Form **990**

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

2016

Department of the Tre Internal Revenue Serv

	Do not enter social security numbers on this form as it may be made public.	٠
easury /ice	► Information about Form 990 and its instructions is at www.irs.gov/form990.	

Open to Public Inspection

_													
A		For the 2	2016 calend	lar year, or tax	year beginr	ing 7/0	1	, 2016,	and endin	ig	6/30		, 2017
В		Check if ap	plicable	С							D Employ	er iden	tification number
		Addres	ss change	THE BRIDG	E YOUTH	AND FAM	ILY SERVI	CES			23-	7093	3615
		Name	change	721 SOUTH							E Telepho	one nun	nber
		Initial	return	PALATINE,	ĪL 600	67-6778					847.	_ 350	7490
		\vdash	turn/terminated								- 047	- 55-	7430
		\vdash									C 0		\$ 1 205 202
		H	ded return	F Name and add		1 -#	 			I Han I	G Gross return		1 1 1 1
(C)		Applica	ation pending			KEV.	IN O'DONN	ELL		1 ' '			<u> </u>
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ر ح T			npt status	X 501(c)(3)	501(c) () 	sert no) 48	947(a)(1) or	[4527]	1			
رخ 1عو∑		Websit	te:► WW	W.BRIDGEY	OUTH.OR	<u> </u>		1		1	iroup exemption ni	umber l	
٦̈́K			organization	X Corporation	Trust	Association	Other ►	LY	ear of forma	tion 1	.976 Mrs	tate of	legal domicile IL
<u> </u>	٦a	rt I	Summar	у									
Ĭ		1 Bri	efly describ	oe the organiza	ition's missi	on or most si	gnificant activit	ties HUM	AN SER	VICE	ES AGENCY		
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2	Governance		_ _										
しまれる	Š		eck this bo				d its operation:	s or dispos	sed of mo	re tha	n 25% of its ne		_
	ى م			ting members (4371 1 1	LL-X			3	25
₽ ?}					-	-	ning body (Par		10)		ľ	4	25
:	Ĭ						ar 2016 (Part V	, line 2a)				5	30
:	Activities			of volunteers ((0) 1: 10	,				6	283
•	đ						ımn (C), line 12	<u> </u>				7a	0.
_	4	D 146	t unrelated	business taxat	ole income	rom Form 99	0-1, lifte 34					7b	0.
	1	9 Co	ntributions	and grants (Da	ort VIII line	16)					Prior Year	.01	Current Year
9	ַנַ			and grants (Pa		•					951,0		1,028,014.
			-	ice revenue (P come (Part VIII			and 7d)				129,4		73,561.
Š					•	• •	9c, 10c, and 1	1.0\				05.	80.
_	-			•				•	. 12\	-	178,6		194,400.
-	-			milar amounts			Part VIII, colum	III (A), III16	5 12)	-	1,259,4	61.	1,296,055.
	-[•			-			
				to or for memb									
	့					= =	rt IX, column (A), lines 5	o- 10)		962,7	23.	981,762.
	Expenses	16 a Pro	ofessional f	undraising fees	s (Part IX, c	olumn (A), Iır	ne 11e)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	9	b Tot	tal fundrais	ing expenses (Part IX, col	umn (D), line	25)	FC回	d/510.				
Ĺ	ן בּ	17 Oth	ner expens	es (Part IX, col	umn (A), Iır	es 11a-11d,				-15	253,7	47	249,540.
	-	18 Tot	tal expense	es. Add lines 13	3-17 (must e	gual Part IX.	column (A), lu	ne 25). u	0047	囡	1,216,4	_	1,231,302.
	-			expenses Sut				ECJ 0	2017	S-DSC	42,9		64,753.
7	8						124						End of Year
Ę	Balances	20 Tot	tal assets (Part X, line 16)	<u> </u>		7	COEN	I HT	- Day	inning of Current 577,3		616,083.
8	8		•	s (Part X, line 2					ka L.	-	66,2		40,256.
-	ξ		t accata ar	fund balances	Cubtroot lu	an 21 from lin	20			<u> </u>			
Πř	20				Subtract III	le 21 II OIII III				!	511,0	74.	575,827.
			Signatur									-	
CO	nder	r penalties of lete Declar	f perjury, I decla ration of prepa	rer (other than offic	ned this return, i er) is <u>based</u> on	ncluding accompar all information of	nying schedules and f which preparer ha	statements, ar s any knowled	nd to the best dge	of my kr	nowledge and belief,	it is tru	e, correct, and
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_				reparer's name	·	Preparer's sign	ahura /	<i>-M</i>	Date			Τ.	PTIN
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		parer	Firm's name			ERMAN & C							
U	S	Only	Firm's addre		LDE HALI	DAY ROA	AD, #290				Firm's EIN	3 6	-3682564
_					LNSHIRE	IL 600					Phone no	(84	
M	lay	the IRS	discuss thi	s return with th	e preparer	shown above	? (see instruct	ions)					X Yes No
В	AA	For Pa	perwork Re	eduction Act No	otice, see th	e separate in	structions.		TE	EA0113L	. 11/16/16		Form 990 (2016)

m 990 (2016) THE BRIDGE YOUTH AND FAMILY SERVICES	23-7	093615	Page
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III			
Briefly describe the organization's mission		······································	
TO ASSIST YOUTH AND THEIR FAMILIES IN DEVELOPING AND SUSTA	INING BEHAVI	ORAL AND	
EMOTIONAL HEALTH THROUGH COMMUNITY-BASED SERVICES.			
2 Did the organization undertake any significant program services during the year which were not	listed on the prior		
Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	,	Yes	X N
B Did the organization cease conducting, or make significant changes in how it conducts, any pro	gram services?	Yes	X N
If 'Yes,' describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program services.	ram services, as me	easured by e	xpenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a and revenue, if any, for each program service reported	illocations to others,	, the total exp	benses,
la (Code) (Expenses \$540,334. including grants of \$) (Revenue	\$ 53	7,265
CRISIS INTERVENTION- PROVIDE SERVICES TO HELP REUNITE FAMILIES WHERE CHILDREN RA	ANGE IN AGE I	FROM 11	Γ0_17.
(122 CASES).			
b (Code) (Expenses \$ 286,079. including grants of \$) (Revenue	\$ 28	6,054
FAMILY AND INDIVIDUAL COUNSELING-			
PROVIDE COUNSELING TO FAMILIES AS WELL AS INDIVIDUALS RELATED SUBSTANCE ABUSE AND BLENDED FAMILIES. (518 CASES).	TED TO SINGLE	E PARENT	 S,
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PROVIDE COUNSELING TO FAMILIES AS WELL AS INDIVIDUALS RELATED SUBSTANCE ABUSE AND BLENDED FAMILIES. (518 CASES). c (Code) (Expenses \$ 62,900. including grants of \$ ADVOCACY-PROVIDES SERVICES TO MATCH YOUTH WITH CARING ADULT) (Revenue	\$ 4	6,828
PROVIDE COUNSELING TO FAMILIES AS WELL AS INDIVIDUALS RELATED SUBSTANCE ABUSE AND BLENDED FAMILIES. (518 CASES). c (Code) (Expenses \$ 62,900. including grants of \$) (Revenue	\$ 4	6,828
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Yes No

A DOG 23-7093615

Form 990 (2016) THE BRIDGE YOUTH AND FAMILY SERVICES Part IV | Checklist of Required Schedules

BAA		Form	990 (2016
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
t	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
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? If 'Yes,' complete Schedule D, Part VIII	11 c		X
k	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		Х
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
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? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule C, Part III	5		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? If 'Yes,' complete Schedule C, Part II	4		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1 1	Х	

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	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? If 'Yes,' complete Schedule I, Parts I and II	21		X
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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		Х
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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2016)

BAA

	Check if Schedule O contains a response or note to any line in this Part V				
	1			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (ו		
c	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming	7 :		
Ĭ	(gambling) winnings to prize winners?		1 c	····	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	2			
	ments, filed for the calendar year ending with or within the year covered by this return	2a 3(⊣ '	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	Λ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		2-	:	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year	,	3 a		
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		30		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a lancial account)?	4 a		Х
ь	If 'Yes,' enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fini	ancial Accounts (FBAR).	7		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 2	Does the organization have annual gross receipts that are normally greater than \$100,000, an	d did the organization			
V a	solicit any contributions that were not tax deductible as charitable contributions?	a ara are organization	6 a		X
b	olf 'Yes,' did the organization include with every solicitation an express statement that such con	ntributions or gifts were	l		
_	not tax deductible?		6 b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7 a		Х
L	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file	'		
٠	Form 8282?	iori it mao roquirou to mo	7с		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization	n file Form 8899	7-		
	as required?	organization file o	7 g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization me a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ained by the sponsoring			
	organization have excess business holdings at any time during the year?		8		ļ
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on ^y	9 ь	ļ	<u> </u>
	Section 501(c)(7) organizations. Enter	110-1			
	Initiation fees and capital contributions included on Part VIII, line 12	10 a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	-		
	Section 501(c)(12) organizations. Enter	11 a			
_	Gross income from members or shareholders	114	-		
i.	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	orm 1041?	12 a	1]
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule	0			
b	Enter the amount of reserves the organization is required to maintain by the states in	1 126			
	which the organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	 14 a	1	Х
	Did the organization receive any payments for indoor tanning services during the tax year? If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Signature.	chedule O	14 a	 	 -:-
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Form 990 (2016) THE BRIDGE YOUTH AND FAMILY SERVICES 23-7093615 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? 6 7 a 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? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? \overline{X} 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b 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? 10 b $\overline{\mathbf{x}}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** 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 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done X 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE 0 15 a **b** Other officers or key employees of the organization. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a b 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website |X| Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records -

PALATINE IL 60067-6778 847-754-9301

SUITE 103

SHANAN M. EGGER 721 SOUTH QUENTIN ROAD,

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

				(C)	<u>-</u>				· · · · · · · · · · · · · · · · · · ·	
(A) Name and Title	(B) Average hours per	than	one both dire	box, an o	unles	,	son I	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W-2/1099 MISC)	from the organization and related organizations
(1) DEB ARMSTRONG	2									
DIRECTOR		X						0.	0.	0.
(2) TRISTAN DELAY	2									
DIRECTOR	0	X						0.	0.	0.
(3) TAMARA BYRNE	2									
DIRECTOR	0	X						0.	0.	0.
(4) GERALD CHAPMAN	2]								
TREASURER	0	Х		X				0.	0.	0.
(5) TREVIS CRANE	2]								
DIRECTOR	0	X						0.	0.	0.
(6) GREG DAVIS	2]		i						
DIRECTOR	0	X						0.	0.	0.
7) THOMAS S. DONOHUE	2	1				l í				
DIRECTOR	0	X						0.	0.	0.
(8) PAT DRISCOLL	2									
DIRECTOR	0	X						0.	0.	0.
(9) JIM EKEBERG	2									
DIRECTOR	0	X						0.	0.	0.
(10) JIM ESPOSITO	2]								
DIRECTOR	0	X						0.	0.	0.
(11) BRIAN A. GOEBBERT	2						Í			
DIRECTOR	0	X						0.	0.	0.
(12) MICHAEL P. KABAREC	2	li								
DIRECTOR	0	X	_					0.	0.	0.
(13) PETE KAIN	2									
VICE PRESIDENT	0	X		Х			[0.	0.	0.
(14) RANDY KLINGNER	2									
DIRECTOR	0	X						0.	0.	0.

Page 8

Part VII Section A. Officers, Directors, Tr	ustees,	Key	En	npl	oye	es,	an	id Highest Con	npensated Em	ployees	(continued)
(A) Name and title	Average hours per week (list any hours for related organiza	box	unle er ar	heck ss pe	sition more erson	than both Highest control employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amoun compe froi orgar and	mated t of other ensation m the nization related dizations
	- tions below dotted line)	trustee	nstitutional trustee		oyee	Highest compensated employee					
(15) MARY PAT KRONES SECRETARY	- 2 -	X		Х				0.	. 0.		0.
OIRECTOR	$\frac{1}{0} - \frac{2}{0} - \frac{1}{0}$	X						0.	0.		0.
(17) KEVIN O'DONNELL PRESIDENT	$-\frac{2}{0}$	X		Х				0.	0.		0.
(18) LISA POLLOCK DIRECTOR	2	Х						0.	0.		0.
(19) MELANIE SANTOSTEFANO DIRECTOR	20	Х						0.	0.		0.
COO MICHAEL STRAUSS DIRECTOR	2	Х						0.	0.		0.
C1) STEPHEN WHITED DIRECTOR	2 0	Х						0.	0.		0.
C22) RAYMOND MAU DIRECTOR	2	Х						0.	0.		0.
DIRECTOR	- 2 -	Х						0.	0.		0.
(24) LYNN SEAMANN DIRECTOR	2	X						0.	0.		0.
(25) MIKE SEEBACHER DIRECTOR	$-\frac{2}{0}$	X						0.	0.		0.
1 b Sub-total	_						-	0.	0.		0.
c Total from continuation sheets to Part VII, Section	n A						-	98,588.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not lim	ited to tho	se lis	ted	abo	ve)	who	rece	98,588. eived more than \$	0. 100.000 of reportab	le compe	0. ensation
from the organization • 0								·		,	
3 Did the organization list any former officer, direct			key	emp	oloy	ee, o	r hij	ghest compensate	d employee		Yes No
 on line 1a³ If 'Yes,' complète Schedule J for such For any individual listed on line 1a, is the sum of the organization and related organizations greate 	reportable	e con	nper	nsati	ion a	and o	othe	r compensation fro	om	3	X
such individual 5 Did any person listed on line 1a receive or accrue						·			duuduol	4	<u> </u>
for services rendered to the organization? If 'Yes Section B. Independent Contractors										5	X
Complete this table for your five highest compensormers compensation from the organization. Report compensation.	sated inde	pend	ent	con	trac	tors t	that	received more that	n \$100,000 of	tay yaar	
(A) Name and business add		101 (ie c	alei	luai	year	en	(B) Description o		(C) Compen	
2 Total number of independent contractors (including \$100,000 of compensation from the organization	_	lımıt	ed to	o th	ose	listed	da b	pove) who received	I more than		į
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Form 990 (2016)

Part VIII | Statement of Revenue Chèck if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) (A) Total revenue (C) Revenue Unrelated excluded from tax under sections 512-514 husiness exempt function revenue revenue Grants 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d 1 e e Government grants (contributions) 824,481 f All other contributions, gifts, grants, and similar amounts not included above 203,533 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1,028,014 Business Code Program Service Revenue 2a PROGRAM SERVICE FEES 73,561 73,561 f All other program service revenue g Total. Add lines 2a-2f 73,561. Investment income (including dividends, interest and other similar amounts) 80 80. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 281,902 **b** Less direct expenses 89,338. c Net income or (loss) from fundraising events 192,564 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a MISCELLANEOUS 1,836 1,836 d All other revenue e Total. Add lines 11a-11d 1,836. 12 Total revenue. See instructions 0. 80. 1,296,055 75,397

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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 (A) (C) (D) Do not include amounts reported on lines Total expenses Management and Program service Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses *expenses* expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 13,999 14,808. trustees, and key employees 98,588 69,781 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 Other salaries and wages 688,116 558,167 6,060 123,889. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 137,030 109,503 2,932 <u> 24,595.</u> Payroll taxes 58,028 46,319 1,481 10,228 11 Fees for services (non employees) a Management **b** Legal 277 1,776. 10,549 8,496 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 12 7,647 247. 1,317. 13 Office expenses 6,083. Information technology 14 15 Royalties 76,590. 61,208. , 985 13,397. 1 Occupancy 16 2,911. 2,639. 170 102. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 67. Depreciation, depletion, and amortization 383 306. 10 9,952 7,951 252 1,749. 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) <u>73,0</u>00 9,622. a OUTSIDE SERVICES_ 84,031 1,409 6,056 7,116. 1,660. b BAD DEBT 14,832 12,921 2,226. 10,369 326 c TELEPHONE 2,<u>930.</u> 925 4,180 d PROGRAM ACTIVITIES 8,035 16,735. 2,544. 2,410. e All other expenses 21,689. 1,231,302. 981,853. 38,539. 210,910. 25 Total functional expenses Add lines 1 through 24e 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 ► ☐ If following SOP 98-2 (ASC 958-720) Form 990 (2016) BAA

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23-7093615 Form 990 (2016) THE BRIDGE YOUTH AND FAMILY SERVICES Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 189.1,263 1 Cash - non interest-bearing 1 2 Savings and temporary cash investments 164,490. 281,880. 383,957. 3 303,919. Pledges and grants receivable, net 4 Accounts receivable, net 6,889. 3,422. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net R Inventories for sale or use 9 25,733. Prepaid expenses and deferred charges 20,011 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 214,415 10 b b Less: accumulated depreciation 213,475 723. 10 c 940. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 577,333 16 616,083. 16 Accounts payable and accrued expenses 41,259. 17 40,256 17 Grants payable 18 18 19 19 Deferred revenue 25,000 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 40,256. Total liabilities. Add lines 17 through 25 66,259 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 511,074 533,242. 28 Temporarily restricted net assets 28 42,585. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. ò Capital stock or trust principal, or current funds 30 30 Assets

> <u>616,0</u>83. Form 990 (2016)

575,827.

31

32

33

34

511,074

577,333

32

33

34

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forr	n 990 (2016) THE BRIDGE YOUTH AND FAMILY SERVICES	23-7093615		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Chèck 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	1.2	96,0)55.
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,3	
3	Revenue less expenses Subtract line 2 from line 1	3		64,7	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,0	
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 in Schedule O)	9		-	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
~	column (B))	10	5	75,8	<u>327.</u>
Υа	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			Yes	No
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	•			
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	or the addit,	2 c	Х	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b		

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Employer identification number Name of the organization THE BRIDGE YOUTH AND FAMILY SERVICES 23-7093615 Part | 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(A)(a). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must** complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1 10 (iv) is the (vi) Amount of other organization listed support (see instructions) support (see instructions) in your governing document? above (see instructions)) No Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2016 THE BRIDGE YOUTH AND FAMILY SERVICES 23-7093615

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

- 11			• • • • • • • • • • • • • • • • • • • •	
(Complete only	\prime 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	Э
	als to qualify under the tests listed b			

Sect	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,109,009.	1,192,622.	1,387,850.	1,259,256.	1,295,9	75.	6,244,712.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
_	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	1,109,009.	1,192,622.	1,387,850.	1,259,256.	1,295,9	75.	6,244,712.
	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							6,244,712.
Sec	tion B. Total Support				Ţ·	ı		
Cale begır	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
7	Amounts from line 4	1,109,009.	1,192,622.	1,387,850.	1,259,256.	1,295,9	75.	6,244,712.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157.	206.	165.	205.		80.	813.
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)							0.
	Total support. Add lines 7 through 10							6,245,525.
12	Gross receipts from related activ	rities, etc (see ins	structions)				12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, secon	d, third, fourth, or	fifth tax year as a	section 501	(c)(3)	-
	tion C. Computation of Pเ							
	Public support percentage for 20			e 11, column (f))		-	14	99.99%
	Public support percentage from					Ĺ	15	99.98%
16a	33-1/3% support test-2016. If the and stop here. The organization	ne organization did qualifies as a pub	d not check the bo dicly supported or	ox on line 13, and ganization	line 14 is 33-1/3%	or more, ch	eck th	nis box ► X
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a put	not check a box olicly supported or	on line 13 or 16a, ganization	and line 15 is 33-	1/3% or more	e, che	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this l	box and stop here	e. Explain in F	Jart ∨	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop here a publicly supporte	e. Explain in I ed organization	art V on	/I now the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see	ınstr	uctions

Schedule A (Form 990 or 990-EZ) 2016 THE BRIDGE YOUTH AND FAMILY SERVICES 23-7093615 Page 3 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 (c) 2014 Calendar year (or fiscal year beginning in) ► (a) 2012 **(b)** 2013 (d) 2015 (e) 2016 (f) Total/ Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2012 **(c)** 2014 (f) Total **(b)** 2013 (d) 2015 **(e)** 2016 Calendar year (or fiscal year beginning in) ► 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 욹 15 જ્ 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 용 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (i)) 17 17 भ्र Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 33-1/3% support tests - 2016. 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 - 2015. 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

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

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За		
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)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
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)? 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes, 'answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9а	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))? If 'Yes,' provide detail in Part VI	9a		
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? If 'Yes,' provide detail in Part VI	9ь		
С	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? If 'Yes,' provide detail in Part VI	9с		
0 a	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)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	rt IV Supporting Organizations (continued)		,	
11	Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	-	la		
	[-	lb lc		i
	The state of the s	10		
<u>Sec</u>	ction B. Type I Supporting Organizations	-1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	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? 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	2		
Sec	tion 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)? 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)	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		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	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how	2		
3	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? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
Sec	ction 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 instruction)	;).		
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctic	ns)	
_		ſ		
	Activities Test Answer (a) and (b) below.		Yes	No
	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? 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	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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	2ь		
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2016 THE BRIDGE YOUTH AND FAMILY SE)93615 Page (
Pai 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	v. 20, 1970 (explain in l	Part VI) See hrough E
Sect	tion 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		
Sec	tion 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		
Ŀ	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
€	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

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

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2016

7

5 Income tax imposed in prior year

	rt v Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizatio	ns (continuea)	
Sec	ction D — Distributions			Current Year
_1	part to deposit of a game and to decomplied to exempt per			
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	oses of supported organ	nizations,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets	····		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		\	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organic Part VI) See instructions	inization is responsive (p	provide details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016			
ā	3			
ŀ	5			
	From 2013			
(d From 2014			
•	e From 2015			
	f Total of lines 3a through e			
Ç	g Applied to underdistributions of prior years			
ŀ	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7. \$			
ā	Applied to underdistributions of prior years			
t	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			, , , , , , , , , , , , , , , , , , , ,
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7			
а	1			
t	Excess from 2013			,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C	Excess from 2014	<u> </u>		·····
C	Excess from 2015			
e	Excess from 2016		-	
			_ -	

BAA

Schedule A (Form 990 or 990-EZ) 2016

Page 8

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)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BRIDGE YOUTH AND F	AMILY SERVICES	23-7093615
Part I Organizations Maintaining	Donor Advised Funds or Other Similar F	unds or Accounts.
Complete if the organization	n answered 'Yes' on Form 990, Part IV, Iin	ne 6.
	(a) Donor advised funds	(b) Funds and other accounts
 Total number at end of year 		
2 Aggregate value of contributions to (during year).		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
	and donor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised funds Yes No
6 Did the organization inform all grantees for charitable purposes and not for the impermissible private benefit?	s, donors, and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No
Part II Conservation Easements.		_
	on answered 'Yes' on Form 990, Part IV, Iir	ne 7.
	held by the organization (check all that apply)	
Preservation of land for public use		of a historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the orgaliast day of the tax year	anization held a qualified conservation contribution in	
Tabel assertion of accompanies accompanies	•-	Held at the End of the Tax Year
a Total number of conservation easement		2 a
b Total acreage restricted by conservation		2 b
	a certified historic structure included in (a)	2 c
structure listed in the National Register	luded in (c) acquired after 8/17/06, and not on a histor	2 d
3 Number of conservation easements mottax year ►	dified, transferred, released, extinguished, or terminal	ted by the organization during the
4 Number of states where property subject	ct to conservation easement is located ►	
5 Does the organization have a written po and enforcement of the conservation ea	olicy regarding the periodic monitoring, inspection, har assements it holds?	ndling of violations, Yes No
6 Staff and volunteer hours devoted to me	onitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
7 Amount of expenses incurred in monito ►\$	ring, inspecting, handling of violations, and enforcing	conservation easements during the year
8 Does each conservation easement report and section 170(h)(4)(B)(ii)?	orted on line 2(d) above satisfy the requirements of se-	ction 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organizat include, if applicable, the text of the foo conservation easements	on reports conservation easements in its revenue and otnote to the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
	Collections of Art, Historical Treasures, or Oton answered 'Yes' on Form 990, Part IV, In	
art, historical treasures, or other similar	d under SFAS 116 (ASC 958), not to report in its rever r assets held for public exhibition, education, or resear is financial statements that describes these items.	
	d under SFAS 116 (ASC 958), to report in its revenue : sets held for public exhibition, education, or research ins	
(i) Revenue included on Form 990, Pa		► \$
(ii) Assets included in Form 990, Part >	<	▶\$
2 If the organization received or held work amounts required to be reported under	ks of art, historical treasures, or other similar assets for SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VI	III, line 1	► \$
b Assets included in Form 990, Part X		▶\$

art III Organizations Maintai		TH AND FAMILY ns of Art, Histori		or Other S	23-709 Similar Assets		ued)	Pa
3 Using the organization's acquisitions (check all that apply)	on, accession, a		-	_	are a significant us	se of its	collect	ion
a Public exhibition			or exchange pro	grams				
b Scholarly research		e Othe	r					
c Preservation for future gener								
4 Provide a description of the organ Part XIII5 During the year, did the organization	tion solicit or red	ceive donations of ar	t. historical treasi	ures, or othe		e in		_
to be sold to raise funds rather the art IV Escrow and Custodial A			<u> </u>		s' on Form 990	U Yes Part I	V	1
line 9, or reported an	amount on F	orm 990, Part X	, line 21.			, , art i		
 1 a Is the organization an agent, trus on Form 990, Part X? b If 'Yes,' explain the arrangement 		Í		or other asso	ets not included	Yes		<u> </u>
bili res, explain the arrangement	iiii ait Aiii aiiu	complete the followi	rig table	Г		Amoun	<u></u>	
c Beginning balance				-	1 c	7 11110 211		
d Additions during the year				-	1 d			
Distributions during the year					1 e			
f Ending balance				-	1 f			
T Ending balance 2 a Did the organization include an a	mount on Fare-	000 Part V I == 01	for acoroni or	todial assess				
b If 'Yes,' explain the arrangement					-	∐ Yes		<u> </u>
art V Endowment Funds. Co			· · · · · · · · · · · · · · · · · · ·					
	(a) Current yea	r (b) Prior ye	ar (c) Two y	ears back	(d) Three years back	(e)	Four year	rs ba
Beginning of year balance Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance			<u> </u>			_		
2 Provide the estimated percentag	e of the current y	/ear end balance (lır	ne 1g, column (a)) held as				
a Board designated or quasi-endov	vment 🕨	<u> </u>						
b Permanent endowment	%							
c Temporarily restricted endowmer	nt 🕨	8						
The percentages on lines 2a, 2b,	and 2c should e	qual 100%						
3 a Are there endowment funds not i	n the possessior	of the organization	that are held and	l administere	d for the		Yes	1
organization by						2-13	1 62	
(i) unrelated organizations						3a(ı)		+-
(ii) related organizations	A	- linkad	0			3a(ii)		+
b If 'Yes' on line 3a(ii), are the rela	-					3b		
4 Describe in Part XIII the intended		anization's endowme	ent tunds					
art VI Land, Buildings, and Complete if the organ		red 'Yes' on For	m 990, Part IV	/, line 11a.	See Form 990	0, Part	X, lır	ne
Description of property	(a)	Cost or other basis (investment)	(b) Cost or of basis (other	ther (c) Accumulated depreciation	(d) [Book v	alue
1 a Land	——————————————————————————————————————		1	-				
b Buildings					_,			
c Leasehold improvements			46	588.	46,588.	<u> </u>		
d Equipment	 		167,		166,887.			9
a Ludidiletti								J
e Other	-		101,	021.	100,007.			

Part VII Investments – Other Securities.	'Vas' on Form 900	N/A Part IV line 11h See Form 9	On Part V June 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	
(1) Financial derivatives	(D) Dook value	(c) Method of Valuation Cost of Chart	
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
			····
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
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 99	90, 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)			. <u></u>
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		<u></u>	
Part IX Other Assets. Complete if the organization answered 'Y	N/A (as' on Form 990 P	Nart IV June 11d See Form 990 P	art X Jine 15
	scription	art iv, line i ra. See i oim 550, i	(b) Book value
(1)	3011011		(0) 200
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)	2) (15)	•	
Total. (Column (b) must equal Form 990, Part X, column (E	s) line 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form	990 Part IV line 11e or	11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		 	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	etnete to the ergonization's fu	panel at atomosts that reports the organization's	liability for uncertain

SEE PART XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retur	n.	
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	1,296,055.
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	2 b	1	
c Recoveries of prior year grants	2 c	7 [
d Other (Describe in Part XIII)	2 d	7	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	1,296,055.
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	4 a	1 1	
b Other (Describe in Part XIII.)	4 b	7.	
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,296,055.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Ret	urn.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	1,231,302.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b	7	
c Other losses	2 c	7 1	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	1,231,302.
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	4 a]	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u>-</u>	5	1,231,302.
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 X - FIN 48 FOOTNOTE

THE BRIDGE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. IT IS ALSO REQUIRED TO RECOGNIZE OR DERECOGNIZE IN ITS FINANCIAL STATEMENTS POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ON A "MORE LIKELY THAN NOT" THRESHOLD. THE BRIDGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE BRIDGE'S INCOME TAX FILINGS FOR THE YEARS 2012 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

BAA

Schedule **D** (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

	E BRIDGE YOUTH AND FAMI	LY SERVIC	ES				23 - 709361	
Pa		ete if the organ	nization an	swered 'Ye	es' on Form 990, Part I'	V, line 17		
1	Indicate whether the organization r				wing activities Check a	•		
	b Internet and email solicitations			f	Solicitation of gove		rants	
	Phone solicitations			g	Special fundraising	events		
	d In-person solicitations							
2	Did the organization have a written employees listed in Form 990, Part	or oral agreen VII) or entity ii	nent with a n connecti	iny individu on with pro	ual (including officers, c ofessional fundraising s	lirectors, ervices?	trustees, or ke	Yes XNo
	b If 'Yes,' list the 10 highest paid indicompensated at least \$5,000 by the	ividuals or entit e organization	ies (fundra	aisers) pur	suant to agreements ur	nder whic	h the fundraise	er is to be
(1	Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did have custo of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or re fundra	ount paid to etained by) iser listed in lumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1							1	
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	ı			•				0.
3	List all states in which the organization or licensing	tion is registere	ed or licen	sed to solu	cit contributions or has	been not	ified it is exem	

		G (Form 990 or 990-EZ) 2016 THE BI				
ar	11	Fundraising Events. Complete if the more than \$15,000 of fundraising	ne organization answei	red 'Yes' on Form 99 s and gross income	00, Part IV, line 18, e on Form 990-EZ,	or reported . lines 1 and 6b.
		List events with gross receipts of	greater than \$5,000.			
R			(a) Event #1 DINNER DANCE (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
	1	Gross receipts	138,428.	103,289.	40,185.	281,902
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	138,428.	103,289.	40,185.	281,902
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	13,705.	27,058.		40,763
- (7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	21,433.	19,014.	8,128.	48,575
•	10 11	Direct expense summary Add lines 4 to Net income summary. Subtract line 10	•		•	89,338 192 564
	11 HI	Net income summary Subtract line 10 Gaming. Complete if the organizat	from line 3, column (d)	Form 990, Part IV, I	ine 19, or reported	89,338 192,564 more than
	11 HI	Net income summary Subtract line 10	from line 3, column (d)		ine 19, or reported	192,564 more than
ar	11 HI	Net income summary Subtract line 10 Gaming. Complete if the organizat	from line 3, column (d)	Form 990, Part IV, I (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	192,564 more than (d) Total gaming (add column (a)
ar	11 HI	Net income summary Subtract line 10 Gaming. Complete if the organizat	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
ar	11 HII	Net income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
ar EXPE	1 2	Net income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
ar EXPEN	1 2	Net income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
ar EXPEN	11 2 3	Ret income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
EXPEN	11 1 2 3 4	Ret income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes	from line 3, column (d) ion answered 'Yes' on a.	(b) Pull tabs/instant bingo/progressive		192,564 more than (d) Total gaming (add column (a)
	11 2 3 4 5	Ret income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	rom line 3, column (d) ion answered 'Yes' on a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	192,564 more than (d) Total gaming (add column (a)
ar EXPEN	11 2 3 4 5 6 7	Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 th	rom line 3, column (d) non answered 'Yes' on a. (a) Bingo Yes No	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	192,564 more than (d) Total gaming (add column (a)
ar EXPEN	11 2 3 4 5 6 7	Ret income summary Subtract line 10 Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	rom line 3, column (d) non answered 'Yes' on a. (a) Bingo Yes No	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	192,564 more than

b If 'Yes,' explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

	edule G (Form 990 or 990-EZ) 2016 THE BRIDGE YOUTH AND FAMILY SERVICES	23-709		Pag
	Does the organization conduct gaming activities with nonmembers?		Yes	∐N
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fadminister charitable gaming?	formed to	Yes	
	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility	13a		
	an outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books are	nd records	;	
	Name •			
	Address •			
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming reven	iue [?]	Yes	
Ŀ	o If 'Yes,' enter the amount of gaming revenue received by the organization 🕨 💲 and	the amou	ınt	<u> </u>
	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			
7	Mandatory distributions			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to re-	etain the		П.
,	state gaming license?	r spent in	Yes	
١	organization's own exempt activities during the tax year > \$	opont m		
aı	rt IV Supplemental Information. Provide the explanations required by Part I. line 2b.	column	s (III) and	(v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide	any add	itional	
	information. See instructions			
AA	TEEA3703L 09/23/16 Sched	lule G (For	m 990 or 99	0-EZ)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE BRIDGE YOUTH AND FAMILY SERVICES

Employer identification number 23-7093615

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

VOLUNTEERS-PROVIDES SERVICES TO HELP IN ALL PROGRAMS OF THE BRIDGE YOUTH & FAMILY SERVICES. (EXPENSES \$54,060).

PREVENTION-PROVIDES SERVICES TO THE COMMUNITY TO HELP PREVENT COMMUNITY PROBLEMS. (4580 CASES).

YOUTH COUNCIL

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

THE GOVERNING BODY IS PROVIDED FOR REVIEW THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH BOARD MEMBER,

VOLUNTEER, OR EMPLOYEE TO DISCLOSE TO THE BOARD OR THEIR SUPERVISOR ANY PERSONAL

INTEREST WHICH HE OR SHE MAY HAVE IN ANY CURRENT OR POTENTIAL MATTER BEFORE THE

AGENCY. THESE PERSONS MUST REFRAIN FROM PARTICIPATING IN ANY DECISION ON SUCH

MATTERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD BASED ON MARKET
DATA.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION
THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON
REQUEST AT ITS OFFICES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS OFFICES UPON REQUEST.