** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

** Part I **

** Summary **

1. Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

** Activities & Governance **

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net unrelated business revenue from Part VIII, column (C), line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net unrelated business taxable income from Form 990-T, line 34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Revenue **

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,413,101.</td>
<td>1,458,159.</td>
<td></td>
</tr>
<tr>
<td>4,648,199.</td>
<td>4,838,014.</td>
<td></td>
</tr>
<tr>
<td>2,039,854.</td>
<td>2,105,456.</td>
<td></td>
</tr>
<tr>
<td>112,220.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112,220.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>976,151.</td>
<td>760,657.</td>
<td></td>
</tr>
<tr>
<td>2,039,854.</td>
<td>1,861,043.</td>
<td></td>
</tr>
<tr>
<td>-264,696.</td>
<td>44,200.</td>
<td></td>
</tr>
<tr>
<td>4,468,199.</td>
<td>4,838,014.</td>
<td></td>
</tr>
<tr>
<td>1,413,101.</td>
<td>1,458,159.</td>
<td></td>
</tr>
</tbody>
</table>

** Part II **

** Signature Block **

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.

Signature of officer: KAREN LARSON, EXECUTIVE DIRECTOR

Print/Type preparer’s name: GELMAN, ROSENBERG & FREEDMAN

Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes  No
1 Briefly describe the organization’s mission:

THE FRIENDSHIP BRIDGE PROVIDES MICROCREDIT AND EDUCATION TO HELP WOMEN AND THEIR FAMILIES CREATE THEIR OWN SOLUTIONS TO POVERTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  ................................................................. ☒ Yes  ☐ No

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?  ................................................................. ☒ Yes  ☐ No

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 $ 1,404,104. including grants of $ 40,000.) (Revenue $ 1,142,448.)

LOANS AND WOMEN’S EDUCATION PROGRAM: FRIENDSHIP BRIDGE’S MICROCREDIT PLUS PROGRAM OFFERS IMPOVERISHED, GUATEMALAN WOMEN RENEWABLE MICROLOANS— AVERAGING $300 FOR A FOUR-TO-TWELVE MONTH LOAN CYCLE — AND NON-FORMAL, PARTICIPATORY EDUCATION LESSONS. BORROWING THROUGH SELF-SELECTED GROUPS OF 7-25 WOMEN, KNOWN AS A TRUST BANK, AN AVERAGE FB CLIENT IS 38 YEARS OLD, EARN $1.74 A DAY, HAS HAD 2.6 YEARS OF FORMAL EDUCATION, HAS A HOUSEHOLD SIZE OF 6.15, AND IS UNABLE TO READ OR WRITE. FB’S MICROCREDIT PLUS PROGRAM IS ONGOING — MANY CLIENTS RENEW THEIR LOANS AND NEW CLIENTS CONTINUALLY JOIN THE PROGRAM.

4b (Code: ) (Expenses $ 64,362. including grants of $ ) (Revenue $ 47,250.)

CHILDREN’S EDUCATION PROGRAM: OPERATED LEARNING CENTERS IN SOLOLA AND QUICHE, GUATEMALA.

4c (Code: ) (Expenses $ 10,675. including grants of $ 9,830.) (Revenue $ )

NURSES EDUCATION PROGRAM: FUNDED A GRADUATE NURSING PROGRAM IN VIETNAM.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 1,479,141.

2010.04020 THE FRIENDSHIP BRIDGE 00331_1
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements to this return.
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

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

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

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

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

25b 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 990-EZ? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

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.
**Part V Statments Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>2a</td>
<td>10</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country: GUATEMALA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
</tbody>
</table>

7 **Organizations that may receive deductible contributions under section 170(c).**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a 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?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td>N/A</td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td>N/A</td>
</tr>
</tbody>
</table>

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td>8a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>8b</td>
<td>N/A</td>
</tr>
</tbody>
</table>

9 **Sponsoring organizations maintaining donor advised funds.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td>N/A</td>
</tr>
</tbody>
</table>

10 **Section 501(c)(7) organizations.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
</tbody>
</table>

11 **Section 501(c)(12) organizations.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
</tbody>
</table>

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | |

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | N/A|

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td>N/A</td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
</tbody>
</table>

14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b |    |
### Form 990 (2010) Page 6

**The Friendship Bridge 84-1141078**

### Part VI Governance, Management, and Disclosure

**For each “Yes” response to lines 2 through 7b below, and 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>1b. Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>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?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5. Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6. Does the organization have members or stockholders?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7a. Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>8a. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b. Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
<tr>
<td>9. Is there an officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address?</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

---

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Does the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10b. 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a. Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Does the organization have a written conflict of interest policy?</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b. If “No,” go to line 13. Does the organization have a written conflict of interest policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c. Describe in Schedule O how this is done.</td>
<td>12c</td>
<td>X</td>
</tr>
<tr>
<td>13. Does the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14. Does the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15a. 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?</td>
<td>15a</td>
<td></td>
</tr>
<tr>
<td>15b. Other officers or key employees of the organization</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>16b. If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

---

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed: **CO**

18. 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. **X** Own website  **☐** Another’s website  **X** Upon request

19. Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and 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: **Karen Larson - 303-674-0717**

405 URBAN STREET, SUITE 140, LAKEWOOD, CO 80228
## Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Check if Schedule O contains a response to any question in this Part VII**

### 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.

- 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, if any. See instructions for definition of "key employee."
- 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.

### Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANA FALLETTI</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRANCY MILNER</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALORIE HALL</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FELICITY HANNAY</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KELLY REYNOLDSDEN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMBERTO OLAVARIA</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAUL KOVACH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BONNIE O'NEILL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDY YOUNGHANS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAREN LARSON</td>
<td>40.00</td>
<td>X</td>
<td>95,657.</td>
<td>0.</td>
<td>3,600.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Check this box if Schedule O contains a response to any question in this Part VII.
### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

#### (A) Name and title

#### (B) Average hours per week (describe hours for related organizations in Schedule O)

#### (C) Position (check all that apply)

- Individual trustee or director
- Institutional trustee
- Officer
- Highest compensated employee
- Key employee

#### (D) Reportable compensation from the organization (W-2/1099-MISC)

#### (E) Reportable compensation from related organizations (W-2/1099-MISC)

#### (F) Estimated amount of other compensation from the organization and related organizations

---

#### 1b Sub-total

Total from continuation sheets to Part VII, Section A

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Reportable compensation</th>
<th>Reportable compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### c Total from continuation sheets to Part VII, Section A

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Reportable compensation</th>
<th>Reportable compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### d Total (add lines 1b and 1c)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Reportable compensation</th>
<th>Reportable compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Section B. Independent Contractors

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization

---

### For Any Individual Listed on Line 1a

- Is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? 
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 
- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
### Part VIII  Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>124,856</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>465,632</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f: $</td>
<td>5,061.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td>590,488.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a MICRO CREDIT LOANS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b INSIGHT TRIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a-2f</td>
<td>118,9698.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td>27,904</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross Rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $124,856 of contributions reported on line 1c). See Part IV, line 18</td>
<td>117,897.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>32,606.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>85,291.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td>10,654</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>3,931.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>10,654.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td>1,208.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>1905243.</td>
<td>118,9698.</td>
<td>0.125,057</td>
<td></td>
</tr>
</tbody>
</table>
Form 990 (2010)  

**THE FRIENDSHIP BRIDGE**  

**84-1141078**  

**Page 10**

### 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 (A) but are not required to complete columns (B), (C), and (D).

<table>
<thead>
<tr>
<th>Category</th>
<th>Total expenses</th>
<th>Program service expenses</th>
<th>Management and general expenses</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A] Grants and other assistance to governments and organizations in the U.S.</td>
<td>40,000.</td>
<td>40,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[B] Grants and other assistance to individuals in the U.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[C] Grants and other assistance to governments, organizations, and individuals outside the U.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[D] Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[E] Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[F] Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[G] Other salaries and wages</td>
<td>878,022.</td>
<td>778,483.</td>
<td>53,213.</td>
<td>46,326.</td>
</tr>
<tr>
<td>[H] Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[I] Other employee benefits</td>
<td>40,677.</td>
<td>21,350.</td>
<td>11,085.</td>
<td>8,242.</td>
</tr>
<tr>
<td>[J] Payroll taxes</td>
<td>32,600.</td>
<td>19,291.</td>
<td>7,830.</td>
<td>5,479.</td>
</tr>
<tr>
<td>[K] Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>57,509.</td>
<td></td>
<td>57,509.</td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other</td>
<td>77,041.</td>
<td>51,738.</td>
<td>19,215.</td>
<td>6,088.</td>
</tr>
<tr>
<td>[H] Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[I] Office expenses</td>
<td>101,969.</td>
<td>88,717.</td>
<td>7,520.</td>
<td>5,732.</td>
</tr>
<tr>
<td>[J] Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[K] Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[L] Occupancy</td>
<td>90,966.</td>
<td>78,611.</td>
<td>8,507.</td>
<td>3,848.</td>
</tr>
<tr>
<td>[M] Travel</td>
<td>104,445.</td>
<td>87,498.</td>
<td>8,741.</td>
<td>8,206.</td>
</tr>
<tr>
<td>[N] Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[O] Conferences, conventions, and meetings</td>
<td>345.</td>
<td>345.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[P] Interest</td>
<td>50,000.</td>
<td></td>
<td>50,000.</td>
<td></td>
</tr>
<tr>
<td>[Q] Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[R] Depreciation, depletion, and amortization</td>
<td>57,230.</td>
<td>1,714.</td>
<td>54,504.</td>
<td>1,012.</td>
</tr>
<tr>
<td>[S] Insurance</td>
<td>14,095.</td>
<td>12,355.</td>
<td>1,014.</td>
<td>726.</td>
</tr>
<tr>
<td>[T] Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b OTHER</td>
<td>23,150.</td>
<td></td>
<td>23,050.</td>
<td>100.</td>
</tr>
<tr>
<td>c INSIGHT TRIPS</td>
<td>22,798.</td>
<td></td>
<td>17,226.</td>
<td>5,572.</td>
</tr>
<tr>
<td>d EQUIPMENT</td>
<td>17,775.</td>
<td></td>
<td>17,775.</td>
<td></td>
</tr>
<tr>
<td>e TRAINING</td>
<td>12,939.</td>
<td></td>
<td>12,644.</td>
<td>279.</td>
</tr>
<tr>
<td>f All other expenses</td>
<td>3,165.</td>
<td></td>
<td>1,581.</td>
<td>462.</td>
</tr>
<tr>
<td>[G] Total functional expenses. Add lines 1 through 24f</td>
<td>1,861,043.</td>
<td>1,479,141.</td>
<td>269,682.</td>
<td>112,220.</td>
</tr>
</tbody>
</table>

**26 Joint costs.** Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
### Part X Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>159,685.</td>
<td>155,243.</td>
</tr>
<tr>
<td>2</td>
<td>1,766,746.</td>
<td>1,431,981.</td>
</tr>
<tr>
<td>3</td>
<td>75,390.</td>
<td>47,826.</td>
</tr>
<tr>
<td>4</td>
<td>35,349.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1,881,476.</td>
<td>2,868,664.</td>
</tr>
<tr>
<td>6</td>
<td>29,632.</td>
<td>21,733.</td>
</tr>
<tr>
<td>7</td>
<td>351,690.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>155,197.</td>
<td>175,627.</td>
</tr>
<tr>
<td>9</td>
<td>2,573.</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>351,690.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>176,063.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>617,541.</td>
<td>58,977.</td>
</tr>
<tr>
<td>12</td>
<td>2,573.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>4,648,199.</td>
<td>4,838,014.</td>
</tr>
<tr>
<td>14</td>
<td>413,101.</td>
<td>458,159.</td>
</tr>
<tr>
<td>15</td>
<td>3,573.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>1,000,000.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>1,000,000.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>1,413,101.</td>
<td>1,458,159.</td>
</tr>
</tbody>
</table>

**Assets**

- **Cash - non-interest-bearing**
- **Savings and temporary cash investments**
- **Pledges and grants receivable, net**
- **Accounts receivable, net**
- **Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L**
- **Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions)**
- **Notes and loans receivable, net**
- **Inventories for sale or use**
- **Prepaid expenses and deferred charges**
- **Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D**
- **Notes and loans receivable, net**
- **Investments - publicly traded securities**
- **Investments - other securities. See Part IV, line 11**
- **Investments - program-related. See Part IV, line 11**
- **Intangible assets**
- **Other assets. See Part IV, line 11**

**Liabilities**

- **Accounts payable and accrued expenses**
- **Grants payable**
- **Deferred revenue**
- **Tax-exempt bond liabilities**
- **Escrow or custodial account liability. Complete Part IV of Schedule D**
- **Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L**
- **Secured mortgages and notes payable to unrelated third parties**
- **Unsecured notes and loans payable to unrelated third parties**
- **Other liabilities. Complete Part X of Schedule D**

**Total liabilities. Add lines 17 through 25**

**Organizations that follow SFAS 117, check here (X) and complete lines 27 through 29, and lines 33 and 34.**

- **Unrestricted net assets**
- **Temporarily restricted net assets**
- **Permanently restricted net assets**

**Organizations that do not follow SFAS 117, check here ( ) and complete lines 30 through 34.**

- **Capital stock or trust principal, or current funds**
- **Paid-in or capital surplus, or land, building, or equipment fund**
- **Retained earnings, endowment, accumulated income, or other funds**

**Net Assets or Fund Balances**

- **Total net assets or fund balances**
- **Total liabilities and net assets/fund balances**
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI  

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1,905,243.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,861,043.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>44,200.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>3,235,098.</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>100,557.</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
<td>3,379,855.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash  Accrual  Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis  Consolidated basis  Both consolidated and separate basis</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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.</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**THE FRIENDSHIP BRIDGE**

**Name of the organization**: THE FRIENDSHIP BRIDGE  
**Employer identification number**: 84-1141078

### Part I: Reason for Public Charity Status

**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.

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>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 509(a)(2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii</td>
<td>A family member of a person described in (i) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Type of Organization

(All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Type III - Functionally integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Type III - Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Public Support

**Total**

---

**LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010**

**Form 990 or 990-EZ.**
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,354,881</td>
<td>1,415,800</td>
<td>789,899</td>
<td>575,517</td>
<td>590,488</td>
<td>4,726,585</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</strong></td>
<td>19,148</td>
<td>25,245</td>
<td>10,141</td>
<td>27,904</td>
<td>82,438</td>
</tr>
<tr>
<td>9</td>
<td><strong>Net income from unrelated business activities, whether or not the business is regularly carried on</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</strong></td>
<td>56,862</td>
<td>10,912</td>
<td>16,028</td>
<td>6,958</td>
<td>1,208</td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td><strong>Gross receipts from related activities, etc. (see instructions)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>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) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>92.08 %</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2009 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91.84 %</td>
</tr>
</tbody>
</table>

- **16a 33 1/3% support test - 2010.** 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.

- **b 33 1/3% support test - 2009.** 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.

- **17a 10% -facts-and-circumstances test - 2010.** 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.

- **b 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

- **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ship fees received. (Do not include any &quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, mercha</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nise sold or services performed, or facili</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ties furnished in any activity that is re</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lated to the organization's tax-exempt pu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are not an unrelated trade or business un</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>der section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organiza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tion's benefit and either paid to or expe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nded on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ganization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1 and 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 3 received from other than disqualified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons that exceed the greater of $5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 1% of the amount on line 13 for the yea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (highest line 7c to line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans, ren</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ts, royalties and income from similar sou</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b, whether</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or not the business is regularly on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10a, 11, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization's first, second, third,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) |      |      |      |      |      | %
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 |      |      |      |      |      | %

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) |      |      |      |      |      | %
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 |      |      |      |      |      | %

<table>
<thead>
<tr>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |      |      |      |      |      | %
| 19b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |      |      |      |      |      | %
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |      |      |      |      |      | %

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

13060902 745960 00331 2010.04020 THE FRIENDSHIP BRIDGE 00331_1
Schedule B
(990, 990-EZ, or 990-PF)

Name of the organization
THE FRIENDSHIP BRIDGE

Employer identification number
84-1141078

Filers of (check one):

Form 990 or 990-EZ
☐ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule
☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules
☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I  Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$15,000</td>
<td>Person X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$13,944</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$45,000</td>
<td>Person X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$55,000</td>
<td>Person X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$50,842</td>
<td>Person X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$30,000</td>
<td>Person X</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
## Part I Contributors (see instructions)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$25,000.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$20,000.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$15,000.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (see instructions)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part I**  
**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   [ ] Yes  [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   [ ] Yes  [ ] No

**Part II**  
**Conservation Easements.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - [ ] Preservation of land for public use (e.g., recreation or education)
   - [ ] Preservation of an historically important land area
   - [ ] Protection of natural habitat
   - [ ] Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located.

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   [ ] Yes  [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   [ ] Yes  [ ] No

9. In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

**Part III**  
**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items:

   - (i) Revenues included in Form 990, Part VIII, line 1  
   - (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a. Revenues included in Form 990, Part VIII, line 1  
   b. Assets included in Form 990, Part X
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  ☐ Public exhibition  
   b  ☐ Scholarly research  
   c  ☐ Preservation for future generations  
   d  ☐ Loan or exchange programs  
   e  ☐ Other  

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>101,000</td>
<td>100,000</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Contributions

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,800</td>
<td>1,000</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c Net investment earnings, gains, and losses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>-7,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Grants or scholarships

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e Other expenditures for facilities and programs

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Administrative expenses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

g End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>101,000</td>
<td>101,000</td>
<td>100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment %

b Permanent endowment %

| 100.00 |

c Term endowment %

| 100.00 |

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   i) unrelated organizations

   ii) related organizations

3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>351,690.</td>
<td>176,063.</td>
<td>175,627.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>175,627.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.).)
### Part VII Investments - Other Securities

<table>
<thead>
<tr>
<th>(a) Description of security or category</th>
<th>(b) Book value</th>
<th>(c) Method of valuation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td>Cost or end-of-year market value</td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

### Part VIII Investments - Program Related

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cost or end-of-year market value</td>
</tr>
</tbody>
</table>

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

### Part IX Other Assets

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

### Part X Other Liabilities

1. 

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
### Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4 through 8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
</tbody>
</table>

### Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
</tbody>
</table>

### Part XIV | Supplemental Information

Complete 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 and 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.

**PART V, LINE 4:** SUPPORTING THE EDUCATION OF OUR WOMEN CLIENTS.

---

**PART X, LINE 2:** IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, THE FRIENDSHIP BRIDGE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
### PART XI, LINE 8 - OTHER ADJUSTMENTS:

**CURRENCY GAIN**

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

- **SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON FINANCIAL STATEMENTS** 32,606.
- **COGS REPORTED AS EXPENSE ON FINANCIAL STATEMENTS** 3,931.

Total to Schedule D, Part XII, Line 2D 36,537.

### PART XIII, LINE 2D - OTHER ADJUSTMENTS:

- **SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON FINANCIAL STATEMENTS** 32,606.
- **COGS REPORTED AS EXPENSE ON FINANCIAL STATEMENTS** 3,931.

Total to Schedule D, Part XIII, Line 2D 36,537.
## Part I General Information on Activities Outside the United States

### 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  

**Yes** [X]  
**No**  

### 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

### 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in region</th>
<th>Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>7</td>
<td></td>
<td>PROGRAM SERVICES, MICRO CREDIT AND NON-FORMAL EDUCATION</td>
<td>1,474,944.</td>
<td></td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>0</td>
<td></td>
<td>GRANTS TO RECIPIENTS IN THE REGION</td>
<td>9,830.</td>
<td></td>
</tr>
</tbody>
</table>

### Sub-total

- a Sub-total  
- b Total from continuation sheets to Part I  
- c Totals (add lines 3a and 3b)  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**LHA**  

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

**Schedule F (Form 990) 2010**
**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000.

Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.
### Part III: Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

**THE FRIENDSHIP BRIDGE**

84-1141078

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL ASSISTANCE</td>
<td>EAST ASIA PACIFIC</td>
<td>9</td>
<td>9,830.00</td>
<td>CHECK</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

---

**Schedule F (Form 990) 2010**
### Part IV Foreign Forms

1. **Was the organization a U.S. transferor of property to a foreign corporation during the tax year?**
   - **Yes** ☐  **No** ☒

2. **Did the organization have an interest in a foreign trust during the tax year?**
   - **Yes** ☐  **No** ☒

3. **Did the organization have an ownership interest in a foreign corporation during the tax year?**
   - **Yes** ☐  **No** ☒

4. **Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?**
   - **Yes** ☐  **No** ☒

5. **Did the organization have an ownership interest in a foreign partnership during the tax year?**
   - **Yes** ☐  **No** ☒

6. **Did the organization have any operations in or related to any boycotting countries during the tax year?**
   - **Yes** ☐  **No** ☒
SCHEDULE F, PART I, LINE 2: THE FUNDS PROVIDED TO GUATEMALA ARE FOR THE LOAN PORTFOLIO, AND THE FUNDS PROVIDED TO VIETNAM COVER TRAVEL-RELATED EXPENSES FOR INSTRUCTORS TO ATTEND AND TEACH AT THE MASTER OF SCIENCE IN NURSING AT UNIVERSITY OF MEDICINE AND PHARMACY, HO CHI MINH CITY, VIETNAM. WE RECEIVE A REIMBURSEMENT REQUEST FROM THE INSTRUCTORS AND REIMBURSE THEM FOR THE EXPENSES AFTER THEY ARE INCURRED.
# Supplemental Information Regarding Fundraising or Gaming Activities

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - [ ] Yes
   - [ ] No

3. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

...
### Part II Fundraising Events

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>85,951.</td>
<td>156,802.</td>
<td></td>
<td>242,753.</td>
</tr>
<tr>
<td>Less: Charitable contributions</td>
<td>55,150.</td>
<td>69,706.</td>
<td></td>
<td>124,856.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>30,801.</td>
<td>87,096.</td>
<td></td>
<td>117,897.</td>
</tr>
</tbody>
</table>

### Direct Expenses

| Rent/facility costs | 500. |
| Rent/facility costs | 500. |
| Food and beverages | 6,823. |
| Food and beverages | 4,660. |
| Entertainment       | 1,150. |
| Other direct expenses | 8,196. |
| Other direct expenses | 11,277. |

### Part III Gaming

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
</table>

| Gross revenue |
| Cash prizes |
| Noncash prizes |
| Rent/facility costs |
| Other direct expenses |

<table>
<thead>
<tr>
<th>Volunteer labor</th>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
<td>No</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Direct expense summary. Add lines 2 through 5 in column (d): (32,606.)

Net income summary. Combine line 1, column (d), and line 7: (85,291.)

### Enter the state(s) in which the organization operates gaming activities:

<table>
<thead>
<tr>
<th>Is the organization licensed to operate gaming activities in each of these states?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If "No," explain: __________________________

<table>
<thead>
<tr>
<th>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If "Yes," explain: __________________________
### Schedule G (Form 990 or 990-EZ) 2010

#### THE FRIENDSHIP BRIDGE 84-1141078

**Page 3**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Does the organization operate gaming activities with nonmembers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Indicate the percentage of gaming activity operated in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization’s facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b An outside facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If “Yes,” enter the amount of gaming revenue received by the organization $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c If “Yes,” enter name and address of the third party:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Gaming manager information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mandatory distributions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Attach to Form 990.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE FRIENDSHIP BRIDGE</td>
<td>84-1141078</td>
</tr>
</tbody>
</table>

### General Information on Grants and Assistance

**Part I**

1. **Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**
   - Yes [X] No [ ]

2. **Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

### Grants and Other Assistance to Governments and Organizations in the United States

**Part II**

1. **Name and address of organization or government**
   - MICROPLANET TECHNOLOGIES, INC.
   - 1613 E STREET, SE
   - WASHINGTON, DC 20003

2. **EIN**
   - 27-1829782

3. **IRC section if applicable**
   - 501(c)(3)

4. **Amount of cash grant**
   - 40,000

5. **Amount of non-cash assistance**
   - 0

6. **Description of non-cash assistance**
   - TO FUND I.T. INFRASTRUCTURE

7. **Purpose of grant or assistance**
   - [ ]

### Additional Information

- **Enter total number of section 501(c)(3) and government organizations**
  - 1

- **Enter total number of other organizations**
  - 0

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SCHEDULE I, PART I, LINE 2: THE $40,000 GRANT TO MICROPLANET COVERED

PARTIAL EXPENSES RELATED TO A SPECIFIC SOFTWARE DEVELOPMENT PROJECT FOR FRIENDSHIP BRIDGE, WHICH HAS BEEN DELIVERED. THEREFORE, FB IS SATISFIED THAT THE PURPOSES OF THE GRANT HAVE BEEN FULFILLED.
THE FRIENDSHIP BRIDGE

FORM 990, PART VI, SECTION A, LINE 2: DANA FALLETTI AND VALORIE HALL HAVE A BUSINESS RELATIONSHIP THROUGH FALLETTI WEBER CONSULTING GROUP. FRIENDSHIP BRIDGE HAS NO BUSINESS DEALINGS WITH FALLETTI WEBER CONSULTING.

FORM 990, PART VI, SECTION B, LINE 11: INFORMATION FOR THE 990 IS DRAFTED BY THE APPROPRIATE STAFF, REVIEWED BY THE EXECUTIVE DIRECTOR, AND THEN SUBMITTED TO THE AUDIT FIRM. UPON COMPLETION OF THE DRAFT 990 BY THE AUDIT FIRM, THE FORM IS REVIEWED AGAIN BY THE EXECUTIVE DIRECTOR AND IS THEN SENT TO THE ENTIRE BOARD FOR REVIEW BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS AN ANNUAL REQUIREMENT FOR ALL BOARD AND STAFF AND IS KEPT ON FILE AT FRIENDSHIP BRIDGE OFFICES.

AFTER A BOARD MEMBER DISCLOSES THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE REMAINING BOARD MEMBERS DISCUSS THE MATTER IN THE ABSENCE OF THE INTERESTED BOARD MEMBER, DECIDE WHETHER A CONFLICT EXISTS, AND, IF SO, WHETHER IT IS IN THE BEST INTERESTS OF FB TO TAKE THE ACTION OR ENGAGE IN THE TRANSACTION IN WHICH THE BOARD MEMBER IS INTERESTED.

EXECUTIVE COMMITTEE WERE DOCUMENTED SIMULTANEOUSLY BY EMAIL IN COMMUNICATIONS AMONG THE COMMITTEE MEMBERS AND WITH THE FULL BOARD. DECISIONS REGARDING APPROVED COMPENSATION WERE ALSO COMMUNICATED BY EMAILS TO MANAGEMENT.

FORM 990, PART VI, SECTION C, LINE 19: FRIENDSHIP BRIDGE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEB SITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 5,453.
CURRENCY GAIN 95,104.
TOTAL TO FORM 990, PART XI, LINE 5 100,557.
Form 8868 (Rev. 1-2011)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box: X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of exempt organization: THE FRIENDSHIP BRIDGE

Employer identification number: 84-1141078

Number, street, and room or suite no. If a P.O. box, see instructions:

405 URBAN STREET, NO. 140

City, town or post office, state, and ZIP code. For a foreign address, see instructions:

LAKEWOOD, CO 80228

Enter the Return code for the return that this application is for (file a separate application for each return): 0 1

Application Is For | Return Code | Application Is For | Return Code
--- | --- | --- | ---
Form 990 | 01 | Form 1041-A | 08
Form 990-BL | 02 | Form 4720 | 09
Form 990-EZ | 03 | Form 5227 | 10
Form 990-PF | 04 | Form 6069 | 11
Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12
Form 990-T (trust other than above) | 06 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of: 405 URBAN STREET, SUITE 140 – LAKEWOOD, CO 80228

Telephone No. 303-674-0717 FAX No. —

If the organization does not have an office or place of business in the United States, check this box: □

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) __________. If this is for the whole group, check this box: □. If it is for part of the group, check this box: □ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until: NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning __________ and ending __________.

6 If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

7 State in detail why you need the extension:

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA

Date ▶

Form 8868 (Rev. 1-2011)