

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY BRIDGES INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 1855 WEST BASELINE ROAD SUITE 101 City or town, state or province, country, and ZIP or foreign postal code MESA, AZ 85202	D Employer identification number 94-2880847 E Telephone number (480) 831-7566 G Gross receipts \$ 66,075,618
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.COMMUNITYBRIDGESAZ.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1982 M State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE THE HIGHEST QUALITY CLINICAL TREATMENT, FAMILY PRESERVATION, PREVENTION AND EDUCATION SERVICES TO REDUCE THE IMPACT OF ALCOHOLISM AND DRUG ADDICTION AS A PREDOMINANT FACTOR OF CASES OF HOMELESSNESS, DOMESTIC VIOLENCE, CHILD ABUSE, CHILD NEGLECT, ASSAULT, HOMICIDE AND SUICIDE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,282	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	235,819	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	117,758	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	53,818,456	59,423,721	
	9 Program service revenue (Part VIII, line 2g)	3,803,304	3,444,187	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,339	109,063	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	998,195	2,618,775	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,622,294	65,595,746	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,799,472	42,753,956	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,587,941	21,442,186	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	56,387,413	64,196,142	
	19 Revenue less expenses Subtract line 18 from line 12	2,234,881	1,399,604	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	19,931,058	24,423,764	
	21 Total liabilities (Part X, line 26)	10,994,042	13,504,349	
	22 Net assets or fund balances Subtract line 21 from line 20	8,937,016	10,919,415	

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 DR FRANK SCARPATI PRESIDENT / CEO Type or print name and title	2017-08-15 Date
Paid Preparer Use Only	Print/Type preparer's name PAMELA MULLINS Preparer's signature PAMELA MULLINS Firm's name ▶ BALDWIN & BALDWIN PLLC Firm's address ▶ 701 N 44TH ST PHOENIX, AZ 850086504	Date 2017-08-15 Check <input type="checkbox"/> if self-employed PTIN P01368975 Firm's EIN ▶ 46-4370753 Phone no (480) 736-9200

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 Yes No

1 Briefly describe the organization's mission

TO PROVIDE THE HIGHEST QUALITY CLINICAL TREATMENT, FAMILY PRESERVATION, PREVENTION AND EDUCATION SERVICES TO REDUCE THE IMPACT OF ALCOHOLISM AND DRUG ADDICTION AS A PREDOMINANT FACTOR OF CASES OF HOMELESSNESS, DOMESTIC VIOLENCE, CHILD ABUSE, CHILD NEGLECT, ASSAULT, HOMICIDE AND SUICIDE

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 31,380,416 including grants of \$) (Revenue \$ 32,451,760)
See Additional Data

4b (Code) (Expenses \$ 6,644,238 including grants of \$) (Revenue \$ 8,384,590)
See Additional Data

4c (Code) (Expenses \$ 4,816,176 including grants of \$ 108,066) (Revenue \$ 3,001,801)
See Additional Data
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 15,244,803 including grants of \$ 2,584,132) (Revenue \$ 17,858,694)

4e Total program service expenses ▶ 58,085,633

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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		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		No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
COMMUNITY BRIDGES INC 1855 WEST BASELINE ROAD SUITE 101 MESA, AZ 85202 (480) 831-7566

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,537,894		160,917	

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 ▶ 13

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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 Yes	
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	No

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
SUCHER MEDICAL MANAGEMENT 8541 E ANDERSON DR STE 105 SCOTTDALE, AZ 85255	MEDICAL DIRECT	5,371,703
CONCENTRIC HEALTHCARE SOLUTIONS 4250 N DRINKWATER BLVD SCOTTSDALE, AZ 85251	NURSE STAFFING	519,171
HEALTH TEMP 2425 E CAMELBACK RD PHOENIX, AZ 85016	NURSE STAFFING	391,886
VERNON BARKSDALE MD PC 570 W BROWN RD MESA, AZ 85201	PSYCHIARTY	117,868
AM RANKOVIC PMHNP PLLC 914 E OSBORN RD STE 201 PHOENIX, AZ 85014	PSYCHIATRY	115,523

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 ▶ 8

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	1a	Federated campaigns 1a	99,329					
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	58,293,259					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,031,133					
	g	Noncash contributions included in lines 1a-1f \$	417,992					
	h	Total. Add lines 1a-1f ▶	59,423,721					
Program Service Revenue	2a	FEE FOR SERVICE						
		Business Code	621400	3,444,187		3,444,187		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		3,444,187					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	650	650				
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	715,691				
			(ii) Personal					
			b	Less rental expenses	479,872			
			c	Rental income or (loss)	235,819			
	d	Net rental income or (loss) ▶		235,819	235,819			
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		108,413			
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)		108,413		
	d	Net gain or (loss) ▶		108,413		108,413		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events . . . ▶						
	9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances a							
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	621300	1,533,134		1,533,134			
b	RENT - NONPROFITS		558,669	558,669				
c	RHBA OTHER REVENUE		227,917	227,917				
d	All other revenue		63,236	63,236				
e	Total. Add lines 11a-11d ▶		2,382,956					
12	Total revenue. See Instructions ▶		65,595,746	850,472	235,819	5,085,734		

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	1,687,675	350,768	1,336,907	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,417,954	32,376,957	2,040,997	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	580,451	505,535	74,916	
9 Other employee benefits	3,118,599	2,868,033	250,566	
10 Payroll taxes	2,949,277	2,720,882	228,395	
11 Fees for services (non-employees)				
a Management				
b Legal	90,497	43,893	46,604	
c Accounting	44,150	2,000	42,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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)	8,611,527	8,543,090	68,437	
12 Advertising and promotion	135,976	102,644	33,332	
13 Office expenses	314,746	249,416	65,330	
14 Information technology				
15 Royalties				
16 Occupancy	2,967,719	2,825,142	142,577	
17 Travel	368,226	342,523	25,703	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	193,288	164,226	29,062	
20 Interest	240,230	227,790	12,440	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,296,580	871,166	425,414	
23 Insurance	781,851	686,293	95,558	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT EXPENSES	2,728,900	2,256,940	471,960	
b DIRECT SUPPLIES	1,357,794	1,332,539	25,255	
c CLIENT HOUSING	844,146	865,281	-21,135	
d REPAIRS AND MAINTANCE	771,645	750,515	21,130	
e All other expenses	694,911		694,911	
25 Total functional expenses. Add lines 1 through 24e	64,196,142	58,085,633	6,110,509	0
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,971,074	1	4,809,975
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,174,082	4	1,581,394
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	55,897	8	71,900
	9 Prepaid expenses and deferred charges	500,933	9	708,531
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 23,572,810		
	b Less: accumulated depreciation	10b 6,472,726	13,176,054	10c 17,100,084
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	100,000	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	-46,982	15	151,880
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,931,058	16	24,423,764	
Liabilities	17 Accounts payable and accrued expenses	6,373,057	17	5,523,200
	18 Grants payable		18	
	19 Deferred revenue	103,129	19	88,658
	20 Tax-exempt bond liabilities	2,792,509	20	2,660,477
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,324,451	24	4,979,481
	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	400,896	25	252,533
	26 Total liabilities. Add lines 17 through 25	10,994,042	26	13,504,349
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,767,425	27	7,176,160
	28 Temporarily restricted net assets	4,169,591	28	3,743,255
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,937,016	33	10,919,415	
34 Total liabilities and net assets/fund balances	19,931,058	34	24,423,764	

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	65,595,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,196,142
3	Revenue less expenses Subtract line 2 from line 1	3	1,399,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,937,016
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-417,992
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,000,787
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,919,415

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 94-2880847

Name: COMMUNITY BRIDGES INC

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	31,380,416	including grants of \$) (Revenue \$	32,451,760)
-----------	-------	----------------	------------	------------------------	---------------	--------------

CRISIS SERVICES PROVIDE EMERGENCY CRISIS INTERVENTION THAT CAN LAST UP TO A 23 HOUR PERIOD SERVICES OFFER MEDICALLY MONITORED STABILIZATION, TRIAGE, EVALUATION, ASSESSMENT AND TRANSITIONAL SERVICES TO INDIVIDUALS WHO HAVE EITHER USED SUBSTANCE WITHIN THE LAST 5 DAYS OR ARE CURRENTLY EXPERIENCING A SUBSTANCE OR CO-MORBID RELATED CRISIS WITHIN CRISIS, BEHAVIOR HEALTH SPECIALISTS, REGISTERED NURSES AND MEDICAL PRACTITIONERS WORK TOGETHER TO ASSESS VITALS, MONITOR THE SEVERITY OF ANY PRESENTING PSYCHIATRIC EPISODE, AND UTILIZE A WITHDRAWAL MONITORING TOOL TO DETERMINE IF MEDICAL DETOXIFICATION SERVICES ARE NECESSARY DURING OCTOBER 2015 TO SEPTEMBER 2016, CRISIS HAD 45,228 ADMISSIONS WITH 86% SUCCESSFULLY COMPLETING THE PROGRAM OUR MEDICAL DETOXIFICATION PROGRAM INSISTS ON A STANDARD OF "DETOX WITH DIGNITY" TO RECLAIM LIVES, SAVE FAMILIES AND RETURN PRODUCTIVE CITIZENS TO THE COMMUNITY THE PROGRAM UTILIZES A PHYSICIAN-DIRECTED PROTOCOL (GENERALLY 3-5 DAYS) DESIGNED TO PREVENT THE LOSS OF LIFE THAT CAN OCCUR WHEN INDIVIDUALS ATTEMPT TO WITHDRAW FROM ALCOHOL OR DRUGS OUR PHYSICIANS USE MEDICAL PROCEDURES AND PROTOCOLS NATIONALLY RECOGNIZED AS BEST PRACTICE APPROACHES FOR MEDICAL DETOXIFICATION THESE MEDICAL PROTOCOLS ARE DIRECTED BY LICENSED MEDICAL PRACTITIONERS AND SUPPORTED BY OUR CLINICAL TEAM OF REGISTERED NURSES, BEHAVIORAL TEAM SPECIALISTS, PEER SUPPORT SPECIALISTS AND TRANSITIONAL COORDINATORS OUR GOAL IS TO STOP THE "REVOLVING DOOR" BY NOT ONLY PROVIDING A SAFE MEDICAL DETOX, BUT ALSO PROVIDING AN ONGOING ASSESSMENT WHILE THE PATIENT IS IN OUR CARE DURING OCTOBER 2015 TO SEPTEMBER 2016, MEDICAL DETOX HAD 4,202 ADMISSIONS WITH 89% SUCCESSFULLY COMPLETING THE PROGRAM

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 6,644,238 including grants of \$) (Revenue \$ 8,384,590)

RURAL LEVEL IV STABILIZATION AND RECOVERY UNITS (SRU) PROVIDE TRIAGE, STABILIZATION AND SHORT TERM RECOVERY SERVICES TO INDIVIDUALS WHO PRESENT TO HAVE USED A MIND ALTERING SUBSTANCE WITHIN THE LAST 7 DAYS DURING THE INITIAL TRIAGE AND ASSESSMENT STAGE, THE PATIENT WILL RECEIVE AN ASSESSMENT CONDUCTED BY AN EMT IN COORDINATION VIA PHONE WITH A RN, AND THE EMT MONITORING TOOLS TO DETERMINE WHEN THE SYMPTOMOLOGY OF WITHDRAWAL MAY OCCUR IF THE PATIENT EXHIBITS SIGNS AND SYMPTOMS OF PHYSICAL WITHDRAWAL OR HAS A SIGNIFICANT HISTORY OF SUCH SYMPTOMS, THE SRU STAFF WILL ARRANGE TRANSPORTATION TO A DETOXIFICATION FACILITY IF THE PATIENT IS NOT EXPERIENCING THESE SYMPTOMS, THE PERSON WILL RECEIVE A COMPLETE PSYCHO SOCIAL ASSESSMENT AND MENTAL HEALTH SCREENING TO DETERMINE THE MOST APPROPRIATE LEVEL OF CARE IF DETERMINED CLINICALLY AND MEDICALLY APPROPRIATE, THE INDIVIDUAL MAY REMAIN AT THE SRU FOR A PERIOD LASTING BETWEEN 24 HOURS AND 6 DAYS AND/OR BE TRANSITIONED INTO EITHER OUR OUTPATIENT OR INTENSIVE OUTPATIENT PROGRAM LOCATED ON-SITE DURING THIS "ON-GOING STABILIZATION" PERIOD, THE PATIENT WILL CONTINUE TO HAVE THEIR VITALS ASSESSED BY AN EMT TO ENSURE MEDICAL STABILITY AND WILL ALSO BE ENROLLED IN AN OUTPATIENT PROGRAM THAT IS SPECIFIC TO EARLY RECOVERY AND THE DEVELOPMENT OF A RELAPSE PREVENTION PLAN PEER SUPPORT SPECIALISTS AND A BEHAVIORAL HEALTH PROFESSIONAL WILL WORK WITH EACH PATIENT INDIVIDUALLY TO IDENTIFY ANY CURRENT PROFESSIONAL OR SOCIAL SUPPORTS TO ASSIST WITH THIS EARLY RECOVERY PLANNING PROCESS ONCE A RELAPSE PREVENTION PLAN HAS BEEN DEVELOPED AND THE PATIENT PRESENTS WITH A MEDIUM TO LOW LEVEL OF RISK, THEY WILL BE DISCHARGED FROM THE SRU FOR CONTINUING CARE AS DEFINED BY THEIR INDIVIDUALIZED DISCHARGE PLAN DURING OCTOBER 2015 TO SEPTEMBER 2016, SRU HAD 4,511 ADMISSIONS WITH 82% SUCCESSFULLY COMPLETING THE PROGRAM

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 4,816,176 including grants of \$ 108,066) (Revenue \$ 3,001,801)

LEVEL 2 RESIDENTIAL FACILITIES SERVICE INDIVIDUALS WITH A SUBSTANCE ABUSE AND/OR SERIOUS MENTAL ILLNESS THE AVERAGE STAY FOR SUBSTANCE ABUSE TREATMENT IS 30 DAYS AND 60 DAYS FOR SERIOUS MENTAL ILLNESS EACH FACILITY HAS A RESIDENT BEHAVIORAL HEALTH PROFESSIONAL WHO IS SUPPORTED BY A TEAM OF PEER SUPPORT SPECIALISTS, LICENSED PRACTICAL NURSES AND BEHAVIORAL HEALTH TECHNICIANS DURING OCTOBER 2015 TO SEPTEMBER 2016, LEVEL 2 RESIDENTIAL HAD 464 ADMISSIONS WITH 85% SUCCESSFULLY COMPLETING THE PROGRAM CENTER FOR HOPE IS ALSO A LEVEL 2 RESIDENTIAL PROGRAM THAT PROVIDES HOUSING TREATMENT SERVICES TO PREGNANT WOMEN WHO HAVE A HISTORY OF CO- OCCURING DISORDERS THEY CAN STAY IN THE PROGRAM DURING THEIR PREGNANCY, AS WELL AS DURING POSTPARTUM IN OCTOBER 2015 TO SEPTEMBER 2016, CENTER FOR HOPE PROVIDED RESIDENTIAL SERVICES TO 54 PREGNANT WOMEN WHO HAD 25 CHILDREN WHICH INCLUDED 25 BABIES BORN WITH NEGATIVE TOXICOLOGY SCREENS AT BIRTH DUE TO THEIR MOTHERS' PROGRAM INVOLVEMENT FROM OCTOBER 2015 TO SEPTEMBER 2016, 70% OF THE WOMEN WHO ENTERED THE RESIDENTIAL PROGRAM COMPLETED THIS PROGRAM OF THE WOMEN THAT COMPLETED THE PROGRAM, 81% TRANSITIONED INTO PERMANENT SUPPORTIVE HOUSING AT DISCHARGE (100% WERE HOMELESS AT ADMISSION) AND 32% WERE EMPLOYED WHEN THEY LEFT THE PROGRAM 25 FAMILIES ARE RECEIVING PERMANENT SUPPORTIVE HOUSING SERVICES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 15,244,803 including grants of \$ 2,584,132) (Revenue \$ 17,858,694)
OUTPATIENT SERVICES - EXPENDITURES 11,669,834 INCLUDING GRANTS OF 90,735 AND REVENUE OF 16,138,876 ALL
OTHER SERVICES - EXPENDITURES 3,574,968 INCLUDING GRANTS OF 2,493,398 AND REVENUE OF 1,719,818 NON CASH RENT
EXPENSE - 417,992 COSTS FOR RENTAL UNITS - 975,682

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JOHN MEZA BOARD PRESID	1 00	X		X				0	0	0
MELISSA BRICKHOUSE-THOMAS BOARD VICE P	1 00	X		X				0	0	0
KATHLEEN KELLY BOARD SECRET	1 00	X		X				0	0	0
DAVID SHUMWAY BOARD TREASU	1 00	X		X				0	0	0
KERRY RAMELLA BOARD IMMED	1 00	X						0	0	0
CHRISTINE DESANTI BOARD MEMBER	1 00	X						0	0	0
KEVIN KOTSUR BOARD MEMBER	1 00	X						0	0	0
LARRY RODRIGUEZ BOARD MEMBER	1 00	X						0	0	0
MICHAEL WHALEN BOARD MEMBER	1 00	X						0	0	0
STEVE CHUCRI BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MICHAEL THOMPSON BOARD MEMBER	1 00	X						0	0	0
T J MARTIN BOARD MEMBER	1 00	X						0	0	0
DR FRANK SCARPATI PRESIDENT /	40 00			X				357,499	0	19,182
JOHN HOGEBOOM VP COO	40 00			X				236,133	0	8,736
JASON SUTTON VICE PRES, I	40 00			X				203,472	0	11,678
DEANN MILLER-HEYER VICE PRES, C	40 00			X				195,615	0	19,467
MADELYN NICHOLS VICE PRES, H	40 00			X				190,675	0	18,329
TAUNA MINER VICE PRES, A	40 00			X				184,446	0	7,049
KRISTEN POLIN VICE PRES-CO	40 00			X				113,025	0	1,128
SCOTT HATLEN DEPUTY OPERA	40 00				X			141,180	0	16,316

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JULIE WONSOWICZ-MOORE SEN DIR OF C	40 00					X		122,652	0	12,795
MEKAYELA NEELEY DIR CLINICAL	40 00					X		119,933	0	12,721
RAQUEL EVANS INTEGRATED C	40 00					X		119,345	0	10,168
SCOTT CUMPSTON CLINICAL DIR	40 00					X		110,379	0	9,837
SHIRLEY BRADY VICE PRES, C	40 00						X	241,066	0	9,373
KIMBERLY CRAIG VP, WOMENS A	40 00						X	202,474	0	4,138

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY BRIDGES INC

Employer identification number

94-2880847

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 11, 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 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 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...
10 An organization organized and operated exclusively to test for public safety.
11 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. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	38,008,704	8,803,311	41,938,745	53,818,456	59,423,721	201,992,937
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	354,269	85,340				439,609
4 Total. Add lines 1 through 3	38,362,973	8,888,651	41,938,745	53,818,456	59,423,721	202,432,546
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)						
6 Public support. Subtract line 5 from line 4						202,432,546

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	38,362,973	8,888,651	41,938,745	53,818,456	59,423,721	202,432,546
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,722	828				9,550
9 Net income from unrelated business activities, whether or not the business is regularly carried on	101,769	1	322,265	159,088	235,819	818,942
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				3,803,304	3,444,187	7,247,491
11 Total support. Add lines 7 through 10						210,508,529

12 Gross receipts from related activities, etc. (see instructions) **12** 850,472

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96 160 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	97 550 %

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 II of Schedule L (Form 990).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b 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>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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?
If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?
If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test. **Answer (a) and (b) 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?
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.
 - 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.
- 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.*
 - 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.*

	Yes	No
2a		
2b		
3a		
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. **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)	1	
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 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	

Section 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	
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) <input type="checkbox"/>		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 7,247,491

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2015
Open to Public Inspection

Name of the organization
COMMUNITY BRIDGES INC

Employer identification number
94-2880847

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 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		

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

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

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

Table with 2 columns: Yes, No. Rows include (i) unrelated organizations, (ii) related organizations, and 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. 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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶	

Part VIII Investments—Program Related. 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

Part IX Other Assets. 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
Total. (Column (b) must equal Form 990, Part X, col (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
Federal income taxes	
CURRENT PORTION OF CAP LEASE PAYABLE	170,382
DEPOSITS PAYABLE	50,274
LT PORTION CAP LEASE PAYABLE	31,877
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 252,533

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	65,595,746
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	65,595,746
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	65,595,746

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	64,098,556
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	64,098,556
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	97,586	
c	Add lines 4a and 4b		4c	97,586
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	64,196,142

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2880847

Name: COMMUNITY BRIDGES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 97,586

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
COMMUNITY BRIDGES INC

Employer identification number
94-2880847

Part I Questions Regarding Compensation

	Yes	No
<p>1a 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> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in 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>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing 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> <p><input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<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>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<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>	4c	No
<p>Only 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>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<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>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<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	No
<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	

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 are not 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		(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 DR FRANK SCARPATI PRESIDENT / CEO	(i)	256,550	17,194	83,755	19,182		376,681	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JOHN HOGEBOOMVP COO	(i)	189,029	10,929	36,175	8,736		244,869	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 JASON SUTTON VICE PRES, IT	(i)	171,852	6,930	24,690	11,678		215,150	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 DEANN MILLER-HEYER VICE PRES, CFO	(i)	160,595	6,554	28,466	19,467		215,082	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 MADELYN NICHOLS VICE PRES, HR	(i)	161,649	6,776	22,250	18,329		209,004	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 TAUNA MINER VICE PRES, ADMIN	(i)	141,822	7,968	34,656	7,049		191,495	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 SCOTT HATLEN DEPUTY OPERATIONS OF	(i)	126,042	4,585	10,553	16,316		157,496	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 SHIRLEY BRADY VICE PRES, CFO	(i)	189,248	8,188	43,630	9,373		250,439	
	(ii)	-----	-----	-----	-----	-----	-----	-----
9 KIMBERLY CRAIG VP, WOMENS AND CHILD	(i)	116,764	11,425	74,285	4,138		206,612	
	(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.

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 94-2880847
Name: COMMUNITY BRIDGES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 DR FRANK SCARPATI PRESIDENT / CEO	(i)	256,550	17,194	83,755	19,182		376,681	
	(ii)	-----	-----	-----	-----	-	-----	-----
1 JOHN HOGEBOOM VP COO	(i)	189,029	10,929	36,175	8,736		244,869	
	(ii)	-----	-----	-----	-----	-	-----	-----
2 JASON SUTTOR VICE PRES, IT	(i)	171,852	6,930	24,690	11,678		215,150	
	(ii)	-----	-----	-----	-----	-	-----	-----
3 DEANN MILLER-HEYER VICE PRES, CFO	(i)	160,595	6,554	28,466	19,467		215,082	
	(ii)	-----	-----	-----	-----	-	-----	-----
4 MADELYN NICHOLS VICE PRES, HR	(i)	161,649	6,776	22,250	18,329		209,004	
	(ii)	-----	-----	-----	-----	-	-----	-----
5 TAUNA MINER VICE PRES, ADMIN	(i)	141,822	7,968	34,656	7,049		191,495	
	(ii)	-----	-----	-----	-----	-	-----	-----
6 SCOTT HATLEN DEPUTY OPERATIONS OF	(i)	126,042	4,585	10,553	16,316		157,496	
	(ii)	-----	-----	-----	-----	-	-----	-----
7 SHIRLEY BRADY VICE PRES, CFO	(i)	189,248	8,188	43,630	9,373		250,439	
	(ii)	-----	-----	-----	-----	-	-----	-----
8 KIMBERLY CRAIG VP, WOMENS AND CHILD	(i)	116,764	11,425	74,285	4,138		206,612	
	(ii)	-----	-----	-----	-----	-	-----	-----

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

Department of the Treasury

Internal Revenue Service

Name of the organization

COMMUNITY BRIDGES INC

Employer identification number

94-2880847

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: PINAL COUNTY HEALTH FACILITY BOND, 52-1374287, 112233445, 05-20-2011, 4,000,000, PURCHASE REAL PROPERTY, No, X, No, X, No, X.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-13 list various proceeds categories (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.) and a year of substantial completion (2011). Rows 14-17 are Yes/No questions regarding refunding issues, advance refunding issues, final allocation of proceeds, and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (No, X). Row 2: Are there any lease arrangements that may result in private business use of bond-financed property? (X).

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
COMMUNITY BRIDGES INC

Employer identification number
94-2880847

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	401,078	
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	16,914	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

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

Department of the
Treasury
Internal Revenue
Service

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

2015

**Open to Public
Inspection**

Name of the organization
COMMUNITY BRIDGES INC

Employer identification number

94-2880847

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO PROVIDE THE HIGHEST QUALITY CLINICAL TREATMENT, FAMILY PRESERVATION, PREVENTION AND EDUCATION SERVICES TO REDUCE THE IMPACT OF ALCOHOLISM AND DRUG ADDICTION AS A PREDOMINANT FACTOR OF CASES OF HOMELESSNESS, DOMESTIC VIOLENCE, CHILD ABUSE, CHILD NEGLECT, ASSAULT, HOMICIDE AND SUICIDE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	OUR MEDICAL DETOXIFICATION PROGRAM INSISTS ON A STANDARD OF "DETOX WITH DIGNITY" TO RECLAIM LIVES, SAVE FAMILIES AND RETURN PRODUCTIVE CITIZENS TO THE COMMUNITY. THE PROGRAM UTILIZES A PHYSICIAN-DIRECTED PROTOCOL (GENERALLY 3-5 DAYS) DESIGNED TO PREVENT THE LOSS OF LIFE THAT CAN OCCUR WHEN INDIVIDUALS ATTEMPT TO WITHDRAW FROM ALCOHOL OR DRUGS. OUR PHYSICIANS USE MEDICAL PROCEDURES AND PROTOCOLS NATIONALLY RECOGNIZED AS BEST PRACTICE APPROACHES FOR MEDICAL DETOXIFICATION. THESE MEDICAL PROTOCOLS ARE DIRECTED BY LICENSED MEDICAL PRACTITIONERS AND SUPPORTED BY OUR CLINICAL TEAM OF REGISTERED NURSES, BEHAVIORAL TEAM SPECIALISTS, PEER SUPPORT SPECIALISTS AND TRANSITIONAL COORDINATORS. OUR GOAL IS TO STOP THE "REVOLVING DOOR" BY NOT ONLY PROVIDING A SAFE MEDICAL DETOX, BUT ALSO PROVIDING AN ONGOING ASSESSMENT WHILE THE PATIENT IS IN OUR CARE. DURING OCTOBER 2015 TO SEPTEMBER 2016, MEDICAL DETOX HAD 4,202 ADMISSIONS WITH 89% SUCCESSFULLY COMPLETING THE PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	DETERMINE THE MOST APPROPRIATE LEVEL OF CARE. IF DETERMINED CLINICALLY AND MEDICALLY APPROPRIATE, THE INDIVIDUAL MAY REMAIN AT THE SRU FOR A PERIOD LASTING BETWEEN 24 HOURS AND 6 DAYS AND/OR BE TRANSITIONED INTO EITHER OUR OUTPATIENT OR INTENSIVE OUTPATIENT PROGRAM LOCATED ON-SITE. DURING THIS "ON-GOING STABILIZATION" PERIOD, THE PATIENT WILL CONTINUE TO HAVE THEIR VITALS ASSESSED BY AN EMT TO ENSURE MEDICAL STABILITY AND WILL ALSO BE ENROLLED IN AN OUTPATIENT PROGRAM THAT IS SPECIFIC TO EARLY RECOVERY AND THE DEVELOPMENT OF A RELAPSE PREVENTION PLAN. PEER SUPPORT SPECIALISTS AND A BEHAVIORAL HEALTH PROFESSIONAL WILL WORK WITH EACH PATIENT INDIVIDUALLY TO IDENTIFY ANY CURRENT PROFESSIONAL OR SOCIAL SUPPORTS TO ASSIST WITH THIS EARLY RECOVERY PLANNING PROCESS. ONCE A RELAPSE PREVENTION PLAN HAS BEEN DEVELOPED AND THE PATIENT PRESENTS WITH A MEDIUM TO LOW LEVEL OF RISK, THEY WILL BE DISCHARGED FROM THE SRU FOR CONTINUING CARE AS DEFINED BY THEIR INDIVIDUALIZED DISCHARGE PLAN. DURING OCTOBER 2015 TO SEPTEMBER 2016, SRU HAD 4,511 ADMISSIONS WITH 82% SUCCESSFULLY COMPLETING THE PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	HOPE PROVIDED RESIDENTIAL SERVICES TO 54 PREGNANT WOMEN WHO HAD 25 CHILDREN WHICH INCLUDED 25 BABIES BORN WITH NEGATIVE TOXICOLOGY SCREENS AT BIRTH DUE TO THEIR MOTHERS' PROGRAM INVOLVEMENT FROM OCTOBER 2015 TO SEPTEMBER 2016, 70% OF THE WOMEN WHO ENTERED THE RESIDENTIAL PROGRAM COMPLETED THIS PROGRAM OF THE WOMEN THAT COMPLETED THE PROGRAM, 81% TRANSITIONED INTO PERMANENT SUPPORTIVE HOUSING AT DISCHARGE (100% WERE HOMELESS AT ADMISSION) AND 32% WERE EMPLOYED WHEN THEY LEFT THE PROGRAM 25 FAMILIES ARE RECEIVING PERMANENT SUPPORTIVE HOUSING SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OUTPATIENT SERVICES - EXPENDITURES 11,669,834 INCLUDING GRANTS OF 90,735 AND REVENUE OF 16,138,876 ALL OTHER SERVICES - EXPENDITURES 3,574,968 INCLUDING GRANTS OF 2,493,398 AND REVENUE OF 1,719,818 NON CASH RENT EXPENSE - 417,992 COSTS FOR RENTAL UNITS - 975,682

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 PREPARED BY THE FINANCIAL REPORTING ANALYST, REVIEWED BY THE VP/CFO ALONG WITH THE PRESIDENT/CEO AND BOARD PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST FORMS ARE PREPARED AND SIGNED BY ALL APPROPRIATE STAFF ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PRESIDENT/CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS USING SALARY SURVEY INFORMATION, CPI INDEX, ETC AND APPROVED BY THE BOARD AND ENTERED INTO THE MINUTES OF THE MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	OTHER OFFICERS/KEY EMPLOYEE'S SALARIES OF THE ORGANIZATION RECEIVE AN ANNUAL REVIEW, APPROPRIATE SALARY SURVEY INFORMATION IS USED TO DETERMINE IF A MARKET INCREASE IS DUE, OTHERWISE THE ANNUAL PERCENTAGE INCREASE IS DETERMINED BY THE PRESIDENT/CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST, IF APPROPRIATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES 8,543,090 68,437 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES INCLUDED IN PAGE 10 0 TRANSFER FROM COMMUNITY BRIDGES FOUNDATION 1,000,000 UNALLOCATED CLINICAL OPERATIONS 782 ROUNDING 5 TRANSFER TO COMMUNITY BRIDGES FOUNDATION 0 UNALLOCATED CLINICAL OPERATIONS 0 TOTAL 1,000,787