

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

B Check if applicable: 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. F Name and address of principal officer: 519 MAIN STREET, WATSONVILLE, CA 95076. G Gross receipts \$ 18,745,212. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.COMMUNITYBRIDGES.ORG. K Form of organization: Corporation. L Year of formation: 1977. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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, CFO. Date. Preparer's name PETER MERSINO, Date, Check self-employed, PTIN P01251581. Firm's name KAKU & MERSINO, LLP, Firm's address 1588 SHAW AVENUE, CLOVIS, CA 93611, Firm's EIN 770494454, Phone no. (559) 324-7097.

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

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 \$ 3,887,413. including grants of \$) (Revenue \$ 2,131.)

THE CHILD AND ADULT CARE FOOD PROGRAM, USING U.S. DEPARTMENT OF AGRICULTURE FUNDING AWARDED BY THE CA STATE DEPARTMENT OF EDUCATION, PROVIDED 1,909,870 MEAL SUBSIDIES TO CHILDREN AND ADULTS AT MORE THAN 450 LICENSED DAY CARE CENTERS IN FY 20/21.

4b (Code:) (Expenses \$ 1,952,176. including grants of \$) (Revenue \$)

MEALS ON WHEELS, USING PRIMARILY US DEPARTMENT OF HEALTH AND HUMAN SERVICES FUNDING, AWARDED BY THE AREA AGENCY ON AGING SANTA CRUZ AND SAN BENITO COUNTIES, PROVIDED 313,172 HOME DELIVERED AND CONGREGATE MEALS TO OVER 1,250 OLDER AMERICANS IN FY 20/21.

4c (Code:) (Expenses \$ 1,897,280. including grants of \$) (Revenue \$ 4,373.)

THE WOMEN, INFANTS & CHILDREN SUPPLEMENTAL NUTRITION PROGRAM (WIC), USING US DEPARTMENT OF AGRICULTURE FUNDING AWARDED BY THE CA STATE DEPARTMENT OF PUBLIC HEALTH, EVALUATED AND QUALIFIED 6,382 LOW INCOME FAMILIES, PROVIDING 76,585 FOOD VOUCHERS, AS WELL AS PROVIDED NUTRITION AND BREASTFEEDING CLASSES IN FY 20/21.

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

(Expenses \$ 6,326,491. including grants of \$) (Revenue \$ 2,018,188.)

4e Total program service expenses 14,063,360.

Part IV Checklist of Required Schedules

		Yes	No
1 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>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	X	
3 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>	3		X
4 Section 501(c)(3) organizations. 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>	4	X	
5 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>	5		X
6 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>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		X
9 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>	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10	X	
11 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.			
a 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>	11 a	X	
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>	11 b		X
c 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>	11 c		X
d 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>	11 d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 e	X	
f 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>	11 f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	12a	X	
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>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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>	14b		X
15 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>	15		X
16 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>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions.	17	X	
18 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>	18		X
19 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>	19		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 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>	21		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22 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>	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a		X
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>	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32 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>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		X
34 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>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	56	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	207	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O.</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O.</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
<i>If 'Yes,' see instructions and file Form 4720, Schedule N.</i>			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<i>If 'Yes,' complete Form 4720, Schedule O.</i>			

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 on 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... X; 8b Each committee with authority to act on behalf of the governing body?... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... SEE SCHEDULE O; If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

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 (1024 or 1024-A, 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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.

See instructions for the order in which to list the persons above.

 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) RAYMON CANCINO PRESIDENT & CEO	40 0			X				149,618.	0.	3,197.
(2) JULIE GILBERTSON CHRO	40 0					X		101,343.	0.	10,770.
(3) LISA HOLBERT PROGRAM DIRECTOR	40 0					X		107,548.	0.	2,273.
(4) DOUG UNDERHILL CFO	40 0			X				88,156.	0.	8,746.
(5) SHANNON BRADY CHAIRMAN	5 0	X		X				0.	0.	0.
(6) JACK JACOBSON SECRETARY	5 0	X		X				0.	0.	0.
(7) KATY KING COMMUNITY REP.	5 0	X						0.	0.	0.
(8) STEPHANIE CONNOR KENT COMMUNITY REP.	5 0	X						0.	0.	0.
(9) PAM FIELDS VICE CHAIRMAN	5 0	X		X				0.	0.	0.
(10) SARA SIEGEL VICE CHAIRMAN	5 0	X		X				0.	0.	0.
(11) AMY MCENTEE COMMUNITY REP.	5 0	X						0.	0.	0.
(12) ERICH FRIEDRICH COMMUNITY REP.	5 0	X						0.	0.	0.
(13) LEE SLAFF TREASURER	5 0	X		X				0.	0.	0.
(14) NICOLETTE LEE CHAIRMAN	5 0	X		X				0.	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) MICHAEL BABICH COMMUNITY REP.	5 0	X					0.	0.	0.	
(16) STEVEN MCKAY COMMUNITY REP.	5 0	X					0.	0.	0.	
(17) SILVIA MORALES COMMUNITY REP.	5 0	X					0.	0.	0.	
(18) BRENDA GRIFFIN COMMUNITY REP.	5 0	X					0.	0.	0.	
(19) MARTIN BERNAL COMMUNITY REP.	5 0	X					0.	0.	0.	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							446,665.	0.	24,986.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							446,665.	0.	24,986.	
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 ▶ 3										

		Yes	No
3 Did the organization list any former officer, director, 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	13,596,026.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	2,761,169.				
	g Noncash contributions included in lines 1a-1f	1 g					
	h Total. Add lines 1a-1f		16,357,195.				
Program Service Revenue			Business Code				
	2 a SERVICE FEES - ADULT CARE	624200	1,835,368.	1,835,368.			
	b SERVICE FEES - MISC	900099	99,411.	99,411.			
	c SERVICE FEES - CHILD CARE	624410	89,913.	89,913.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,024,692.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,565.	24,565.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents		(i) Real				
			(ii) Personal				
		6 a		77,640.			
	b Less: rental expenses	6 b		33,875.			
	c Rental income or (loss)	6 c		43,765.			
	d Net rental income or (loss)			43,765.	42,271.	1,494.	
	7 a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7 a					
	b Less: cost or other basis and sales expenses	7 b					
c Gain or (loss)	7 c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a						
b Less: direct expenses	8 b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9 a						
	b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10 a						
	b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a OTHER REVENUE	900099	261,120.	261,120.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			261,120.				
12 Total revenue. See instructions			18,711,337.	2,352,648.	1,494.	0.	

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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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.....	240,352.	0.	240,352.	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.....	6,443,754.	5,335,807.	1,065,829.	42,118.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	122,450.	86,992.	35,458.	
9 Other employee benefits.....	856,904.	752,647.	104,125.	132.
10 Payroll taxes.....	505,888.	405,193.	97,460.	3,235.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....	13,262.		13,262.	
c Accounting.....	36,025.	8,329.	27,696.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....	22,363.			22,363.
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.).....	572,819.	353,729.	85,818.	133,272.
12 Advertising and promotion.....	56,820.	32,051.	18,097.	6,672.
13 Office expenses.....	966,200.	868,785.	73,375.	24,040.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	894,146.	725,102.	169,044.	
17 Travel.....	84,157.	83,854.	246.	57.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	214,650.	136,427.	78,223.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	112,816.	82,479.	30,337.	
23 Insurance.....	185,327.	167,640.	17,570.	117.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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>	3,559,785.	3,559,785.		
b <u>MEALS EXPENSE</u>	957,030.	957,030.		
c <u>TELEPHONE & COMMUNICATION</u>	207,222.	182,003.	7,726.	17,493.
d <u>CONTRACT SERVICES</u>	128,557.	127,957.	600.	
e All other expenses.....	271,143.	197,550.	63,605.	9,988.
25 Total functional expenses. Add lines 1 through 24e.	16,451,670.	14,063,360.	2,128,823.	259,487.
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	
Assets	1 Cash – non-interest-bearing	2,951,783.	1	3,600,003.	
	2 Savings and temporary cash investments	154,362.	2	185,147.	
	3 Pledges and grants receivable, net	2,164,060.	3	1,957,063.	
	4 Accounts receivable, net	367,231.	4	846,636.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	24,595.	8	23,785.	
	9 Prepaid expenses and deferred charges	191,940.	9	239,324.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,031,476.			
	b Less: accumulated depreciation	10b 3,366,342.	7,384,389.	10c	7,665,134.
	11 Investments – publicly traded securities	868,063.	11	1,113,743.	
	12 Investments – other securities. See Part IV, line 11		12		
	13 Investments – program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	36,849.	15	220,962.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,143,272.	16	15,851,797.		
Liabilities	17 Accounts payable and accrued expenses	2,078,879.	17	2,078,077.	
	18 Grants payable		18		
	19 Deferred revenue	1,407,646.	19	291,063.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	4,619,851.	23	4,311,876.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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	204,214.	25	542,984.	
	26 Total liabilities. Add lines 17 through 25	8,310,590.	26	7,224,000.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,389,088.	27	8,096,169.	
	28 Net assets with donor restrictions	443,594.	28	531,628.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,832,682.	32	8,627,797.	
33 Total liabilities and net assets/fund balances	14,143,272.	33	15,851,797.		

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).....	1	18,711,337.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	16,451,670.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	2,259,667.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	5,832,682.
5 Net unrealized gains (losses) on investments.....	5	
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	535,448.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	8,627,797.

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.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a		X
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 Were the organization's financial statements audited by an independent accountant?.....	2b	X	
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			
c 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?.....	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits.....	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

Attach to Form 990 or Form 990-EZ.

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: 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)...
b Type II. A supporting organization supervised or controlled in connection with its 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 (A) through (E) and Total.

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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	12445888.	13589041.	12935091.	15399443.	16357195.	70,726,658.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	12445888.	13589041.	12935091.	15399443.	16357195.	70,726,658.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						70,726,658.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	12445888.	13589041.	12935091.	15399443.	16357195.	70,726,658.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	29,093.	27,343.	28,953.	21,095.	24,565.	131,049.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	282,931.	396,457.	495,095.	252,302.	338,760.	1,765,545.
11 Total support. Add lines 7 through 10.						72,623,252.
12 Gross receipts from related activities, etc. (see instructions)					12	10,564,700.
13 First 5 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	97.39 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	97.62 %

16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a 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>		
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>		
c 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>		
10a 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 line 10b below.</i>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 (see instructions) .		
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 governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
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>	2a	
b Did the activities described in line 2a, above, 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>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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>If 'Yes' or 'No,' provide details in Part VI.</i>	3a	
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>	3b	

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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 0.85 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 Distributable Amount. 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).

BAA
Schedule A (Form 990 or 990-EZ) 2020

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

Section D – Distributions

		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

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	2020	2019	2018	2017	2016
OTHER INCOME	\$ 338,760.	\$ 252,302.	\$ 495,095.	\$ 396,457.	\$ 282,931.
TOTAL	\$ 338,760.	\$ 252,302.	\$ 495,095.	\$ 396,457.	\$ 282,931.

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.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

COMMUNITY BRIDGES

Employer identification number

94-2460211

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITY BRIDGES	Employer identification number 94-2460211
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SANTA CRUZ CTY REGIONAL TRANS. COMM 1523 PACIFIC AVE SANTA CRUZ, CA 95060	\$ 1,111,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SMALL BUSINESS ADMINISTRATION 6501 SYLVAN RD CITRUS HEIGHTS, CA 95610	\$ 939,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization
COMMUNITY BRIDGES

Employer identification number
94-2460211

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to 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

Employer identification number

COMMUNITY BRIDGES

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 and promptly and directly delivered to a separate political organization. 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.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,259.													
c Total lobbying expenditures (add lines 1a and 1b)		5,259.	0.												
d Other exempt purpose expenditures		16,480,286.													
e Total exempt purpose expenditures (add lines 1c and 1d)		16,485,545.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		974,277.													
<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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		243,569.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j 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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount	944,783.	905,750.	953,435.	974,277.	3,778,245.
b Lobbying ceiling amount (150% of line 2a, column (e))					5,667,368.
c Total lobbying expenditures	7,114.	8,065.	10,313.	5,259.	30,751.
d Grassroots nontaxable amount	236,196.	226,438.	238,359.	243,569.	944,562.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,416,843.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2020

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
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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.'

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

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 20/21

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total acreage restricted, and questions about monitoring and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
- 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	443,594.	453,998.	418,382.	401,671.	380,954.
b Contributions					
c Net investment earnings, gains, and losses	122,699.	13,406.	58,758.	41,898.	43,342.
d Grants or scholarships					
e Other expenditures for facilities and programs	34,665.	23,811.	23,142.	25,187.	22,625.
f Administrative expenses					
g End of year balance	531,628.	443,593.	453,998.	418,382.	401,671.

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 Term 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		5,759,465.	307,855.	5,451,610.
c Leasehold improvements		1,649,447.	457,697.	1,191,750.
d Equipment		1,246,626.	974,439.	272,187.
e Other		2,375,938.	1,626,351.	749,587.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,665,134.

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) -----		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEASURE D CAPITAL RESERVE	542,984.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	542,984.

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 FASB 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.

1 Total revenue, gains, and other support per audited financial statements		1	18,855,198.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	9,288.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.) SEE PART XIII	2d	134,573.	
e Add lines 2a through 2d			143,861.
3 Subtract line 2e from line 1		3	18,711,337.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	18,711,337.

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.

1 Total expenses and losses per audited financial statements		1	16,595,531.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	9,288.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.) SEE PART XIII	2d	134,573.	
e Add lines 2a through 2d			143,861.
3 Subtract line 2e from line 1		3	16,451,670.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	16,451,670.

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 FROM 990		\$	100,698.
RENT EXPENSE NET WITH RENT REVENUE			33,875.
	TOTAL	\$	<u>134,573.</u>

Part XIII Supplemental Information (continued)

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

FAMILIA CENTER FROM 990.....	\$	100,698.
RENT EXPENSE NET WITH RENT REVENUE.....		33,875.
	TOTAL	<u>\$ 134,573.</u>

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.

2020

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 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.
- | | |
|--|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|--|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- 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.

(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
		Yes	No			
1 LAUTMAN, MASKA, AND NEILL 1730 RHODE ISLAND AVE#301 WASHINGTON DC 20036	MAIL SOLICITATIONS		X	287,356.	22,363.	264,993.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				287,356.	22,363.	264,993.

- 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.
- CA _____
- _____
- _____
- _____

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1 Gross receipts					
	2 Less: Contributions					
	3 Gross income (line 1 minus line 2)					
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs					
	7 Food and beverages					
	8 Entertainment					
	9 Other direct expenses					
	10 Direct expense summary. Add lines 4 through 9 in column (d)					▶
	11 Net income summary. Subtract line 10 from line 3, column (d)					▶

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
Revenue	1 Gross revenue					
	2 Cash prizes					
Direct Expenses	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expenses					
	6 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		
	7 Direct expense summary. Add lines 2 through 5 in column (d)					▶
	8 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2020

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY BRIDGES

94-2460211

Part I Questions Regarding Compensation

		Yes	No		
<p>1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)				
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.</p>	1 b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4 a		X		
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4 b		X		
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4 c		X		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>					
<p>a The organization?</p>	5 a		X		
<p>b Any related organization?</p> <p>If 'Yes' on line 5a or 5b, describe in Part III.</p>	5 b		X		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>					
<p>a The organization?</p>	6 a		X		
<p>b Any related organization?</p> <p>If 'Yes' on line 6a or 6b, describe in Part III.</p>	6 b		X		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.</p>	7		X		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.</p>	8		X		
<p>9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RAYMON CANCINO PRESIDENT & CEO	(i)	149,618.	0.	0.	3,197.	0.	152,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

2020

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Department of the Treasury
Internal Revenue Service

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

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 CHILD DEVELOPMENT DIVISION PROVIDED 12,253 CHILD DAYS OF CHILDCARE TO LOW-INCOME FAMILIES IN 6 STATE LICENSED CHILD DEVELOPMENT CENTERS IN FY 20/21.

THE CTSA LIFT LINE PROGRAM EXPENDED \$1,591,519 TO PROVIDE 27,952 RIDES TO SENIOR AND THE DISABLED.

ELDERDAY EXPENDED \$1,183,479 TO PROVIDE 16,695 UNITS OF ATTENDANCE DAYS OF ADULT DAY HEALTH CARE AND SOCIAL SERVICES.

LA MANZANA COMMUNITY RESOURCE SPENT \$669,939 ON 4,650 SERVICE UNITS TO LOW INCOME FAMILIES AND INDIVIDUALS, SUMMER LUNCH MEALS FOR CHILDREN.

THE MOUNTAIN COMMUNITY RESOURCES PROGRAM EXPENDED \$607,710 TO PROVIDE 8,189 UNITS OF COUNSELING, EDUCATION AND COMMUNITY DEVELOPMENT.

THE LIVE OAK FAMILY RESOUCCE CENTER EXPENDED \$343,669 TO PROVIDE 6,787 UNITS OF COUNSELING, EDUCATION, OUTREACH, APPLICATION ASSISTANCE, AND REFERRAL SERVICES.

THE NUEVA VISTA COMMUNITY RESOURCES EXPENDED \$237,194 TO PROVIDE 2,705 UNITS OF

INFORMATION & REFERRAL, COMMUNITY DEVELOPMENT, YOUTH SERVICES, AND EMERGENCY FOOD.

Name of the organization

COMMUNITY BRIDGES

Employer identification number

94-2460211

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 TWENTY YEARS COMMUNITY BRIDGES HAS NOT SUBSTANTIALLY REVISED THE SALARY SCHEDULE NOR BEEN ABLE TO AWARD ANNUAL COLA'S THAT KEEP UP WITH THE PACE OF LOCAL INFLATION, SO THE ORGANIZATION IS CONFIDENT THAT COMPENSATION, ESPECIALLY THOSE OF MIDDLE AND UPPER MANAGEMENT, FALLS BELOW MARKET AVERAGE RATES FOR COMPARABLE POSITIONS. IN A SEPARATE PROCESS IN 2013 AND THEN AGAIN IN 2018 THE CEO SALARY WAS REVIEWED BY THE BOARD OF DIRECTORS, WITH UPDATED COMPARABILITY DATA REVIEWED. THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS DOES AN ANNUAL REVIEW OF CEO COMPENSATION AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR THE APPROVAL OF ANY CHANGES. THERE IS CURRENTLY AN AGENCY WIDE COMPREHENSIVE REVIEW TAKING PLACE IN 2021, WHICH INCLUDES ALL OFFICERS AND KEY EMPLOYEES. THE BOARD ACTED TO INCREASE CEO ANNUAL SALARY FOR THE TIME PERIOD OF THIS FILING TO APPROXIMATELY \$141,523—IDENTIFIED AS STILL BELOW MARKET RATES FOR THE COMPILED DATA OF 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.

Name of the organization

Employer identification number

COMMUNITY BRIDGES

94-2460211

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

DEPRECIATION GRANT FUNDED ASSETS.....	\$	-314,474.
FAMILIA CENTER CHANGE IN NET ASSETS.....		4,284.
GRANT FUNDED ASSETS.....		845,638.
	TOTAL \$	<u>535,448.</u>

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

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 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.

		Yes	No
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	1 a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	1 b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	1 c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	1 d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	1 e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	1 f	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	1 g	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	1 h	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	1 i	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	1 o	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	1 p	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	1 q	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	1 r	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	1 s	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) ----- ----- -----													

Part VII Supplemental Information

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

Form **990-T**

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

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning 7/01, 2020, and ending 6/30, 2021

▶ 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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>COMMUNITY BRIDGES 519 MAIN STREET WATSONVILLE, CA 95076</p>	<p>D Employer identification number</p> <p>94-2460211</p> <p>E Group exemption number (see instructions.)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
		<p>C Book value of all assets at end of year. ▶ <u>15,851,797.</u></p>	
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T). ▶ <u>1</u></p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi-dary controlled group? . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶</p>			
<p>L The books are in care of ▶ DOUGLAS UNDERHILL, CFO 519 MAIN STREET WATSONVILLE CA Telephone number ▶ (831) 688-8840</p>			

Part I Total Unrelated Business Taxable Income	Line	Amount
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	1,494.
2 Reserved.	2	
3 Add lines 1 and 2.	3	1,494.
4 Charitable contributions (see instructions for limitation rules).	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	1,494.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	1,494.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9.	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	494.

Part II Tax Computation	Line	Amount
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). ▶	1	104.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions. ▶	3	
4 Other tax amounts. See instructions.	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions.	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	104.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		0.
2 Subtract line 1e from Part II, line 7	2		104.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		104.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/>	6b	1,560.	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ... <input type="checkbox"/>	6g		
7 Total payments. Add lines 6a through 6g	7		1,560.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,456.
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> 1,456. Refunded <input type="checkbox"/>	11		0.

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> \$ 0.		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 _____	Date _____	Title CFO

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

**SCHEDULE A
(Form 990-T)**

COPY
**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ 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

A Name of the organization COMMUNITY BRIDGES	B Employer identification number 94-2460211
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **UNRELATED DEBT FINANCED INCOME**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)	35,369.	33,875.	1,494.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	35,369.	33,875.	1,494.

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement) (see instructions)	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562) (see instructions)	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		1,494.
17	Deduction for net operating loss (see instructions)	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		1,494.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ▶	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ▶	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....	35,369.			
3 Deductions directly connected with or allocable to debt-financed property	SEE STATEMENT 3			
a Straight line depreciation (attach statement)	6,348.			
b Other deductions (attach statement).....	27,527.			
c Total deductions (add lines 3a and 3b, columns A through D).....	33,875.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....	1,796,304.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....	1,795,321.			
6 Divide line 4 by line 5.....	100.0000 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.	35,369.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ▶	35,369.			
9 Allocable deductions. Multiply line 3c by line 6....	33,875.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ▶	33,875.			
11 Total dividends-received deductions included in line 10..... ▶	_____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				

Totals	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
---------------------	--	--

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____		
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4	
5 Gross income from activity that is not unrelated business income	5	
6 Expenses attributable to income entered on line 5	6	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)..... ▶	_____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)..... ▶	_____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13..... ▶	_____			

Part X 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
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1..... ▶

Part XI Supplemental Information (see instructions)

**STATEMENT 3
SCHEDULE A, PART V, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY**

MAIN STREET PROPERTY

AUTO AND TRAVEL.....	\$	21.
CLEANING AND MAINTENANCE.....		9,423.
INSURANCE.....		324.
INTEREST.....		8,236.
SUPPLIES.....		374.
TAXES.....		371.
TELEPHONE.....		50.
UTILITIES.....		5,173.
WAGES AND SALARIES.....		2,047.
PAYROLL TAXES.....		174.
OTHER EMPLOYEE BENEFITS.....		38.
PROFESSIONAL SERVICES.....		1,234.
EQUIPMENT RENTAL/REPAIR.....		62.
TOTAL	\$	<u>27,527.</u>

2020

California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021. Corporation/Organization name COMMUNITY BRIDGES. California corporation number 0829087. FEIN 94-2460211. Street address 519 MAIN STREET. City WATSONVILLE. State CA. Zip code 95076.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption?

I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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 (1-8) and Expenses (9-10). Total gross income is 18,745,212.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-15) and Balance due (16). Total balance due is 0.

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

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	77,640.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	2,310,377.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	2,388,017.
Expenses and Disbursements	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	240,352.
	12	Other salaries and wages	12	6,443,754.
	13	Interest	13	214,650.
	14	Taxes	14	505,888.
	15	Rents	15	894,146.
	16	Depreciation and depletion (See instructions)	16	119,164.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	17	8,067,591.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	16,485,545.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		3,106,145.		3,785,150.
2	Net accounts receivable		2,531,291.		2,803,699.
3	Net notes receivable				
4	Inventories		24,595.		23,785.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		868,063.		1,113,743.
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	10,321,379.		11,031,476.	
b	Less accumulated depreciation	2,936,990.	7,384,389.	3,366,342.	7,665,134.
11	Land				
12	Other assets. Attach schedule. STM 3		228,789.		460,286.
13	Total assets		14,143,272.		15,851,797.
Liabilities and net worth					
14	Accounts payable		2,078,879.		2,078,077.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		4,619,851.		4,311,876.
18	Other liabilities. Attach schedule. STM 4		1,611,860.		834,047.
19	Capital stock or principal fund		5,832,682.		8,627,797.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		14,143,272.		15,851,797.

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	2,259,667.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	2,259,667.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	2,259,667.			

COPY

CALIFORNIA COPY
Schedule of Contributors

OMB No. 1545-0047

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization

COMMUNITY BRIDGES

Employer identification number

94-2460211

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SANTA CRUZ CTY REGIONAL TRANS. COMM 1523 PACIFIC AVE SANTA CRUZ, CA 95060	\$ 1,111,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SMALL BUSINESS ADMINISTRATION 6501 SYLVAN RD CITRUS HEIGHTS, CA 95610	\$ 939,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization
COMMUNITY BRIDGES

Employer identification number
94-2460211

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

2020

Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address (suite, room, or PMB no.), FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? ... 1 [] Yes [x] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? ... 2 [] Yes [x] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? ... 3 [x] Yes [] No

4a Has the organization, during the 2020 taxable year, filed a federal Form 5768? ... 4a [] Yes [x] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? ... 4b [] Yes [x] No

Furnish the following financial information for the taxable year:

Table with 3 columns: Line number, Description, Amount. Rows include Exempt Purpose Expenditures (16,480,286.00), Lobbying Expenditures (5,259.00), and Grass Roots Expenditures (00).

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

OTHER INVESTMENT INCOME.....	\$	24,565.
OTHER REVENUE.....		261,120.
PROGRAM SERVICE REVENUE.....		2,024,692.
TOTAL	\$	<u>2,310,377.</u>

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

ACCOUNTING FEES.....	\$	36,025.
ADVERTISING AND PROMOTION.....		56,820.
CONTRACT SERVICES.....		128,557.
DAY CARE HOME FOOD PAYMENTS.....		3,559,785.
EQUIPMENT RENTAL & REPAIR.....		44,108.
INSURANCE.....		185,327.
LEGAL FEES.....		13,262.
MEALS EXPENSE.....		957,030.
OFFICE EXPENSES.....		966,200.
OTHER EMPLOYEE BENEFIT.....		856,904.
OTHER FEES.....		572,819.
PENSION PLAN CONTRIBUTIONS.....		122,450.
PROFESSIONAL FUNDRAISING FEES.....		22,363.
RENTAL EXPENSES.....		27,527.
STAFF TRAINING.....		66,275.
TAXES & LICENSES.....		69,451.
TELEPHONE & COMMUNICATION.....		207,222.
TRAVEL.....		84,157.
VEHICLE EXPENSE.....		91,309.
TOTAL	\$	<u>8,067,591.</u>

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

PREPAID EXPENSES AND DEFERRED CHARGES.....		239,324.
REFUNDABLE DEPOSITS.....		220,962.
TOTAL	\$	<u>460,286.</u>

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

DEFERRED REVENUE.....		291,063.
MEASURE D CAPITAL RESERVE.....		542,984.
TOTAL	\$	<u>834,047.</u>

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021

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

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

<p>A First return filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C 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>D Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date (mm/dd/yyyy)</p> <p>E Amended return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F Accounting method used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>G Nature of trade or business <u>UNRELATED DEBT FINANC</u></p>	<p>H 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>I Is this organization claiming any former; Enterprise Zone (EZ), 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>J 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>K Unrelated Business Activity (UBA) code <u>532000</u></p> <p>L Is this a hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
---	---

Taxable Corporation	1 Unrelated business taxable income from Page 2, Part II, line 30	1	494.
	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	494.
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	4	
Tax Computation	5 Unrelated business taxable income from line 3 or line 4	5	494.
	6 EZ, 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	494.
	10 Tax <u>8.84</u> % x line 9. See General Information J.	10	44.
	11 Tax credits from Schedule B. See instructions.	11	
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	44.
	13 Alternative minimum tax. See General Information O.	13	
	14 Total tax. Add line 12 and line 13.	14	44.
Payments	15 Overpayment from a prior year allowed as a credit.	15	
	16 2020 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	
Use Tax/ Tax Due/ Overpayment	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	44.
	24 Overpayment. Subtract line 14 from line 21. See instructions	24	
	25 Enter amount of line 24 to be applied to 2021 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	1.
	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	45.	

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	1,494.
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	1,494.

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	1,494.
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	1,494.
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	494.

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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	Date	PTIN P01251581 Firm's 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: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations. Includes a Yes/No checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table with 4 rows for Schedule B: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 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: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 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 of Schedule R with columns (a) Total within and outside California, (b) Total within California, and (c) Percent within California. Rows include Total sales and Apportionment percentage.

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

Table for Part B of Schedule R with columns (a) Total within and outside California, (b) Total within California, and (c) Percent within California. Rows include Property factor, Payroll factor, Sales factor, Total percentage, and 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: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property. Includes rows for 4 and 5 (exceptions) and a summary row for (a) Deductions, (b) Income includible, (c) Gross income reportable, (d) Deductions with personal property, and (e) Net income includible.

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

Schedule D Unrelated Debt-Financed Income

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 (attach schedule)	(b) Other deductions (attach schedule) ST 1		
MAIN STREET PROPERTY	35,369.	6,348.	27,527.		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
1,796,304.	1,795,321.	100.000 %	35,369.	33,875.	1,494.
Total. Enter here and on Page 2, Part I, line 7					1,494.

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

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Page 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

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

Exempt Controlled Organizations					
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)
1					
2					
3					
Nonexempt Controlled Organizations					
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)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Page 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt 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, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Page 2, line 10							

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 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

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 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021.

Corporation name COMMUNITY BRIDGES	California corporation number 0829087
--	---

Part I Figure the Underpayment

1 Current year's tax. See instructions.	1			44.
		(a)	(b)	(c)
2 Installment due dates. See instructions.	2	10/15/20	12/15/20	3/15/21
3 Percentage required. See instructions.	3	30%	70% less 1st	70% less prior
		(not less than min.)		
4 Amount due. See instructions.	4	13.	18.	13.
5 a Amount paid or credited for each installment	5 a			
5 b Overpayment from previous installment. See instructions.	5 b			
6 Add line 5a and line 5b.	6			
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.	7	13.	18.	13.

Part II Exceptions to the Penalty. See instructions. 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 met? ..	8 a		X		X		X		X
8 b Exception A — Large Corporations, line 30, met? ..	8 b								
9 Exception B (line 42) met? ..	9								
10 Exception C (line 64) met? ..	10								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is 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.	11	11/15/21	11/15/21	11/15/21
12 Number of days from date shown on line 2 to date shown on line 11	12	396	335	153
13 Number of days on line 12 before 7/01/20, or the payment date, whichever is earlier	13			
14 Number of days on line 12 after 6/30/20 and before 1/01/21, or the payment date, whichever is earlier	14	77	16	
15 Number of days on line 12 after 12/31/20 and before 7/01/21, or the payment date, whichever is earlier. Calendar year corporations , see instructions	15	181	181	15
16 For fiscal year corporations only. Number of days on line 12 after 6/30/21 and before 1/01/22. See instructions	16	138	138	138
17 For fiscal year corporations only. Number of days on line 12 after 12/31/21 and before 2/15/22. See instructions	17			
18 Number of days on line 13	18			
Number of days in taxable year x 5% x line 7.				
19 Number of days on line 14	19	0.14	0.04	
Number of days in taxable year x 5% x line 7.				
20 Number of days on line 15	20	0.19	0.27	0.02
Number of days in taxable year x 3% x line 7.				
21 Number of days on line 16	21	0.15	0.20	0.15
Number of days in taxable year x % (see instrs) x ln 7.				
22 Number of days on line 17	22			
Number of days in taxable year x % (see instrs) x ln 7.				
22 a Add amounts for each column from line 18 through line 22	22 a	0.48	0.51	0.17
22 b Total estimated penalty due. 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.	22 b			1.

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

23 Prior year's tax (the return must have been for a full 12 months).....	23									657.	
		(a)			(b)			(c)			(d)
		30%			70%			70%			100%
		(not less than min.)									
24 Enter line 23 x the percentage shown ...	24	197.			460.			460.			657.
25 Amount paid by the installment due date (cumulative).....	25										
26 If line 25 is greater than line 24, the exception is 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 is not met. Check "No" here and check the applicable "No" box in Part II, line 8a.....	26	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No

Exception A – Prior Year's Tax – Large Corporations

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

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

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

Exception C – Tax on Annualized Seasonal Income		(a)	(b)	(c)	(d)					
		1st 3 months	1st 5 months	1st 8 months	1st 11 months					
43	Enter taxable income for the following periods:									
	a Taxable year beginning in 2017.	43 a								
	b Taxable year beginning in 2018.	43 b								
	c Taxable year beginning in 2019.	43 c								
44	Enter taxable income for each period for the taxable year beginning in 2020 ...	44								
		1st 4 months	1st 6 months	1st 9 months	Entire year					
45	Enter taxable income for the following periods:									
	a Taxable year beginning in 2017.	45 a								
	b Taxable year beginning in 2018.	45 b								
	c Taxable year beginning in 2019.	45 c								
46	Divide the amount in each column on line 43a by the amount in column (d) on line 45a.	46								
47	Divide the amount in each column on line 43b by the amount in column (d) on line 45b.	47								
48	Divide the amount in each column on line 43c by the amount in column (d) on line 45c.	48								
49	Add line 46 through line 48.	49								
50	Divide line 49 by 3.	50								
		1st 4 months	1st 6 months	1st 9 months	Entire year					
51 a	Divide line 44 by line 50.	51 a								
51 b	R&TC Section 23802(e) deduction. (S corps only) .	51 b								
51 c	Net income. Subtract line 51b from line 51a.	51 c								
52	Tax. Multiply line 51c by the current tax rate.	52								
53	Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a.	53								
54	Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b.	54								
55	Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c.	55								
56	Add line 53 through line 55.	56								
57	Divide line 56 by 3.	57								
58	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)	58								
59	Tax credits for each payment period.	59								
60	Subtract line 59 from line 58.	60								
61	Other taxes*	61								
		(not less than min.)								
62	Total tax. Add line 60 and line 61.	62								
63	Amount paid by the installment due date (cumulative).	63								
64	If line 63 is greater than line 62, the exception is 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 is not met. Check "No" here and check the applicable "No" box in Part II, line 10.	64	Yes	No	Yes	No	Yes	No	Yes	No

*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

AUTO AND TRAVEL.....	\$	21.
CLEANING AND MAINTENANCE.....		9,423.
INSURANCE.....		324.
INTEREST.....		8,236.
SUPPLIES.....		374.
TAXES.....		371.
TELEPHONE.....		50.
UTILITIES.....		5,173.
WAGES AND SALARIES.....		2,047.
PAYROLL TAXES.....		174.
OTHER EMPLOYEE BENEFITS.....		38.
PROFESSIONAL SERVICES.....		1,234.
EQUIPMENT RENTAL/REPAIR.....		62.
TOTAL	\$	<u>27,527.</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

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(For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>COMMUNITY BRIDGES Name of Organization</p> <p>List all DBAs and names the organization uses or has used 519 MAIN STREET Address (Number and Street)</p> <p>WATSONVILLE, CA 95076 City or Town, State, and ZIP Code</p> <p>(831) 688-8840 RAYMONC@CBRIDGES.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>022640</u></p> <p>Corporation or Organization No. <u>0829087</u></p> <p>Federal Employer ID No. <u>94-2460211</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/20 ending 6/30/21) list:

Total Revenue \$ (including noncash contributions) 18,711,337. **Noncash Contributions \$** 0. **Total Assets \$** 15,851,797.

Program Expenses \$ 14,063,360. **Total Expenses \$** 16,485,545.

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page 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, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

DOUGLAS UNDERHILL
CFO

Signature of Authorized Agent Printed Name Title Date

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Community Bridges - Government Funding Sources

State Charity Registration Number - 022640

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
Anne Hohn (916) 445-4839

FEMA

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

Central California Alliance for Health

1600 Green Hill Road, Suite 101
Scotts Valley, CA 95066
Jessica Finney (831) 430-5000

CA State Dept of Education

Child Development Division
1430 N Street, Suite 6308
Sacramento, CA 95814
Assadya Ross (916)-445-1068

CA Association of Food Banks

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

CA Air Resources Board

Mobile Source Control Division
PO Box 2815
Sacramento, CA 95812
Bianca Marshall (916) 322 6369

Small Business Administration

6501 Sylvan Rd
Citrus Heights, CA 95610
916-735-1500

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

250 Main Street
Watsonville, CA 95077-5000
Doug Mattos (831) 768-3450

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

Santa Cruz County Regional Transportation Commission

1523 Pacific Ave
Santa Cruz, CA 95060
Rachel Moriconi (831) 460-3203

CA Public Utilities Commission

505 Van Ness Avenue
San Francisco, CA 94102
Cynthia Walker (415) 703-2182

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Community Bridges - Government Funding Sources

State Charity Registration Number - 022640

Santa Cruz County Office of Education

400 Encinal Street,
Santa Cruz, CA 95060
Diane Munoz (831) 466-5822

City Of Santa Cruz, Economic Development

337 Locust Street
Santa Cruz, CA 95060
Tiffany Lake (831) 420-5109
Tiffany Lake

Salud Para La Gente

P.O. Box 1870
Watsonville, CA 95077-1870
Dori Rose Inda (831) 728-8250

Local Initiatives Support Corporation

1970 Broadway, Suite 1100
Oakland, CA 94612
Liana Haroyan (415) 397-7322