

Form 990 (2009) BRIDGE R		RIDGE REFUGEE SERVICES INC	58-1505955	5	Pa	age 12
Pa	rt XI Financial Stat	tements and Reporting	· · · · · · · · · · · · · · · · · · ·			
					Yes	No
1	Accounting method used to	prepare the Form 990. Cash X Accrual Other	ſ			
	If the organization changed	its methods of accounting from a prior year or checked "Other," explain in				
	Schedule O					
2a	Were the organization's fina	ncial statements compiled or reviewed by an independent accountant?		2a	1	Х
þ	Were the organization's fina	ncial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does	s the organization have a committee that assumes responsibility for oversight of	of			
	the audit, review, or compila	tion of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed	either its oversight process or selection process during the tax year, explain in				
	Schedule O				,	
d	If "Yes" to line 2a or 2b, cher	ck a box below to indicate whether the financial statements for the year were				
	issued on a consolidated has	•		- 12 6 1		14 4 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Both consolidated and separate basis

EEA

issued on a consolidated basis, separate basis, or both.

Consolidated basis

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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X Separate basis

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

► See separate Instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

		organization REFUGEE SERVIO	THE THE							identification n 505955	umber		
				6 4 4 (All apparing			45	Coo looto		303933			
	rt			y Status (All organiza				See instru	Clions				
	orgai	•		use it is: (For lines 1 thro	-	•	•	41)					
1	님	•	•	ssociation of churches de		section 1	/U(D)(T)(A)	(1).					
2	\vdash			(A)(ii). (Attach Schedule	•								
3	닏	•	•	vice organization describ							_		
4	ليا	A medical research	organization operat	ted in conjunction with a	hospital de	escribed in	section 17	70(b)(1)(A)	(III). Enter	the hospita	il's name	,	
	_	city, and state.		· · · · · · · · · · · · · · · · · · ·									
5		An organization ope	rated for the benefi	it of a college or universi	ty owned o	r operated	by a gove	mmental i	ınit descril	oed in			
		section 170(b)(1)(A)	(iv). (Complete Par	tll)									_
6		A federal, state, or lo	cal government or	governmental unit descri	ribed in se	ction 170(I	b)(1)(A)(v}.						
7	X	An organization that	normally receives	a substantial part of its s	upport fror	n a govern	mental uni	t or from t	he genera	l public			
		described in section	170(b)(1)(A)(vi). (C	Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Compl	ete Part II.)							
9	\Box	An organization that	normally receives:	(1) more than 33 1/3% of	of its suppo	ort from co	ntributions,	members	hip fees, a	and gross			
		receipts from activitie	es related to its exe	empt functions - subject t	o certain e	xceptions,	and (2) no	more tha	n 33 1/3%	of its			
		support from gross ii	nvestment income	and unrelated business	taxable inc	ome (less	section 51	1 tax) fron	n business	es			
		• • • • • • • • • • • • • • • • • • • •		30, 1975. See section 5									
10		, ,		d exclusively to test for p			-)(4).					
11	Ħ	•	•	d exclusively for the ben		•		• • •	arry out the	•			
	لسسا	•	· · · · · · · · · · · · · · · · · · ·	orted organizations desc					-				
		, ,		the type of supporting o		•		•					
		a Type I	b Type		¬		lly integrate		d l	Type II	I-Other		
_		·		rganization is not control					u u beitileuns				
·	لــا	•	•	rs and other than one or					-	section			
		509(a)(1) or section	_	is and other than one or	more paoi	iciy suppo	neo organi	zations de	iscribed iii	3600011			
				tamiantan from the 100	* 4h-n4 -4 fn -	Town I To	H T	!!!					
f				etermination from the IRS	o unau iu is a			ype m sup	porting				[
		organization, check			• • • • • •			• • • • •			• • • • •	• •	••
9		•	ue, nas the organiz	zation accepted any gift of	or contribu	ion from a	ny or the						
		following persons?									,		
		* * *	•	controls, either alone or	-	ith person	is describe	a in (ii)				Yes	No
				y of the supported organ	ization?	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(i)		
		(ii) A family member	-	**	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(R)		
		• •	•	n described in (i) or (ii) a		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(m)		L
h		Provide the following	information about	the supported organizat	tion(s).				,				
	(I) N	iame of supported	(A) EIN	(m) Type of organization	(fav) is the o	-	(v) Did yo	•	(vi)	1	(wii) A		of
		organization -		(described on lines 1-9 above or IRC section	governing of		the organi col. (1)		organizati (i) organiz		su	pport	
			1	(see instructions)	g			ort?		S ?			
					Yes	No	Yes	No	Yes	No			
									<u> </u>				
					1								
		· · · · · · · · · · · · · · · · · · ·			1		<u> </u>		 				
]				
					† - 				 				
							[
		 			 				 	 			
T-4	.,			1]]			

58-1505955 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants") 516,854 558.973 726,581 729,189 681,582 3,213,179 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 516,854 558,973 726,581 729,189 681,582 3,213,179 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) - - - - -3,213,179 Public support. Subtract line 5 from In 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 516,854 558,973 726,581 729,189 681,582 3,213,179 Amounts from line 4 · · · · · Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 1,864 3,789 2,253 338 9,880 1,636 sources 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 2,275 (Explain in Part IV) 5,115 7,390 3,230,449 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 99.47 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A. Part II. line 14 15 % 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Pá	Support Schedule for Org (Complete only if you checked the			ection 509(a)	(2)		
Se	ction A. Public Support						
Cak	endar year (or fiscal year 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 any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		-				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		<u> </u>	ļ		<u> </u>	
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 organization, check this box and stop here			n, or fifth tax year	as a section 501(c)(3)	▶ □
	ction C. Computation of Public Su Public support percentage for 2009 (line 8, o			(f) · · · · ·		- 15	0/
15 16	Public support percentage from 2008 Sched					· 15	<u>%</u>
	ction D. Computation of Investme						
<u>56</u> 17	Investment income percentage for 2009 (line	10c, column (f)	divided by line 13, o	column (f)) · ·	• • • • • • • • • • • • • • • • • • • •	- 17	%
18	Investment income percentage from 2008 Sc					- 18	%
19a	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box						▶ 🗍
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this	tion did not chec	k a box on line 14 o	r line 19a, and lin	e 16 is more than 3	33 1/3%, and	▶□

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

OMB No. 1545-0047 2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization	answered "Ye	s," to	Form 990,	Part IV,	line 5 (Proxy	Tax), th	ıen
---------------------	--------------	--------	-----------	----------	---------------	----------	-----

	organization answered "Yes," to Form 99 Section 501(c)(4), (5), or (6) organizations	· · · · · · · · · · · · · · · · · · ·						
	me of organization			Employer i	dentification number			
BF	IDGE REFUGEE SERVICES INC			58-150	5955			
Pa	rt I-A Complete if the organi	ization is exempt under secti	on 501(c) or is	s a section 527 ord	anization			
1	Provide a description of the organization's				arna arrom			
2	Political expenditures · · · · · ·							
3	Volunteer hours							
Pa	rt I-B Complete if the organi	ization is exempt under secti	on 501(c)(3).	···· · · · · · · · · · · · · · · · · ·				
1	Enter the amount of any excise tax incurr							
2	Enter the amount of any excise tax incurr	ed by organization managers under se	tion 4955	•••••				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	,		· · Yes No			
4a	Was a correction made?				· · Yes No			
b	If "Yes," describe in Part IV.							
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)	(3).			
1	Enter the amount directly expended by th							
	activities · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	••••• \$_				
2	Enter the amount of the filing organization							
	527 exempt function activities · · · · · · · · · · · · · · · · · · ·							
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	line 17b · · · · · · · ▶ \$							
4	Did the filing organization file Form 1120-POL for this year? Yes No.							
5	State the names, addresses and employe			-				
	were made. For each organization listed,							
	contributions received that were promptly	• • • • • • • • • • • • • • • • • • • •	•		regated			
	fund or a political action committee (PAC). It additional space is needed, provide	intormation in Pa	πιν	 			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-			
			,					
	,							

EEA

che	dule C (Form 990 or 990-EZ) 2009 BRIDGE REFUGE	RE SERVICES IN	iC		58-1505	955 Page 2
Pa	rt II-A Complete if the organization	n is exempt ur	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction
	under section 501(h)).	<u> </u>				
\	Check ▶ ☐ if the filing organization belongs t	o an affiliated group				
3	Check if the filing organization checked	box A and "limited c	ontrol" provisions ap	ply.		
	Limits on Lobi	ying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts paid	or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying) · · · ·			
b	Total lobbying expenditures to influence a legisl	ative body (direct lo	bbying)			
C	Total lobbying expenditures (add lines 1a and 1	b) • • • • • • •				
d	Other exempt purpose expenditures • • • •					
8	Total exempt purpose expenditures (add lines 1	c and 1d) · · · ·				
f	Lobbying nontaxable amount Enter the amount					
	columns	·				
	If the amount on line 1e, column (a) or (b) is:	The Johnving	nontaxable amount i	le ·	मा मान्द्र हन्छ नरस्करा	%-1
	Not over \$500,000	, ,	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f) • • • • •				
h	Subtract line 1g from line 1a. If zero or less, enti-	er-0-				·
i	Subtract line 1f from line 1c If zero or less, ente					
i	If there is an amount other than zero on either li	ne 1h or line 1i. did	the organization file	Form 4720 reporting		
•						Yes No
						
			rlod Under Section	• •		
	(Some organizations that n	•	•	•	the five	
	columns belov	v. See the instruction	ons for lines 2a throu	ign zr on page 4.)		
	Lobb	ying Expenditures (During 4-Year Averas	ging Period		
	Colordon voca (or food) voca	(a) 2006	(b) 2007	(-) 2000	(4) 2000	(a) Tatal
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	beginning in)					
2a	Lobbying non-taxable amount		1			
	Lobbying non taxable amount					·
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
c	Total lobbying expenditures					
					 	
d	Grassroots nontaxable amount	· · · · · · · · · · · · · · · · · · ·				* · · · · · · · · · · · · · · · · · · ·
0	Grassroots ceiling amount					
	(150% of line 2d, column (e))				-	
•	Gracernote labbying expanditures		Ī	1	1	

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
	(Signature and Signature Annual Control of Annua	T	(a)	<u> </u>	(b)	
	•	Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1				
	legislation, including any attempt to influence public opinion on a legislative matter or	i		İ		
	referendum, through the use of.			}		
a	Volunteers? · · · · · · · · · · · · · · · · · · ·		X	Ì		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • • • •		X			
¢	Media advertisements? • • • • • • • • • • • • • • • • • • •		X			
d	Mailings to members, legislators, or the public?	<u> </u>	X	ļ		
0	Publications, or published or broadcast statements?		X		<u></u>	
f	Grants to other organizations for lobbying purposes?		X	ļ		
9	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		X	ļ		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •	-	X			
i	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·	-	X			
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	-	X	-		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
đ	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X			
	int III-A Complete if the organization is exempt under section 501(c)(4), section 501	0)/5)	·	otion		
<u></u>	501(c)(6).	C)(O),	01 50	ecuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
Pa	complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."				ed	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		<u> </u>			
_	expenses for which the section 527(f) tax was paid).		1			
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
b	Carryover from last year • • • • • • • • • • • • • • • • • • •		2b	<u> </u>		
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues - · · · · ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, lin , complete this part for any additional information.	e 11.	· . 			
				 		
						

ŞCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate Instructions.

Open to Public Inspection

tame	of the organization		Em	ployer identification number	_
3RI	DGE REFUGEE SERVICES INC		1	58-1505955	
Par	Organizations Maintaining Donor A the organization answered "Yes" to Form 990, P				_
	33 33 33 33 33 33 33 33 33 33 33 33 33	(a) Donor advised funds		b) Funds and other accounts	_
1	Total number at end of year	(a) Donor advised lunus		by Fullus and other accounts	
2	Aggregate contributions to (during year)				_
3	Aggregate grants from (during year)			· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year • • • • • • • • • • • • • • • • • • •				_
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor advise			—
•	funds are the organization's property, subject to the organization's	_		······	do
6	Did the organization inform all grantees, donors, and do	_			
•	used only for charitable purposes and not for the benefit				
	• • •	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	4o
Par	<u> </u>	 			-
<u>1 ai</u> 1	Purpose(s) of conservation easements held by the orga	 			
	Preservation of land for public use (e.g., recreation		orically imp	portant land area	
	Protection of natural habitat	Preservation of a certif	• •		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of	of a conser	vation	
	easement on the last day of the tax year.	•			
	• •			Held at the End of the Tax Year	_
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements •	• • • • • • • • • • • • • • • • • • • •	2b		
C	Number of conservation easements on a certified histor	nc structure included in (a)	· · · 2c		
đ	Number of conservation easements included in (c) acqu	ured after 8/17/06	· · · 2d		_
3	Number of conservation easements modified, transferred	ed, released, extinguished, or terminated by the	organizatio	on during	_
	the tax year				
4	Number of states where property subject to conservation	n easement is located			
5	Does the organization have a written policy regarding the	e periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easeme		• • • •	لسما لــا	No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easements du	nng the yea	ar	
	•				
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements during t	the year		
_	> \$				
8	Does each conservation easement reported on line 2(d	•		ш. ш.	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? • • • •		-4-4	LJ '' LJ	No
9	In Part XIV, describe how the organization reports cons	•			
	balance sheet, and include, if applicable, the text of the	_	nts that de	scribes	
Da	the organization's accounting for conservation easemer		- Othor (Similar Acceta	_
rai	till Organizations Maintaining Collect Complete if the organization answered "Yes" to	ions of Art, Historical Treasures, or p Form 990 Part IV line 8	r Other s	Sillillar Assets.	
1a	If the organization elected, as permitted under SFAS 11	· · · · · · · · · · · · · · · · · · ·	lance shee	t works of	
	art, historical treasures, or other similar assets held for	•			
	provide, in Part XIV, the text of the footnote to its finance		•	·	
b	If the organization elected, as permitted under SFAS 11		e sheet wo	orks of art,	
	historical treasures, or other similar assets held for published	ic exhibition, education, or research in furtherar	nce of publ	ic service,	
	provide the following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1 •			• • • ▶\$	
	(II) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic				
	following amounts required to be reported under SFAS		-		
a	Revenues included in Form 990, Part VIII, line 1 • • •				_
b	Assets included in Form 990, Part X · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • ▶ \$	

Sched	ule D (Form 990) 2009 BRIDGE REFUGEE S	SERVICES INC				58-150595	55	Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Other S	imilar Ass	ets (contin	ued)
3	Using the organization's acquisition, accession,							
	collection items (check all that apply):							
a	Public exhibition	d 🔲 Loa	n or exchange p	rograms				
b	Scholarly research	e 🔲 Oth	er					
C	Preservation for future generations							
4	Provide a description of the organization's collect	ctions and explain h	ow they further t	he organization's	exempt purpos	e in		
	Part XIV							
5	During the year, did the organization solicit or re	ceive donations of a	ert, historical trea	asures, or other si	milar			
	assets to be sold to raise funds rather than to be	maintained as part	of the organiza	tion's collection?		· • • • • • •	Yes	No
Pai	t IV Escrow and Custodial Arra	ngements. Con	plete if organiz	ation answered "Y	es" to Form 99	0,		
	Part IV, line 9, or reported an amount							
1a	Is the organization an agent, trustee, custodian							
	included on Form 990, Part X?			• • • • • • •		. .	Yes	No
b	If "Yes," explain the arrangement in Part XIV and	d complete the follow	ving table:			-		
						Amou	nt	
¢	Beginning balance	<i></i>		• • • • • • •	· · 1c			
đ	Additions during the year							
0	Distributions during the year			• • • • • • •	1e			
f	Ending balance · · · · · · · · · · · · · · · · · · ·							
2a	Did the organization include an amount on Form	990, Part X, line 21	?	• • • • • • •			Yes	No
b	If "Yes," explain the arrangement in Part XIV							
Par	TV Endowment Funds. Complete	if the organization a	nswered "Yes" t	o Form 990, Part	IV, line 10.	-		
		(a) Current year	(b) Prior year	(c) Two years	back (d) Thr	ee years back	(e) Four year	s back
1a	Beginning of year balance							
b	Contributions		·					
C	Net investment earnings, gains, and losses -		1					
đ	Grants or scholarships							
0	Other expenditures for facilities							
	and programs			1				
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	d balance held as:	<u></u>					
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization	n that are held a	and administered	for the			
	organization by:						Ye	s No
	(I) unrelated organizations · · · · · · · ·			• • • • • • •			3a(I)	
	(ii) related organizations · · · · · · · · · ·			• • • • • • •	• • • • • • •		3a(il)	
b	If "Yes" to 3a(n), are the related organizations lis	ited as required on	Schedule R? •	• • • • • • •			3b	
4	Describe in Part XIV the intended uses of the on	ganization's endowr	ment funds.					
Pa	t VI Investments - Land, Buildir	ngs, and Equip	ment. See Fo	om 990, Part X, II	ne 10			
	Description of investment	(a) Cost or oth) Cost or other	(c) Accumul	ated	(d) Book vat	ue
		(investm		basis (other)	depreciate			
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •						
b	Buildings	• • •						
c	Leasehold improvements • • • • • • • • •	• • • [
đ	Equipment · · · · · · · · · · · · · · · · · · ·	• • •		23,678		22,139		1,539
	Other · · · · · · · · · · · · · · · · · · ·	• • •						
Total	. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X	, column (B), lin	e 10(c)) • •		▶		1,539

Total. (Column (b) must equal Form 990, Part X, col (B) time 25)

7,696

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	tule D (Form 990) 2009 BRIDGE REFUGEE SERVICES INC	58-1505955	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	687,085
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	841,517
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(154,432)
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 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(154,432)
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		,
1	Total revenue, gains, and other support per audited financial statements		687,085
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	 ' 	
a	Not upperlised gave as investments		
.a b	Donated services and use of facilities	─ ┤	
	——————————————————————————————————————	_	
G			
а		\dashv . \mid	
8	7 444 111100	2e	
3	Subtract line 2e from line 1	3	687,085
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		687,085
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return	
1	Total expenses and losses per audited financial statements	. 1	841,517
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
c	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	841,517
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
` a	Investment expenses not included on Form 990, Part VIII, line 7b		
h	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	841,517
		<u> </u>	011,017
	rt XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		-
this	part to provide any additional information.		
	<u> </u>		
		······································	
		•	

SCHEDULE		Gra	Grants and Other	Assistance t	and Other Assistance to Organizations,	18,		OMB No 1545-0047
(Form 990)		Governm	rnments, and li	ndividuals in	ents, and Individuals in the United States	ites		2009
Department of the Treasury		Complete	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	vered "Yes," to Form	1 990, Part IV, line 21 or	- -	<u> </u>	Open to Public
Internal Revenue Service				Attach to rorm 990.				Inspection
Name of the organization BRIDGE REFOGEE SEI	SERVICES INC						58-1505955	
Part I General In	Mormation on G	General Information on Grants and Assistance	ınce					
1 Does the organization	ion maintain records t	Does the organization maintain records to substantiate the amount of	unt of the grants or assis	stance, the grantees'	the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and		
the selection criteria 2 Describe in Part IV I	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitonr	trants or assistance?	the selection criteria used to award the grants or assistance?	e of grant funds in the United States				X Yes
Ę	d Other Assista	Grants and Other Assistance to Governments	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization	tions in the Unit	ed States. Comple	and Organizations in the United States. Complete if the organization answered "Yes" to	wered "Yes" to	
Part IV and S	chedule I-1 (Form 99)	roim 390, Pan IV, line Z.I., for any recipient mat recaived more that Part IV and Schedule I-1 (Form 990) if additional space is needed	needed		Check his box is no one recipient received in the	•	•	▲
1 (a) Name and address of organization or government	of organization nent	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		-						
2 Enter total number of	of section 501(c)(3) a	Enter total number of section 501(c)(3) and government organizations	ations				•	
3 Enter total number of	Enter total number of other organizations	· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •	•	
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	erwork Reduction Ac	ct Notice, see the instri	ictions for Form 990.		EEA		<i>3</i> 3	Schedule I (Form 980) 2009

Page 2 (f) Description of non-cash assistance 980) 2008 BRIDGE REFUGEE SERVICES INC 58-1505955 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 262,675 (c) Amount of cash grant ASSISTANCE IS DETERMINED BY GUIDELINES FROM THE GRANTING AGENCIES Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients 01. Monitoring procedures (Part I, line 2) HOUSING, FOOD, JOB PLACEMENT (a) Type of grant or assistance Part III

Schedule ! (Form 990) 2009

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection Employer Identification number

Name of the organization	Employer Identification number					
BRIDGE REFUGEE SERVICES INC	58-1505955					
01. Form 990 governing body review (Part VI, line 11)						
BOARD MEMBERS ARE FURNISHED WITH A COPY OF FORM 990 PRIOR TO FILING THE FORM WITH THE						
IRS						
02. Governing documents, etc, available to public (Part VI, line 19)						
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST					

03. Audited by an independent accountant (Part XI, line 2b)						
THE ENTITY HAS COMPLETED THE REQUIRED AUDIT						
<u> </u>						
						
	- ,					