

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

B Check if applicable: [X] Address change, [ ] Name change, [ ] Initial return, [ ] Final return/terminated, [ ] Amended return, [ ] Application pending
C COMMUNITY BRIDGES, 519 MAIN STREET, WATSONVILLE, CA 95076
D Employer identification number 94-2460211
E Telephone number (831) 688-8840
G Gross receipts \$ 16,232,010.
H(a) Is this a group return for subordinates? Yes [ ], No [X]
H(b) Are all subordinates included? Yes [ ], No [ ]

I Tax-exempt status [X] 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.COMMUNITYBRIDGES.ORG
H(c) Group exemption number

K Form of organization: [X] Corporation, [ ] Trust, [ ] Association, [ ] Other
L Year of formation: 1977
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... PROVIDING MEALS; TRANSPORTATION; NUTRITIONAL SUBSIDIES AND EDUCATION; CHILD CARE; INDIVIDUAL, FAMILY, PARENTING EDUCATIONAL AND COMMUNITY SERVICES TO ELDERLY, ILL, IMPOVERISHED, DISABLED, AND/OR LOW INCOME INDIVIDUALS, FAMILIES AND CHILDREN.
3 Number of voting members of the governing body... 13
4 Number of independent voting members of the governing body... 13
5 Total number of individuals employed in calendar year 2017... 228
6 Total number of volunteers... 300
7a Total unrelated business revenue... 7,027
7b Net unrelated business taxable income... 6,027
8 Contributions and grants... 12,445,888
9 Program service revenue... 2,459,814
10 Investment income... 29,093
11 Other revenue... 282,931
12 Total revenue... 15,217,726
13 Grants and similar amounts paid...
14 Benefits paid to or for members...
15 Salaries, other compensation, employee benefits... 7,785,402
16a Professional fundraising fees... 16,938
16b Total fundraising expenses... 214,065
17 Other expenses... 6,699,026
18 Total expenses... 14,501,366
19 Revenue less expenses... 716,360
20 Total assets... 5,370,459
21 Total liabilities... 3,045,973
22 Net assets or fund balances... 2,324,486

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.

Sign Here: Signature of officer DOUGLAS UNDERHILL, Date, Type or print name and title CFO

Paid Preparer Use Only: Print/Type preparer's name PETER MERSINO, Preparer's signature, Date, Check self-employed, PTIN P01251581, Firm's name KAKU & MERSINO, LLP, Firm's address 1588 SHAW AVENUE, CLOVIS, CA 93611-7814, Firm's EIN 770494454, Phone no. (559) 324-7097

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [ ], No [X]

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,497,948. including grants of \$ 15,000.) (Revenue \$ 3,333.)

THE CHILD AND ADULT CARE FOOD PROGRAM, USING U.S. DEPARTMENT OF AGRICULTURE FUNDING AWARDED BY THE CA STATE DEPARTMENT OF EDUCATION, PROVIDED 2,113,483 MEAL SUBSIDIES TO CHILDREN AND ADULTS AT MORE THAN 450 LICENSED DAY CARE CENTERS IN FY 17/18.

4b (Code: ) (Expenses \$ 2,071,989. including grants of \$ ) (Revenue \$ 25,047.)

THE WOMEN, INFANTS & CHILDREN SUPPLEMENTAL NUTRITION PROGRAM (WIC) EVALUATED AND QUALIFIED 26,303 LOW INCOME FAMILIES, PROVIDING 78,474 FOOD VOUCHERS, AS WELL AS PROVIDED NUTRITION AND BREASTFEEDING CLASSES IN FY 17/18.

4c (Code: ) (Expenses \$ 1,818,374. including grants of \$ 291,075.) (Revenue \$ 228,990.)

THE CHILD DEVELOPMENT DIVISION PROVIDED 34,805 CHILD DAYS OF CHILDCARE TO LOW-INCOME FAMILIES IN 5 STATE LICENSED CHILD DEVELOPMENT CENTERS IN FY 17/18.

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

(Expenses \$ 5,554,045. including grants of \$ 3,938,353.) (Revenue \$ 474,072.)

4e Total program service expenses 13,942,356.

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	<b>1</b>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	<b>2</b>		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....	<b>3</b>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	<b>4</b>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....	<b>5</b>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....	<b>6</b>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....	<b>7</b>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....	<b>8</b>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....	<b>9</b>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	<b>10</b>	X	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	<b>11 a</b>	X	
<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....	<b>11 b</b>		X
<b>c</b> Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....	<b>11 c</b>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....	<b>11 d</b>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	<b>11 e</b>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	<b>11 f</b>		X
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....	<b>12 a</b>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	<b>12 b</b>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	<b>13</b>		X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14 a</b>		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....	<b>14 b</b>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....	<b>15</b>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....	<b>16</b>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....	<b>17</b>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....	<b>18</b>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....	<b>19</b>		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....	<b>20a</b>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	<b>21</b>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....	<b>22</b>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....	<b>23</b>		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....	<b>25a</b>		X
<b>b</b> 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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....	<b>25b</b>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....	<b>27</b>		X
<b>28</b> 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):	<b>28</b>		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28b</b>		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</b> If 'Yes' to line 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>36</b>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. .....	<b>38</b>	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-sections for Organizations that may receive deductible contributions, Sponsoring organizations, and Section 501(c)(7), (12), (13), and (29) organizations.

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.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and Yes/No checkboxes. Includes questions about voting members, family relationships, and governance documents.

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

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No checkboxes. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DOUGLAS UNDERHILL, CFO 519 MAIN STREET WATSONVILLE CA 95076 (831) 688-8840

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

 Check if Schedule O contains a response or note to any line in this Part VII. 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1 a** 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 the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

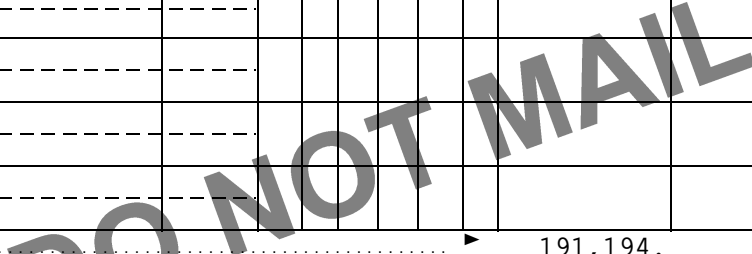
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON BRADY VICE CHAIR	5 0	X		X				0.	0.	
(2) JACK JACOBSON SECRETARY	5 0	X		X				0.	0.	
(3) JORGE MENDEZ TREASURER	5 0	X		X				0.	0.	
(4) HEATHER LENHARDT COMMUNITY REP.	5 0	X						0.	0.	
(5) PAM FIELDS SECRETARY VC	5 0	X		X				0.	0.	
(6) SARA SIEGEL COMMUNITY REP.	5 0	X						0.	0.	
(7) DOUG UNDERHILL SECRETARY/TREAS	5 0	X		X				0.	0.	
(8) KENN BARROGA COMMUNITY REP.	5 0	X						0.	0.	
(9) LEE SLAFF TREASURER	5 0	X		X				0.	0.	
(10) NICOLETTE LEE COMMUNITY REP.	5 0	X						0.	0.	
(11) STEVEN MCKAY COMMUNITY REP.	5 0	X						0.	0.	
(12) CASEY WU COMMUNITY REP.	5 0	X						0.	0.	
(13) MAJEL JORDAN COMMUNITY REP.	5 0	X						0.	0.	
(14) REBECCA FOWLER CHAIR	5 0	X		X				0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARTIN BERNAL COMMUNITY REP.	5 0	X					0.	0.	0.	
(16) RAYMON CANCINO PRESIDENT & CEO	40 0			X			104,816.	0.	9,140.	
(17) CATHRYN BENSON CFO	40 0			X			86,378.	0.	8,915.	
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....							191,194.	0.	18,055.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							191,194.	0.	18,055.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1										



		Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3		X
4 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? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5		X

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0



**Part VIII Statement of Revenue**

 Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>	12,613,916.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	975,125.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		▶ 13,589,041.				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> SERVICE FEES - ADULT CARE .....	624200	1,750,086.	1,750,086.			
	<b>b</b> SERVICE FEES - CHILD CARE .....	624410	284,840.	284,840.			
	<b>c</b> SERVICE FEES - TRANSP. .....	485000	88,512.	88,512.			
	<b>d</b> SERVICE FEES - MISC. .....	900099	49,700.	49,700.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		▶ 2,173,138.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		27,343.	27,343.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		220,579.					
		<b>b</b> Less: rental expenses .....	29,446.				
		<b>c</b> Rental income or (loss) .....	191,133.				
	<b>d</b> Net rental income or (loss) .....			191,133.	184,106.	7,027.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	144,714.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	46,031.				
	<b>c</b> Net income or (loss) from fundraising events .....			98,683.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue		Business Code					
<b>11 a</b> OTHER REVENUE .....	900099	77,195.	77,195.				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		▶ 77,195.					
<b>12 Total revenue.</b> See instructions .....		▶ 16,156,533.	2,461,782.	7,027.	0.		

DO NOT MAIL

**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).

 Check if Schedule O contains a response or note to any line in this Part IX. 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	201,220.	0.	201,220.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	6,232,700.	5,293,727.	882,447.	56,526.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	42,458.	33,871.	8,587.	
9 Other employee benefits.....	954,981.	820,648.	131,118.	3,215.
10 Payroll taxes.....	732,678.	638,708.	89,344.	4,626.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....	31,962.		31,962.	
c Accounting.....	34,900.	7,072.	27,828.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....	2,611.			2,611.
f Investment management fees.....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....	346,560.	206,085.	87,242.	53,233.
12 Advertising and promotion.....	71,474.	39,084.	15,609.	16,781.
13 Office expenses.....	283,852.	189,930.	28,642.	65,280.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	1,043,506.	927,259.	116,007.	240.
17 Travel.....	147,525.	143,724.	3,681.	120.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	83,282.	83,278.	4.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	76,842.	73,616.	3,226.	
23 Insurance.....	158,417.	147,847.	10,297.	273.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>DAY CARE HOME FOOD PAYMENTS</u> .....	4,214,742.	4,214,742.		
b <u>MEALS EXPENSE</u> .....	656,200.	656,200.		
c <u>TELEPHONE &amp; COMMUNICATION</u> .....	141,601.	126,269.	15,009.	323.
d <u>VEHICLE EXPENSE</u> .....	129,946.	129,946.		
e All other expenses.....	278,755.	210,350.	57,568.	10,837.
25 Total functional expenses. Add lines 1 through 24e. ....	15,866,212.	13,942,356.	1,709,791.	214,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**

 Check if Schedule O contains a response or note to any line in this Part X. 

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing.....	600.	<b>1</b>	600.	
	<b>2</b> Savings and temporary cash investments.....	426,759.	<b>2</b>	976,231.	
	<b>3</b> Pledges and grants receivable, net.....	1,017,204.	<b>3</b>	1,480,387.	
	<b>4</b> Accounts receivable, net.....	701,513.	<b>4</b>	403,279.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....			<b>5</b>	
	<b>6</b> Loans and other 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). Complete Part II of Schedule L.....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....			<b>7</b>	
	<b>8</b> Inventories for sale or use.....	18,698.	<b>8</b>		18,690.
	<b>9</b> Prepaid expenses and deferred charges.....	143,628.	<b>9</b>		258,297.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 5,913,179.			
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 2,358,819.	2,491,634.	<b>10c</b>	3,554,360.
	<b>11</b> Investments – publicly traded securities.....	570,423.	<b>11</b>		575,749.
	<b>12</b> Investments – other securities. See Part IV, line 11.....			<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11.....			<b>13</b>	
	<b>14</b> Intangible assets.....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....			<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....		5,370,459.	<b>16</b>	7,267,593.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	1,122,340.	<b>17</b>	1,933,148.	
	<b>18</b> Grants payable.....		<b>18</b>		
	<b>19</b> Deferred revenue.....	130,242.	<b>19</b>	69,590.	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....			<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....	1,793,391.	<b>23</b>		2,344,704.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....			<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....			<b>25</b>	408,061.
	<b>26 Total liabilities.</b> Add lines 17 through 25.....		3,045,973.	<b>26</b>	4,755,503.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets.....	1,903,887.	<b>27</b>	2,093,708.	
	<b>28</b> Temporarily restricted net assets.....	420,599.	<b>28</b>	418,382.	
	<b>29</b> Permanently restricted net assets.....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds.....			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....			<b>32</b>	
	<b>33</b> Total net assets or fund balances.....	2,324,486.	<b>33</b>		2,512,090.
<b>34</b> Total liabilities and net assets/fund balances.....		5,370,459.	<b>34</b>	7,267,593.	

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Form 990 (2017)

**Part XI Reconciliation of Net Assets**

 Check if Schedule O contains a response or note to any line in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12).....	<b>1</b>	16,156,533.
2 Total expenses (must equal Part IX, column (A), line 25).....	<b>2</b>	15,866,212.
3 Revenue less expenses. Subtract line 2 from line 1.....	<b>3</b>	290,321.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	<b>4</b>	2,324,486.
5 Net unrealized gains (losses) on investments.....	<b>5</b>	
6 Donated services and use of facilities.....	<b>6</b>	
7 Investment expenses.....	<b>7</b>	
8 Prior period adjustments.....	<b>8</b>	
9 Other changes in net assets or fund balances (explain in Schedule O) <b>SEE SCHEDULE O</b> .....	<b>9</b>	-102,717.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	<b>10</b>	2,512,090.

**Part XII Financial Statements and Reporting**

 Check if Schedule O contains a response or note to any line in this Part XII. 

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2 a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?..... If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2 a</b>		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?..... If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2 b</b>	X	
<b>c</b> If 'Yes' 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?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2 c</b>	X	
<b>3 a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....	<b>3 a</b>	X	
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....	<b>3 b</b>	X	

BAA

 Form **990** (2017)

Public Charity Status and Public Support

OMB No. 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

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

2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization: COMMUNITY BRIDGES; Employer identification number: 94-2460211

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university.
10 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...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows include (A) through (E) and a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

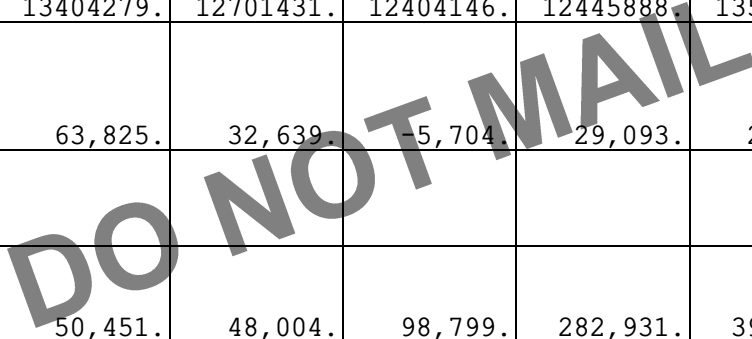
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person that exceeds 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.



Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows 14 and 15 show public support percentages for 2017 and 2016 respectively.

- 16a 33-1/3% support test—2017. 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.
b 33-1/3% support test—2016. 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.
17a 10%-facts-and-circumstances test—2017. 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.
b 10%-facts-and-circumstances test—2016. 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.
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 10 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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**14 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**. . . . .

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests—2017.** 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. . . . .

**b 33-1/3% support tests—2016.** 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. . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>	3a		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>	3b		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>	3c		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>	9a		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9c		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>	10a		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b		



**Part IV Supporting Organizations** *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c		

**Section B. Type I Supporting Organizations**

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		

**Section C. Type II Supporting Organizations**

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		

**Section D. All Type III Supporting Organizations**

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructions)</b> .			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8		

Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

- 7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D – Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2017	2016	2015	2014	2013
OTHER INCOME	\$ 396,457.	\$ 282,931.	\$ 98,799.	\$ 48,004.	\$ 50,451.
TOTAL	<u>\$ 396,457.</u>	<u>\$ 282,931.</u>	<u>\$ 98,799.</u>	<u>\$ 48,004.</u>	<u>\$ 50,451.</u>

**ADDITIONAL SUPPLEMENTAL INFORMATION**

PART II, LINE 10: OTHER INCOME FOR ALL FIVE (5) YEARS REPORTED HERE ARE MADE UP OF: SHARE OF MAINTENANCE FEES, 401(K) FORFEITURES, INTEREST CHARGED FOR LATE PAYMENT, MISC. INSURANCE DIVIDENDS, INTER-PROGRAM REVENUE, MISC. REIMBURSEMENTS FROM PRIOR YEARS, STOP PAYMENT FEES CHARGED BY US FOR LOST CHECKS, FSA FORFEITURES, AND MISCELLANEOUS SERVICE FEES.

DO NOT MAIL

Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to at www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: COMMUNITY BRIDGES
Employer identification number: 94-2460211

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities') SEE PART IV
2 Political campaign activity expenditures (see instructions) \$
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 0.
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term 'expenditures' means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying).....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....	7,114.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b).....	7,114.	0.												
<b>d</b> Other exempt purpose expenditures.....	15,888,544.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....	15,895,658.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.....	944,783.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f).....	236,196.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-.....	0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-.....	0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) Total</b>
<b>2 a</b> Lobbying nontaxable amount.....	958,180.	870,590.	875,068.	944,783.	3,648,621.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					5,472,932.
<b>c</b> Total lobbying expenditures.....	5,787.	4,357.	11,101.	7,114.	28,359.
<b>d</b> Grassroots nontaxable amount.....	239,545.	217,648.	218,767.	236,196.	912,156.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					1,368,234.
<b>f</b> Grassroots lobbying expenditures.....					0.

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Schedule C (Form 990 or 990-EZ) 2017

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i.			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912.			
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2 a</b>	
<b>b</b> Carryover from last year	<b>2 b</b>	
<b>c</b> Total	<b>2 c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES**

NO DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITY IN FY 17/18

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY BRIDGES

94-2460211

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
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.

Table titled 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

- 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?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?
9 In Part XIII, 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' on Form 990, Part IV, line 8.

- 1 a 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 XIII, 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 the following amounts relating to these items:
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:



**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 XIII.

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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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 XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	401,671.	380,954.	415,901.	436,218.	447,693.
b Contributions					
c Net investment earnings, gains, and losses	41,898.	43,342.	-13,477.	920.	5,756.
d Grants or scholarships					
e Other expenditures for facilities and programs	25,187.	22,625.	21,500.	21,237.	17,231.
f Administrative expenses					
g End of year balance	418,382.	401,671.	380,924.	415,901.	436,218.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		2,759,465.	61,066.	2,698,399.
c Leasehold improvements		878,653.	342,027.	536,626.
d Equipment		907,306.	824,159.	83,147.
e Other		1,367,755.	1,131,567.	236,188.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,554,360.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) MEASURE D CAPITAL RESERVE	408,061.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	408,061.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b> Total revenue, gains, and other support per audited financial statements.....		<b>1</b>	16,268,457.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Net unrealized gains (losses) on investments.....	<b>2a</b>		
<b>b</b> Donated services and use of facilities.....	<b>2b</b>	9,489.	
<b>c</b> Recoveries of prior year grants.....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) <b>SEE PART XIII</b> .....	<b>2d</b>	102,435.	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	111,924.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	16,156,533.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.).....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.).....		<b>5</b>	16,156,533.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b> Total expenses and losses per audited financial statements.....		<b>1</b>	15,978,136.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities.....	<b>2a</b>	9,489.	
<b>b</b> Prior year adjustments.....	<b>2b</b>		
<b>c</b> Other losses.....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) <b>SEE PART XIII</b> .....	<b>2d</b>	102,435.	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	111,924.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	15,866,212.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.).....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.).....		<b>5</b>	15,866,212.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

LIVE OAK CAPITAL MAINTENANCE FUND

**SCHEDULE D, PART XI, LINE 2D**

**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FAMILIA CENTER FORM 990.....			\$ 102,435.
		<b>TOTAL</b>	<u>\$ 102,435.</u>

**Part XIII** Supplemental Information (continued)

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FAMILIA CENTER FORM 990.....	\$ 102,435.
TOTAL	<u>\$ 102,435.</u>

DO NOT MAIL

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

COMMUNITY BRIDGES

Employer identification number

94-2460211

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

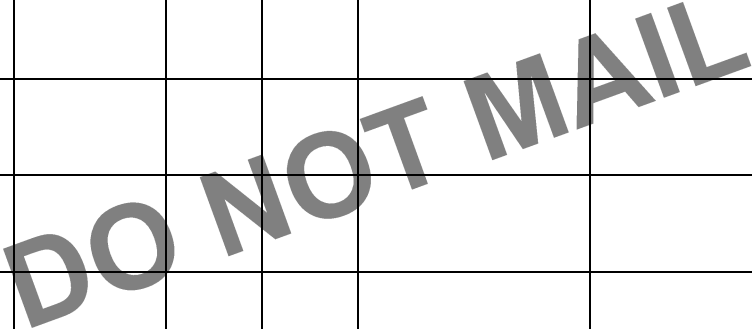
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... [X] Yes [ ] No

b If 'Yes,' list the 10 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 with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in column (i), (vi) Amount paid to (or retained by) organization. Rows 1-10.



Total ..... 0.

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.

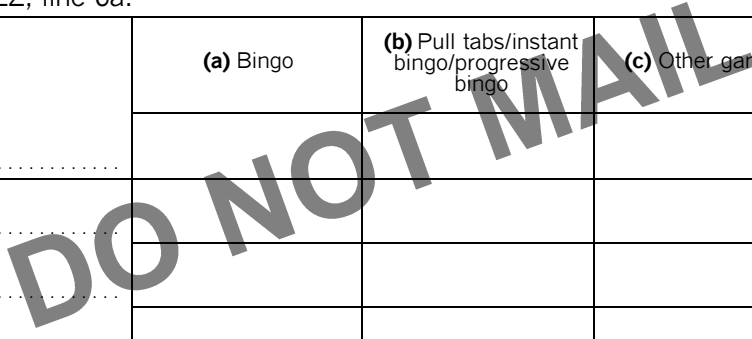
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**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>FOOD-HEART</u> <small>(event type)</small>	(b) Event #2 <u>FARM2FORK</u> <small>(event type)</small>	(c) Other events <u>1</u> <small>(total number)</small>	(d) Total events (add column (a) through column (c))
		<b>1</b> Gross receipts .....	63,248.	58,573.	22,893.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	63,248.	58,573.	22,893.	144,714.
DIRECT EXPENSES	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	1,500.	1,673.	800.	3,973.
	<b>7</b> Food and beverages .....	4,332.	10,393.	3,935.	18,660.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	4,188.	15,924.	3,286.	23,398.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				46,031.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				98,683.	

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		<b>1</b> Gross revenue .....			
DIRECT EXPENSES	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					



**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If 'No,' explain: \_\_\_\_\_

-----

**10 a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If 'Yes,' explain: \_\_\_\_\_

-----

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

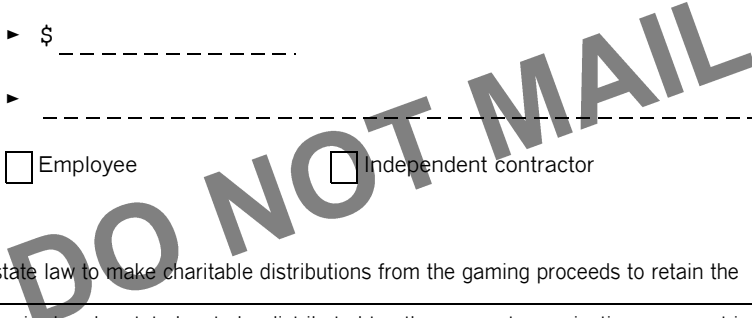
Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** 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 provide any additional information. See instructions.



# COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

COMMUNITY BRIDGES

94-2460211

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO PROVIDE MEALS, TRANSPORTATION, FAMILY RESOURCES AND EDUCATION, CHILD CARE,  
NUTRITIONAL EDUCATION AND ASSISTANCE, AND REFERRAL SERVICES TO THE NEEDIEST MEMBERS  
OF THE COMMUNITY, INCLUDING SENIORS, LOW INCOME FAMILIES WITH CHILDREN, IMMIGRANTS,  
THE DISABLED, AND THOSE WITH MEDICAL NEEDS.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

THE CTSA LIFT LINE PROGRAM EXPENDED \$1,460,827 TO PROVIDE 61,608 RIDES TO SENIOR AND  
THE DISABLED.

THE MEALS ON WHEELS PROGRAM EXPENDED \$1,394,002 TO DELIVER 146,000 HOME-DELIVERED  
AND DINING SITE MEALS.

ELDERDAY EXPENDED \$1,273,115 TO PROVIDE 17,569 UNITS OF ATTENDANCE DAYS OF ADULT DAY  
HEALTH CARE AND SOCIAL SERVICES.

LA MANZANA COMMUNITY RESOURCE SPENT \$556,710 ON 22,273 SERVICE UNITS TO LOW INCOME  
FAMILIES AND INDIVIDUALS, SUMMER LUNCH MEALS FOR CHILDREN.

THE MOUNTAIN COMMUNITY RESOURCES PROGRAM EXPENDED \$322,686 TO PROVIDE 2,196 UNITS OF  
COUNSELING, EDUCATION AND COMMUNITY DEVELOPMENT.

THE LIVE OAK FAMILY RESOUCE CENTER EXPENDED \$267,267 TO PROVIDE 4,779 UNITS OF  
COUNSELING, EDUCATION, OUTREACH, APPLICATION ASSISTANCE, AND REFERRAL SERVICES.

THE NUEVA VISTA COMMUNITY RESOURCES EXPENDED \$177,334 TO PROVIDE 3,535 UNITS OF  
INFORMATION & REFERRAL, COMMUNITY DEVELOPMENT, YOUTH SERVICES, AND EMERGENCY FOOD.



Name of the organization

Employer identification number

COMMUNITY BRIDGES

94-2460211

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

OTHER SERVICES EXPENDED \$102,104

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS REVIEWED BY THE PRES/CEO, AND THE CFO PRIOR TO SUBMISSION; UPON SUBMISSION IT IS MADE AVAILABLE TO THE BOARD OF DIRECTORS, FUNDERS, AND GOVERNMENT OVERSIGHT AGENCIES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE BOARD OF DIRECTORS INITIATED AND OVERSAW A COMPREHENSIVE COMPENSATION REVIEW IN 2000. AN INDEPENDENT COMPENSATION CONSULTANT REPORTED TO THE HR DIRECTOR AND THE PERSONNEL COMMITTEE OF THE BOARD, AND THEN THE FULL BOARD REVIEWED AND APPROVED THE REPORT WHICH INDICATED THAT SALARIES AGENCY-WIDE WERE SIGNIFICANTLY BELOW MARKET, AND THAT BENEFITS DID NOT ADEQUATELY CLOSE THAT GAP. OVER THE LAST FIFTEEN YEARS COMMUNITY BRIDGES HAS NOT SUBSTANTIALLY REVISED THE SALARY SCHEDULE NOR BEEN ABLE TO AWARD ANNUAL COLA'S TO KEEP UP WITH INFLATION, SO THE ORGANIZATION IS CONFIDENT THAT COMPENSATION, ESPECIALLY THOSE OF MIDDLE AND UPPER MANAGEMENT, FALLS BELOW MARKET RATES FOR COMPARABLE POSITIONS. IN A SEPARATE PROCESS IN 2013 THE CEO SALARY WAS REVIEWED BY THE BOARD OF DIRECTORS, COMPARABILITY DATA REVIEWED, AND THE BOARD ACTED TO INCREASE CEO ANNUAL SALARY FROM APPROXIMATELY \$86,250 TO APPROXIMATELY \$109,825--STILL WELL BELOW MARKET RATES FOR COMPARABLE ORGANIZATIONS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. A RECORD OF REQUESTS AND COMPLIANCE IS AVAILABLE.

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DEPRECIATION GRANT FUNDED ASSETS.....	\$	-107,002.
FAMILIA CENTER CHANGE IN NET ASSETS.....		4,285.
	TOTAL \$	<u>-102,717.</u>

**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

COMMUNITY BRIDGES

Employer identification number

94-2460211

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) FAMILIA CENTER 519 MAIN STREET WATSONVILLE, CA 95076 77-0071589	BILINGUAL FAMILY SERVICES	CA	501 (C) 3	PUBLIC CHARITY	COMMUNITY BRIDGES		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1 a</b>	<input type="checkbox"/>	X
<b>1 b</b>	<input type="checkbox"/>	X
<b>1 c</b>	<input type="checkbox"/>	X
<b>1 d</b>	<input type="checkbox"/>	X
<b>1 e</b>	<input type="checkbox"/>	X
<b>1 f</b>	<input type="checkbox"/>	X
<b>1 g</b>	<input type="checkbox"/>	X
<b>1 h</b>	<input type="checkbox"/>	X
<b>1 i</b>	<input type="checkbox"/>	X
<b>1 j</b>	<input type="checkbox"/>	X
<b>1 k</b>	X	<input type="checkbox"/>
<b>1 l</b>	<input type="checkbox"/>	X
<b>1 m</b>	<input type="checkbox"/>	X
<b>1 n</b>	X	<input type="checkbox"/>
<b>1 o</b>	<input type="checkbox"/>	X
<b>1 p</b>	<input type="checkbox"/>	X
<b>1 q</b>	<input type="checkbox"/>	X
<b>1 r</b>	<input type="checkbox"/>	X
<b>1 s</b>	<input type="checkbox"/>	X

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**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning 7/01, 2017, and ending 6/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); Print or Type COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076; D Employer identification number 94-2460211; E Unrelated business activity codes 532000

Form section containing: C Book value of all assets at end of year 7,267,593; F Group exemption number; G Check organization type 501(c) corporation

Form section containing: H Describe the organization's primary unrelated business activity UNRELATED DEBT FINANCED INCOME; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

Form section containing: J The books are in care of DOUGLAS UNDERHILL, CFO Telephone number (831) 688-8840

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 showing gross receipts, cost of goods sold, and total income of 36,473 and expenses of 29,446 resulting in net income of 7,027.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing various deductions like compensation, repairs, taxes, and depreciation, leading to a total deduction of 1,000 and final unrelated business taxable income of 6,027.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, 40 Total. Total amount: 1,084.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 41 Credits (Total 0), 42 Subtract line 41e from line 40 (Total 1,084), 43 Other taxes, 44 Total tax (Total 1,084), 45 Payments (Total 0), 46 Total payments (Total 0), 47 Estimated tax penalty (Total 38), 48 Tax due (Total 1,122), 49 Overpayment, 50 Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include: 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here section. Includes fields for Signature of officer, Date, Title (CFO), and a checkbox for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only section. Includes fields for Print/Type preparer's name (PETER MERSINO), Preparer's signature, Date, Check if self-employed, PTIN (P01251581), Firm's name (KAKU & MERSINO, LLP), Firm's EIN (770494454), Firm's address (1588 SHAW AVENUE, CLOVIS, CA 93611-7814), and Phone no. ((559) 324-7097).



**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		
b Other costs (attach sch)	4b				
5 <b>Total.</b> Add lines 1 through 4b.....	5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		Total
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)..... ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property <b>SEE ST 2</b>	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) MAIN STREET PROPERTY		36,473.	5,306.	24,140.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,784,327.	1,780,285.	100.0000 %	36,473.	29,446.
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> ..... ▶			36,473.	29,446.
<b>Total dividends-received deductions</b> included in column 8..... ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Rows (1) through (4).

Totals row with instructions: Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Rows (1) through (4).

Totals row with instructions: Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses. Rows (1) through (4).

Totals row with instructions: Enter here and on page 1, Part I, line 10, column (A). Enter here and on page 1, Part I, line 10, column (B). Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Rows (1) through (4).

Totals row with instruction: (carry to Part II, line (5)).

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1– 5)</b> .....	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			

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## Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

# 2017

Department of the Treasury  
Internal Revenue Service

Name <b>COMMUNITY BRIDGES</b>	Employer identification number <b>94-2460211</b>
----------------------------------	-----------------------------------------------------

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	<b>1</b>	1,084.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
d <b>Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....	<b>3</b>	1,084.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</b> .....	<b>4</b>	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	1,084.

**Part II Reasons for Filing** – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. ....	9	10/15/17	12/15/17	3/15/18	6/15/18
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	271.	271.	271.	271.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. ....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		271.	542.	813.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		271.	542.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	271.	271.	271.	271.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. ....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.**

**Part IV Figuring the Penalty**

		(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions.....	<b>19</b>	11/15/18	11/15/18	11/15/18	11/15/18
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19.....	<b>20</b>	396	335	245	153
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017.....	<b>21</b>				
<b>22</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	<b>22</b>				
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017.....	<b>23</b>				
<b>24</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{365} \times 4\% (0.04)$	<b>24</b>				
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018.....	<b>25</b>	77	16		
<b>26</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{365} \times 4\% (0.04)$	<b>26</b>	2.29	0.48		
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018.....	<b>27</b>	90	90	16	
<b>28</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	<b>28</b>	2.67	2.67	0.48	
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018.....	<b>29</b>	91	91	91	15
<b>30</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{365} \times 5\% \dots$	<b>30</b>	3.38	3.38	3.38	0.56
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018.....	<b>31</b>	92	92	92	92
<b>32</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{365} \times 5\% \dots$	<b>32</b>	3.42	3.42	3.42	3.42
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019.....	<b>33</b>	46	46	46	46
<b>34</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{365} \times 4\% \dots$	<b>34</b>	1.37	1.37	1.37	1.37
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019.....	<b>35</b>				
<b>36</b> Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{365} \times \dots\%$	<b>36</b>				
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	<b>37</b>	13.13	11.32	8.65	5.35
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.....	<b>38</b>				38.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**STATEMENT 1  
FORM 990-T, PART III, LINE 35C  
COMPUTATION OF TAX**

BLENDED TAX COMPUTATION

1. UNRELATED TAXABLE INCOME.....	\$	6,027.
2. TAX ON LINE 1 FIGURED USING TAX RATE BEFORE JANUARY 1, 2018.....		904.
3. TAX ON LINE 1 FIGURED USING THE 21% RATE.....		1,266.
4. RATIO OF DAYS BEFORE JANUARY 1, 2018.....		0.5041
5. RATIO OF DAYS AFTER DECEMBER 31, 2017.....		0.4959
7. MULTIPLY LINE 2 BY LINE 4.....		456.
8. MULTIPLY LINE 3 BY LINE 5.....		628.
9. TOTAL TAX (ADD LINES 7 AND 8).....	\$	<u>1,084.</u>

**STATEMENT 2  
FORM 990-T, SCHEDULE E, LINE 3B  
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY**

MAIN STREET PROPERTY

CLEANING AND MAINTENANCE.....	\$	9,291.
INSURANCE.....		31.
LICENSES AND PERMITS.....		1,291.
MISCELLANEOUS.....		3.
INTEREST.....		8,884.
SUPPLIES.....		552.
UTILITIES.....		3,905.
CONTRACTED SERVICES.....		43.
MINOR EQUIPMENT.....		140.
TOTAL	\$	<u>24,140.</u>

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2017

California Exempt Organization Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 7/01/2017, and ending (mm/dd/yyyy) 6/30/2018. Corporation/Organization name COMMUNITY BRIDGES. California corporation number 0829087. FEIN 94-2460211. Street address 519 MAIN STREET, WATSONVILLE, CA 95076.

A First Return [X] No. B Amended Return [X] No. C IRC Section 4947(a)(1) trust [X] No. D Final Information Return? [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [X] No. K Is the organization exempt under R&TC Section 23701g? [X] No. L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. [X] No filing fee is required.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (Total gross receipts: 16,232,010), Expenses (Total expenses: 15,941,689), and Filing Fee (Balance due: 0).

Sign Here: Signature of officer CFO, Title CFO, Date. Telephone (831) 688-8840. PTIN P01251581. FEIN 770494454. Telephone (559) 324-7097. Paid Preparer's Use Only: Preparer's signature, Firm's name KAKU & MERSINO, LLP, 1588 SHAW AVENUE, CLOVIS, CA 93611-7814.

May the FTB discuss this return with the preparer shown above? See instructions. [X] No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	27,343.
	3	Dividends	●	3	
	4	Gross rents	●	4	220,579.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. <span style="float: right;">SEE STATEMENT 1</span>	●	7	2,395,047.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	2,642,969.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11	201,220.
	12	Other salaries and wages	●	12	6,232,700.
	13	Interest	●	13	83,282.
	14	Taxes	●	14	732,678.
	15	Rents	●	15	1,043,506.
	16	Depreciation and depletion (See instructions)	●	16	82,148.
	17	Other Expenses and Disbursements. Attach schedule. <span style="float: right;">SEE STATEMENT 2</span>	●	17	7,566,155.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	15,941,689.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		427,359.		● 976,831.
2	Net accounts receivable		1,718,717.		● 1,883,666.
3	Net notes receivable				●
4	Inventories		18,698.		● 18,690.
5	Federal and state government obligations				●
6	Investments in other bonds				●
7	Investments in stock		570,423.		● 575,749.
8	Mortgage loans				●
9	Other investments. Attach schedule.				●
10 a	Depreciable assets	4,665,588.		5,913,179.	
b	Less accumulated depreciation	2,173,954.	2,491,634.	2,358,819.	3,554,360.
11	Land				●
12	Other assets. Attach schedule. <span style="float: right;">STM 3</span>		143,628.		● 258,297.
13	<b>Total assets</b>		5,370,459.		7,267,593.
<b>Liabilities and net worth</b>					
14	Accounts payable		1,122,340.		● 1,933,148.
15	Contributions, gifts, or grants payable				●
16	Bonds and notes payable				●
17	Mortgages payable		1,793,391.		● 2,344,704.
18	Other liabilities. Attach schedule. <span style="float: right;">STM 4</span>		130,242.		● 477,651.
19	Capital stock or principal fund		2,324,486.		● 2,512,090.
20	Paid-in or capital surplus. Attach reconciliation.				●
21	Retained earnings or income fund				●
22	<b>Total liabilities and net worth</b>		5,370,459.		7,267,593.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	● 290,321.	
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.	290,321.	
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	<b>Total.</b> Add line 7 and line 8	●	
10	<b>Net income per return.</b> Subtract line 9 from line 6.	●	290,321.



**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	144,714.
OTHER REVENUE.....		77,195.
PROGRAM SERVICE REVENUE.....		2,173,138.
TOTAL	\$	<u>2,395,047.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 17  
OTHER EXPENSES**

ACCOUNTING FEES.....	\$	34,900.
ADVERTISING AND PROMOTION.....		71,474.
CONTRACT SERVICES.....		29,420.
DAY CARE HOME FOOD PAYMENTS.....		4,214,742.
EQUIPMENT RENTAL & REPAIR.....		44,481.
INSURANCE.....		158,417.
LEGAL FEES.....		31,962.
MEALS EXPENSE.....		656,200.
MINOR EQUIPMENT.....		92,920.
OFFICE EXPENSES.....		283,852.
OTHER EMPLOYEE BENEFIT.....		954,981.
OTHER FEES.....		346,560.
PENSION PLAN CONTRIBUTIONS.....		42,458.
PROFESSIONAL FUNDRAISING FEES.....		2,611.
RENTAL EXPENSES.....		24,140.
SPECIAL EVENT EXPENSES.....		46,031.
STAFF TRAINING.....		48,219.
TAXES & LICENSES.....		63,715.
TELEPHONE & COMMUNICATION.....		141,601.
TRAVEL.....		147,525.
VEHICLE EXPENSE.....		129,946.
TOTAL	\$	<u>7,566,155.</u>

DO NOT MAIL

**STATEMENT 3  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		258,297.
TOTAL	\$	<u>258,297.</u>

**STATEMENT 4  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES**

DEFERRED REVENUE.....		69,590.
MEASURE D CAPITAL RESERVE.....		408,061.
TOTAL	\$	<u>477,651.</u>

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 7/01/2017, and ending (mm/dd/yyyy) 6/30/2018

Corporation/Organization name <b>COMMUNITY BRIDGES</b>	California corporation number <b>0829087</b>
Additional information. See instructions.	FEIN <b>94-2460211</b>
Street address (suite/room no.) <b>519 MAIN STREET</b>	PMB no.

City (If the corporation has a foreign address, see instructions.) <b>WATSONVILLE</b>	State <b>CA</b>	ZIP code <b>95076</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Is this an education IRA within the meaning of R&amp;TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date (mm/dd/yyyy) .....</p> <p><b>E</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>F</b> Accounting Method Used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>G</b> Nature of trade or business <u>UNRELATED DEBT FINANC</u></p>	<p><b>H</b> Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>I</b> Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Unrelated Business Activity (UBA) Code <u>532000</u></p> <p><b>L</b> Is this a Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Taxable Corporation</b>	1 Unrelated business taxable income from Side 2, Part II, line 30.....	1	6,027.
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions.....	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.....	3	6,027.
<b>Taxable Trust</b>	4 Unrelated business taxable income from Side 2, Part II, line 30.....	4	
<b>Tax Computation</b>	5 Unrelated business taxable income from line 3 or line 4.....	5	6,027.
	6 EZ, LARZ, LAMBRA, or TTA NOL carryover deduction.....	6	
	7 Net Operating Loss deduction. See General Information N.....	7	
	8 Add line 6 and line 7.....	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5.....	9	6,027.
	10 Tax <u>8.84</u> % x line 9. See General Information J.....	10	533.
	11 Tax credits from Schedule B. See instructions.....	11	
	<b>Total Tax</b>	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.....	12
	13 Alternative minimum tax. See General Information O.....	13	
	14 Total tax. Add line 12 and line 13.....	14	533.
<b>Payments</b>	15 Overpayment from a prior year allowed as a credit.....	15	
	16 2017 estimated tax payments. See instructions.....	16	
	17 Withholding (Form 592-B and/or 593.) See instructions.....	17	
	18 Amount paid with extension (form FTB 3539).....	18	
	19 Total payments and credits. Add line 15 through line 18.....	19	
<b>Use Tax/ Tax Due/ Overpayment</b>	20 Use tax. See instructions.....	20	
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.....	21	
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.....	22	
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.....	23	533.
	24 Overpayment. Subtract line 14 from line 21. See instructions.....	24	
	25 Enter amount of line 24 to be applied to 2018 estimated tax.....	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	
	a Fill in the account information to have the refund directly deposited. Routing number	26 a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26 c	
	27 Penalties and interest. See General Information M.	27	17.
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	550.	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1 c
2 Cost of goods sold and/or operations (Schedule A, line 7)			2
3 Gross profit. Subtract line 2 from line 1c			3
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			4 a
b Net gain (loss) from Part II, Schedule D-1			4 b
c Capital loss deduction for trusts			4 c
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5
6 Rental income (Schedule C)			6
7 Unrelated debt-financed income (Schedule D)			7 7,027.
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9
10 Exploited exempt activity income (Schedule G)			10
11 Advertising income (Schedule H, Part III, Column A)			11
12 Other income. Attach schedule			12
13 Total unrelated trade or business income. Add line 3 through line 12			13 7,027.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	
15 Salaries and wages	15	
16 Repairs	16	
17 Bad debts	17	
18 Interest. Attach schedule	18	
19 Taxes. Attach schedule	19	
20 Contributions. See instructions and attach schedule	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21 a	
b Less: depreciation claimed on Schedule A. See instructions	21 b	
22 Depletion. Attach schedule	22	
23 a Contributions to deferred compensation plans	23 a	
b Employee benefit programs. See instructions	23 b	
24 Other deductions. Attach schedule	24	
25 Total deductions. Add line 14 through line 24	25	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	7,027.
27 Excess advertising costs (Schedule H, Part III, Column B)	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	7,027.
29 Specific deduction. See instructions	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	6,027.

**Sign Here**

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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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title CFO	Date	Telephone (831) 688-8840
Preparer's signature	Firm's name (or yours, if self-employed) and address KAKU & MERSINO, LLP 1588 SHAW AVENUE CLOVIS, CA 93611-7814	Date	PTIN P01251581 FEIN 770494454 Telephone (559) 324-7097

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) \_\_\_\_\_

Table with 7 rows for Schedule A: Inventory at beginning of year, Purchases, Cost of labor, Additional IRC Section 263A costs, Total, Inventory at end of year, Cost of goods sold and/or operations.

Schedule B Tax Credits.

Table with 4 rows for Schedule B: Enter credit name, code no., Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K: Interest computation under the look-back method, Interest on tax attributable to installment, IRC Section 197(f)(9)(B)(ii) election, Credit recapture, Total.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with columns (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total Sales. Row 2: Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with columns (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows 1-5: Property factor, Payroll factor, Sales factor, Total percentage, Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 3 columns: Description of property, Rent received or accrued, Percentage of rent attributable to personal property. Includes rows for deductions and income inclusions.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible. Includes entry for MAIN STREET PROPERTY.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income. Includes Total line.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 11 columns: 1 Name of controlled organizations, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5), 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10). Includes Total line.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible. Includes Total line.

DO NOT MAIL

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6...

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for separate basis reporting.

Part III Column A - Net Advertising Income

Table for Part III Column A with instructions (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals.

Part III Column B - Excess Advertising Costs

Table for Part III Column B with instructions (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) 7/01/2017, and ending (mm/dd/yyyy) 6/30/2018.

Corporation name <b>COMMUNITY BRIDGES</b>	California corporation number <b>0829087</b>
----------------------------------------------	-------------------------------------------------

**Part I Figure the Underpayment**

1 Current year's tax. See instructions.	<b>1</b>	533.
	(a)	(b)
2 Installment due dates. See instructions.	<b>2</b>	<b>3/15/18</b>
3 Percentage required. See instructions.	<b>3</b>	<b>70% less prior</b>
	(not less than min.)	
4 Amount due. See instructions.	<b>4</b>	160.
5 a Amount paid or credited for each installment	<b>5 a</b>	
5 b Overpayment from previous installment. See instructions.	<b>5 b</b>	
6 Add line 5a and line 5b.	<b>6</b>	
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	<b>7</b>	160.

**Part II Exceptions to the Penalty.** If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a Exception A — Regular Corporations, line 26.	<b>8 a</b>								
8 b Exception A — Large Corporations, ln 30. See instr.	<b>8 b</b>								
9 Exception B (line 42) met?	<b>9</b>								
10 Exception C (line 64) met?	<b>10</b>								

**Part III Figure the Penalty.** If line 7 shows an underpayment for any installment and one of the three exceptions was not met, figure the penalty for that installment by completing line 11 through line 22.

11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.	<b>11</b>	11/15/18
12 Number of days from date shown on line 2 to date shown on line 11.	<b>12</b>	395
13 Number of days on line 12 before 7/01/17, or the payment date, whichever is earlier.	<b>13</b>	335
14 Number of days on line 12 after 6/30/17 and before 1/01/18, or the payment date, whichever is earlier.	<b>14</b>	76
15 Number of days on line 12 after 12/31/17 and before 7/01/18, or the payment date, whichever is earlier. <b>Calendar year corporations</b> , see instructions.	<b>15</b>	181
16 <b>For fiscal year corporations only.</b> Number of days on line 12 after 6/30/18 and before 1/01/19. See instrs.	<b>16</b>	138
17 <b>For fiscal year corporations only.</b> Number of days on line 12 after 12/31/18 and before 2/15/19.	<b>17</b>	138
18 No. of days on line 13	<b>18</b>	
No. of days in taxable year x 4% x line 7.	<b>18</b>	
19 No. of days on line 14	<b>19</b>	1.33
No. of days in taxable year x 4% x line 7.	<b>19</b>	0.37
20 No. of days on line 15	<b>20</b>	3.17
No. of days in taxable year x 4% x line 7.	<b>20</b>	4.22
21 No. of days on line 16	<b>21</b>	2.42
No. of days in taxable year x % x % (see instrs) x ln 7.	<b>21</b>	3.22
22 No. of days on line 17	<b>22</b>	
No. of days in taxable year x % x % (see instrs) x ln 7.	<b>22</b>	
22 a Add amounts for each column from line 18 through line 22.	<b>22 a</b>	6.92
22 b <b>Total estimated penalty due.</b> Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27.	<b>22 b</b>	17.

**Part IV Exceptions Worksheets.** Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

**Exception A – Prior Year's Tax – Regular Corporations**

<b>23</b> Prior year's tax (the return must have been for a full 12 months).....	<b>23</b>									
	<b>(a)</b>		<b>(b)</b>		<b>(c)</b>		<b>(d)</b>			
	30%		70%		70%		100%			
	(not less than min.)									
<b>24</b> Enter line 23 x the percentage shown ...	<b>24</b>									
<b>25</b> Amount paid by the installment due date (cumulative).....	<b>25</b>									
<b>26</b> If line 25 is greater than line 24, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 8a. If line 24 is greater than line 25, the exception was <b>not</b> met. Check 'No' here and check the applicable 'No' box in Part II, line 8a. ....	<b>26</b>	Yes	X	No	Yes	X	No	Yes	X	No

**Exception A – Prior Year's Tax – Large Corporations**

Use this exception only if prior year tax is less than current year tax.

<b>27</b> Current year's tax.....	<b>27</b>					
			1st Installment		2nd Installment	
<b>28 a</b> Installment due. Enter line 23 x 30% .....	<b>28a</b>					
<b>b</b> Installment due. Enter line 27 x 70% .....	<b>28b</b>					
<b>29</b> Amount paid by the installment due date (cumulative).....	<b>29</b>					
<b>30</b> If line 29 is greater than line 28 for both installments, the exception is met. Check 'Yes' here for each installment and check the applicable 'Yes' box in Part II, line 8b. The exception to the penalty applies <b>only</b> if line 29 is greater than line 28 for <b>both</b> installments. If line 28 is greater than line 29 for either installment, the exception is <b>not</b> met. Check 'No' here and check the applicable 'No' box in Part II, line 8b. ....	<b>30</b>	Yes	No	Yes	No	

See instructions regarding amounts to use for installment 3 and installment 4.

**Exception B – Tax on Annualized Current Year Income**

Enter number of months for each period. See instructions. ▶

	<b>(a)</b>		<b>(b)</b>		<b>(c)</b>		<b>(d)</b>	
<b>31</b> Enter taxable income for each annualization period.....	<b>31</b>							
<b>32</b> Annualization amounts. See instructions .....	<b>32</b>							
<b>33 a</b> Annualized taxable income. Multiply line 31 by line 32 .....	<b>33a</b>							
<b>b</b> R&TC Section 23802(e) deduction (S corps only) .....	<b>33b</b>							
<b>c</b> Net income. Subtract line 33b from line 33a. ....	<b>33c</b>							
<b>34</b> Tax. Multiply line 33c by the current tax rate. ....	<b>34</b>							
<b>35</b> Tax credits for each payment period .....	<b>35</b>							
<b>36</b> Subtract line 35 from line 34. ....	<b>36</b>							
<b>37</b> Other taxes*.....	<b>37</b>							
<b>38</b> Total tax. Add line 36 and line 37.....	<b>38</b>							
<b>39</b> Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3. ....	30%		70%		70%		100%	
	(not less than min.)							
<b>40</b> Installment due. Multiply line 38 by line 39 .....	<b>40</b>							
<b>41</b> Amount paid by the installment due date (cumulative).....	<b>41</b>							
<b>42</b> If line 41 is greater than line 40, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 9. If line 40 is greater than line 41, the exception was <b>not</b> met. Check 'No' here and check the applicable 'No' box in Part II, line 9. ....	<b>42</b>	Yes	No	Yes	No	Yes	No	

\*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.



**Part IV Exceptions Worksheets (Continued)**

<b>Exception C – Tax on Annualized Seasonal Income</b>		(a)	(b)	(c)	(d)				
		1st 3 months	1st 5 months	1st 8 months	1st 11 months				
<b>43</b> Enter taxable income for the following periods:									
<b>a</b> Taxable year beginning in 2014. ....	<b>43a</b>								
<b>b</b> Taxable year beginning in 2015. ....	<b>43b</b>								
<b>c</b> Taxable year beginning in 2016. ....	<b>43c</b>								
<b>44</b> Enter taxable income for each period for the taxable year beginning in 2017. ....	<b>44</b>								
		1st 4 months	1st 6 months	1st 9 months	Entire year				
<b>45</b> Enter taxable income for the following periods:									
<b>a</b> Taxable year beginning in 2014. ....	<b>45a</b>								
<b>b</b> Taxable year beginning in 2015. ....	<b>45b</b>								
<b>c</b> Taxable year beginning in 2016. ....	<b>45c</b>								
<b>46</b> Divide the amount in each column on line 43a by the amount in column (d) on line 45a. ....	<b>46</b>								
<b>47</b> Divide the amount in each column on line 43b by the amount in column (d) on line 45b. ....	<b>47</b>								
<b>48</b> Divide the amount in each column on line 43c by the amount in column (d) on line 45c. ....	<b>48</b>								
<b>49</b> Add line 46 through line 48. ....	<b>49</b>								
<b>50</b> Divide line 49 by 3. ....	<b>50</b>								
		1st 4 months	1st 6 months	1st 9 months	Entire year				
<b>51 a</b> Divide line 44 by line 50. ....	<b>51a</b>								
<b>b</b> R&TC Section 23802(e) deduction. (S corps only). ....	<b>51b</b>								
<b>c</b> Net income. Subtract line 51b from line 51a. ....	<b>51c</b>								
<b>52</b> Tax. Multiply line 51c by the current tax rate. ....	<b>52</b>								
<b>53</b> Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a. ....	<b>53</b>								
<b>54</b> Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b. ....	<b>54</b>								
<b>55</b> Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c. ....	<b>55</b>								
<b>56</b> Add line 53 through line 55. ....	<b>56</b>								
<b>57</b> Divide line 56 by 3. ....	<b>57</b>								
<b>58</b> Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d). ....	<b>58</b>								
<b>59</b> Tax credits for each payment period. ....	<b>59</b>								
<b>60</b> Subtract line 59 from line 58. ....	<b>60</b>								
<b>61</b> Other taxes* . . . . .	<b>61</b>								
		(not less than min.)							
<b>62</b> Total tax. Add line 60 and line 61. ....	<b>62</b>								
<b>63</b> Amount paid by the installment due date (cumulative). ....	<b>63</b>								
<b>64</b> If line 63 is greater than line 62, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 10. If line 62 is greater than line 63, the exception was <b>not</b> met. Check 'No' here and check the applicable 'No' box in Part II, line 10. ....	<b>64</b>	Yes	No	Yes	No	Yes	No	Yes	No

DO NOT MAIL

\*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

STATEMENT 1  
FORM 109, SCHEDULE D, LINE 3B  
OTHER DEDUCTIONS

MAIN STREET PROPERTY	
CLEANING AND MAINTENANCE.....	\$ 9,291.
INSURANCE.....	31.
LICENSES AND PERMITS.....	1,291.
MISCELLANEOUS.....	3.
INTEREST.....	8,884.
SUPPLIES.....	552.
UTILITIES.....	3,905.
CONTRACTED SERVICES.....	43.
MINOR EQUIPMENT.....	140.
TOTAL	<u>\$ 24,140.</u>

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IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

## REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>22650</u>  COMMUNITY BRIDGES <small>Name of Organization</small>  519 MAIN STREET <small>Address (Number and Street)</small>  WATSONVILLE, CA 95076 <small>City or Town</small> <span style="float: right;"><small>State</small> <small>ZIP Code</small></span>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0829087</u>  Federal Employer I.D. No. <u>94-2460211</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/17 ending 6/30/18) list:  
 Gross annual revenue \$ 16,156,533. Total assets \$ 7,267,593.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (831) 688-8840

Organization's e-mail address RAYMONC@CBRIDGES.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

DOUGLAS UNDERHILL
CFO
Date

Signature of authorized officer
Printed Name
Title

## Community Bridges - Government Funding Sources

State Charity Registration Number - 22659

### Seniors Council of Santa Cruz and Monterey Counties

234 Santa Cruz Avenue  
Aptos, CA 95003  
Cathy Colvard (831) 688-0400 x14

### Ca Dept of Health Services

WIC Supplemental Nutrition Program  
3901 Lenane Drive  
Sacramento, CA 95834  
Tony Nguyen (916) 928-8734

### Ca State Dept of Education

Nutrition Services Division  
1430 N Street, #1500  
Sacramento, CA 95814  
Michael Smith (916) 323-3779

### FEMA

c/o United Way of SC County  
4450 Capitola Road, Ste 106  
Capitola, CA 95010  
Robyn McKeen (831) 479-5466

### Ca Dept of Transportation

Division of Mass Transportation  
PO Box 942874, MS #39  
Sacramento, CA 94274-0001  
Bruce Plowman (916) 657-3875

### Ca State Dept of Education

Child Development Division  
1430 N Street, Suite 6308  
Sacramento, CA 95814  
Bryant Campos (916)-445-1067

### Ca Association of Food Banks

1624 Franklin, Suite 722  
Oakland, CA 94612  
Josh Hoobler (510) 350-9918

### First Five Santa Cruz County

P.O.Box 1457  
Capitola, CA 95010  
Barbara Dana (831) 465-2213

### City of Santa Cruz

809 Center Street, Room 8  
Santa Cruz, CA 95060  
Natalia Duarte (831) 420-5076

### City of Watsonville

P.O.Box 5000  
Watsonville, CA 95077-5000  
Doug Mattos  
[doug.mattos@cityofwatsonville.org](mailto:doug.mattos@cityofwatsonville.org)

### County of Santa Cruz-Human Resources Agency

1000 Emeline Avenue  
Santa Cruz, CA 95060  
Tatiana Brennan (831) 454-4465

### City of Capitola

420 Capitola Avenue  
Capitola, CA 95010  
Jamie Goldstein (831) 475-7300

### City of Scotts Valley

1 Civic Center Drive  
Scotts Valley, CA 95066  
Laura Grundy (831) 440-5614

### CA Dept of Transportation

Division of Rail and Mass Transportation  
PO Box 942874, MS 39  
Sacramento, CA 94274-0001  
Sebastian Oduni (916) 651-6115