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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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIDGE OVER TROUBLED WATERS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 47 WEST STREET City or town, state or country, and ZIP + 4 BOSTON, MA 02111 F Name and address of principal officer DAN GUADAGNOLI 47 WEST STREET BOSTON, MA 02111	D Employer identification number 04-2472126 E Telephone number (617) 423-9575 G Gross receipts \$ 5,781,148 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
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		
J Website: WWW BRIDGEOTW 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 1970 M State of legal domicile MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities INTERVENTION, PREVENTION, AND OUTREACH SERVICES TO RUNAWAYS AND OTHER HOMELESS AND AT-RISK YOUTH		
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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	36,980
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,471
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,911,919	4,278,763
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,057,749	13,227
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	251,992	143,879
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,951	5,087
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,225,611	4,440,956
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)	2,080,685	2,503,646
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 401,317		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	837,322	995,376
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,918,007	3,499,022
19	Revenue less expenses Subtract line 18 from line 12	1,307,604	941,934
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	7,352,995	7,897,593
22	Net assets or fund balances Subtract line 21 from line 20	1,133,155	1,131,152
		6,219,840	6,766,441

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 DAN GUADAGNOLI CFO Type or print name and title	2013-02-26 Date	
Paid Preparer's Use Only	Preparer's signature: THERESA J CREEDEN Firm's name (or yours if self-employed), address, and ZIP + 4: SANDBERG & CREEDEN PC, 331 PAGE ST STE 2, STOUGHTON, MA 020721172	Date: 2013-03-05 Check if self-employed: <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) EIN: (781) 344-0850 Phone no: (781) 344-0850

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

INTERVENTION, PREVENTION, AND OUTREACH SERVICES TO RUNAWAYS AND OTHER HOMELESS AND AT-RISK YOUTH

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 1,022,125 including grants of \$) (Revenue \$)

OUTREACH AND SUPPORT SERVICES WHICH INCLUDES COUNSELING, EDUCATIONAL AND WORKFORCE DEVELOPMENT, MEDICAL VAN AND OUTREACH, DENTAL AND MEDICAL CLINICS -COUNSELING SERVICES BY BRIDGE'S LICENSED COUNSELORS SPECIALIZE IN DEALING WITH HOMELESSNESS, SUBSTANCE ABUSE, SEXUAL ABUSE, TRAUMA, POST-TRAUMATIC STRESS DISORDER, ATTACHMENT DISORDER, AND OTHER DISORDERS, INCLUDING DEPRESSION AND ANXIETY YOUTH WHO ARE INTERESTED IN COUNSELING MUST MEET WITH AN INTAKE SPECIALIST BEFORE BEING ASSIGNED TO A COUNSELOR COUNSELING IS FREE AND CONFIDENTIAL -MEDICAL AND DENTAL SERVICES THROUGH PARTNERSHIPS WITH HARVARD, TUFTS, THE SYDNEY BORUM HEALTH CENTER, THE JUSTICE RESOURCE INSTITUTE, AND MAC, BRIDGE PROVIDES WEEKLY DENTAL CLINICS, MEDICAL CLINICS, AND HIV/STD TESTING AND COUNSELING TO YOUTH AGES 14 TO 24 ALL SERVICES ARE PROVIDED AT THE BRIDGE MAIN FACILITY AT 47 WEST STREET AND ARE FREE AND CONFIDENTIAL -GED PROGRAM THROUGH BRIDGE'S GED PROGRAM HELPS STUDENTS EARN THEIR GED STUDENTS MAY ENTER THE PROGRAM AT ANY TIME AND WORK AT THEIR OWN PACE TO BUILD ACADEMIC SKILLS TO HELP THEM REACH THEIR LONG-TERM EDUCATIONAL AND CAREER GOALS STUDENTS ALSO DEVELOP JOB AND COMPUTER SKILLS NECESSARY FOR BOTH COLLEGE AND THE WORKPLACE -COLLEGE AND CAREER COUNSELING THROUGH BRIDGE'S COLLEGE AND CAREER COUNSELOR ASSISTS YOUTH WITH JOB SEARCHES, COLLEGE APPLICATIONS, INTERVIEW PREPARATION, RESUMES AND COVER LETTERS, FINDING PROFESSIONAL CLOTHING FOR INTERVIEWS, AND PROVIDE COUNSELING AND REFERRALS TO ADDRESS BARRIERS TO EMPLOYMENT -THE MOBILE MEDICAL VAN AND THE OUTREACH MINI-VAN TRAVEL THROUGH BOSTON, CAMBRIDGE, AND SURROUNDING AREAS WEEKDAY EVENINGS, OFFERING FREE AND CONFIDENTIAL SERVICES AT LOCATIONS WHERE YOUNG PEOPLE GATHER VOLUNTEER MEDICAL STAFF OFFER HOMELESS AND STREET YOUTH FREE BASIC FIRST AID, REFERRALS, AND HEALTH ADVICE, AS WELL AS ACCESS TO SERVICES INCLUDING CRISIS INTERVENTION, EMERGENCY SHELTER, SURVIVAL ITEMS (FOOD, BLANKETS, CLOTHES), ASSESSMENT, COUNSELING, AND EDUCATION THE VAN OFFERS YOUTH A PLACE TO CONNECT WITH A SUPPORTIVE ADULT THE VANS MAKE MORE THAN 3,000 CONTACTS A YEAR WITH STREET YOUTH

4b (Code) (Expenses \$ 423,423 including grants of \$) (Revenue \$)

EMERGENCY SERVICES WHICH INCLUDES THE FOLLOWING PROGRAMS -TRANSITIONAL DAY PROGRAM (TDP) IS A DROP-IN CENTER WHERE HOMELESS YOUNG PEOPLE CAN GET A HOT MEAL, TAKE A SHOWER, ACCESS LOCKERS, DO LAUNDRY, CONNECT WITH CASE MANAGERS, AND PARTICIPATE IN WORKSHOPS THE TDP OFFERS BREAKFAST AND LUNCH, AS WELL AS A SAFE AND COMFORTABLE SPACE TO RELAX, READ, USE COMPUTERS, AND CONNECT WITH FRIENDS OR STAFF - WARMING CENTER IS OPEN EVERY NIGHT FROM 10 PM TO 7 AM THE CENTER OFFERS HOMELESS YOUTH WARMTH, SAFETY, AND SUPPORTIVE ADULTS WHO CAN HELP -EMERGENCY YOUTH SHELTER PROVIDES HOMELESS YOUNG ADULTS WITH SHELTER, FOOD, CLOTHING, MEALS, AND SAFETY, ALONG WITH ACCESS TO A WIDE RANGE OF SUPPORT AND SERVICES, ALL DESIGNED TO HELP YOUNG PEOPLE OVERCOME DIFFICULT CIRCUMSTANCES, BECOME SELF-SUFFICIENT, AND OBTAIN TRANSITIONAL OR PERMANENT HOUSING BEDS ARE AVAILABLE BOTH ON AN EMERGENCY BASIS AND FOR LONGER PERIODS OF TIME AS A "CONTRACT BED" FOR YOUTH WHO ARE ACTIVELY WORKING TOWARD INDEPENDENCE

4c (Code) (Expenses \$ 938,957 including grants of \$) (Revenue \$)

RESIDENTIAL SERVICES WHICH INCLUDES OUR TRANSITIONAL LIVING PROGRAMS, MATERNAL GROUP HOME AND RUNAWAY SHELTER -TRANSITIONAL LIVING PROGRAM PROVIDES HOUSING, LIFE-SKILLS TRAINING, AND SUPPORT TO HOMELESS YOUTH AGES 18 TO 21 YOUNG PEOPLE LIVE AMONG THEIR PEERS WHILE THEY LEARN THE LIFE SKILLS NECESSARY TO SUCCESSFULLY MANAGE AND SUSTAIN THEIR OWN HOUSEHOLDS THROUGH GROUPS AND INDIVIDUAL COUNSELING, RESIDENTS LEARN HOW TO SET GOALS AND WORK TOWARD THEM WHILE FOCUSING ON DAILY ROUTINES THAT MAY INCLUDE WORK, SCHOOL, HOMEMAKING, SHARED MEALS, AND A REGULAR CALENDAR OF TRADITIONAL HOLIDAYS AND EVENTS ALL RESIDENTS HAVE ACCESS TO ALL THE SERVICES AVAILABLE AT BRIDGE - MATERNAL GROUP HOME PROVIDES HOUSING, LIFE-SKILLS TRAINING, AND SUPPORT TO HOMELESS PREGNANT OR PARENTING GIRLS AGES 18 TO 21 AND THEIR CHILDREN YOUNG WOMEN LIVE AMONG THEIR PEERS WHILE THEY LEARN THE LIFE SKILLS NEEDED TO SUCCESSFULLY MANAGE AND SUSTAIN THEIR OWN HOUSEHOLDS AND RAISE HEALTHY CHILDREN THROUGH GROUPS AND INDIVIDUAL COUNSELING, RESIDENTS LEARN HOW TO SET GOALS AND WORK TOWARD THEM, WHILE FOCUSING ON DAILY ROUTINES THAT MAY INCLUDE WORK, SCHOOL, CHILD CARE, AND HOMEMAKING AND SHARED MEALS MOTHERS PARTICIPATE IN PARENTING EDUCATION AND GROUPS ON HEALTH, NUTRITION, AND NURTURING CARE ALL RESIDENTS HAVE ACCESS TO SERVICES AVAILABLE AT BRIDGE - RUNAWAY SERVICES BRIDGE IS THE LOCAL RESPONDENT FOR THE NATIONAL RUNAWAY HOTLINE (1-800-RUNAWAY), OFFERING 24-HOUR ACCESS TO A COUNSELOR AND A SAFE BED OFF THE STREETS FOR YOUTH 14 TO 17 YEARS OLD WHO HAVE RUN AWAY FROM HOME AND FIND THEMSELVES IN CRISIS BRIDGE STAFF WILL CONTACT METRO CAB TO PICK UP YOUTH 24 HOURS A DAY, 7 DAYS A WEEK, WITHIN A 30-MILE RADIUS OF BOSTON-AT NO COST TO THE YOUTH-AND SAFELY TRANSPORT THEM TO OUR TRANSITIONAL LIVING PROGRAM IN BRIGHTON FOR SHELTER AND SERVICES

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses \$ 2,384,505

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
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 11 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 to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **MA**
- 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 Upon request
- 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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **DAN GUADAGNOLI
 47 WEST STREET
 BOSTON, MA 02111
 (617) 423-9575**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA WHELAN DIRECTOR/DEF	1 00	X						39,937	0	0
(2) ROYALL M MACK SR PRESIDENT	1 00	X		X				0	0	0
(3) WILLIAM F POWER VICE PRESIDE	1 00	X		X				0	0	0
(4) ELISABETH JACKSON TREASURER	1 00	X		X				0	0	0
(5) ELIZABETH C ROSS CLERK	1 00	X		X				0	0	0
(6) CAROL W GEREMIA DIRECTOR	1 00	X						0	0	0
(7) PATRICK M BUCKLEY DIRECTOR	1 00	X						0	0	0
(8) RITA DAVIS DIRECTOR	1 00	X						0	0	0
(9) HENRY L DARNELL DIRECTOR	1 00	X						0	0	0
(10) MOUHAMED GUEYE DIRECTOR	1 00	X						0	0	0
(11) ANN MURPHY DIRECTOR	1 00	X						0	0	0
(12) DANIEL BUONICONTI DIRECTOR	1 00	X						0	0	0
(13) GLORIA L CLOUGH DIRECTOR	1 00	X						0	0	0
(14) RENEE HOFFMAN SKEFFINGTON DIRECTOR	1 00	X						0	0	0
(15) KARIN CASSEL DEVELOPMENT	40 00					X		111,353	0	1,550
(16) MARIE KEOUGH DEFERRED COM							X	33,058	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 137,276					
	b	Membership dues 1b					
	c	Fundraising events 1c 1,087,520					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 1,153,291					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,900,676					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶ 4,278,763					
Program Service Revenue	2a	CLIENT FEES _____ Business Code _____	13,227	13,227			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶ 13,227					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶ 107,665	107,665			107,665	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real (ii) Personal				
			Gross rents 90,000				
		b	Less rental expenses 53,020				
		c	Rental income or (loss) 36,980				
	d	Net rental income or (loss) ▶ 36,980	36,980		36,980		
	7a		(i) Securities (ii) Other				
			Gross amount from sales of assets other than inventory 1,158,920				
		b	Less cost or other basis and sales expenses 1,122,706				
		c	Gain or (loss) 36,214				
	d	Net gain or (loss) ▶ 36,214	36,214			36,214	
	8a	Gross income from fundraising events (not including \$ 1,087,520 of contributions reported on line 1c) See Part IV, line 18 a 132,573					
	b	Less direct expenses b 164,466					
c	Net income or (loss) from fundraising events ▶ -31,893	-31,893					
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	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		4,440,956	13,227	36,980	143,879	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	254,520		254,520	
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	1,712,941	1,363,021	101,943	247,977
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	302,746	209,737	54,851	38,158
10	Payroll taxes	233,439	161,723	42,294	29,422
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,010	2,010		
c	Accounting	25,197		25,197	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	38,072		38,072	
g	Other	188,063	58,154	106,595	23,314
12	Advertising and promotion	1,630	1,170	130	330
13	Office expenses	146,510	99,735	8,588	38,187
14	Information technology	14,752	10,928	3,195	629
15	Royalties				
16	Occupancy	182,532	157,590	12,614	12,328
17	Travel	78,294	66,620	10,008	1,666
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,679	12,075	4,534	70
20	Interest	29,274	6,043	22,793	438
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,128	136,024	20,306	5,798
23	Insurance	37,560	27,000	7,560	3,000
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	50,871	50,871		
b	CLIENT EXPENSES	21,804	21,804		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,499,022	2,384,505	713,200	401,317
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,340,045	1	1,719,310
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	134,116	3	220,620
	4 Accounts receivable, net	132,841	4	230,982
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,289	9	31,132
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,517,249		
	b Less accumulated depreciation	3,273,692	10c	2,243,557
	11 Investments—publicly traded securities	3,471,478	11	3,450,261
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	18,475	15	1,731
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,352,995	16	7,897,593	
Liabilities	17 Accounts payable and accrued expenses	324,622	17	403,609
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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	150,000	23	120,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	658,533	25	607,543
	26 Total liabilities. Add lines 17 through 25	1,133,155	26	1,131,152
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,835,993	27	5,976,091
	28 Temporarily restricted net assets	1,257,409	28	663,912
	29 Permanently restricted net assets	126,438	29	126,438
	Organizations that do not follow SFAS 117, 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	6,219,840	33	6,766,441	
34 Total liabilities and net assets/fund balances	7,352,995	34	7,897,593	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,440,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,499,022
3	Revenue less expenses Subtract line 2 from line 1	3	941,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,219,840
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-395,333
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,766,441

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
BRIDGE OVER TROUBLED WATERS INC

Employer identification number

04-2472126

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 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)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 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 described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010.** If the organization did not check the 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—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,597,877	1,454,266	1,595,132	2,883,729	4,400,086	11,931,090
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	1,274,118	1,401,123	1,031,289	1,057,749	13,227	4,777,506
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	2,871,995	2,855,389	2,626,421	3,941,478	4,413,313	16,708,596
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000		115,100	60,000	152,822	342,922
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	113,636	6,190	179,862	330,541	76,590	706,819
c Add lines 7a and 7b	128,636	6,190	294,962	390,541	229,412	1,049,741
8 Public Support (Subtract line 7c from line 6)						15,658,855

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2,871,995	2,855,389	2,626,421	3,941,478	4,413,313	16,708,596
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,323	-263,122	109,450	251,992	107,665	367,308
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	161,323	-263,122	109,450	251,992	107,665	367,308
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	49,729	38,715	41,418	32,141	36,980	198,983
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)	3,083,047	2,630,982	2,777,289	4,225,611	4,557,958	17,274,887
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 8 column (f) divided by line 13 column (f))	15	90.650 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	96.290 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.000 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.000 %

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BRIDGE OVER TROUBLED WATERS INC

Employer identification number 04-2472126

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	126,438	321,933	309,354	560,812	
b Contributions					
c Investment earnings or losses	12,393	2,081	12,579	-251,458	
d Grants or scholarships					
e Other expenditures for facilities and programs	120,000				
f Administrative expenses					
g End of year balance	216,407	324,014	321,933	309,354	

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

- a** Board designated or quasi-endowment
- b** Permanent endowment 58.000 %
- c** Term endowment 42.000 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		441,500		441,500
b Buildings		4,229,720	2,613,497	1,616,223
c Leasehold improvements				
d Equipment		437,856	368,022	69,834
e Other		408,173	292,173	116,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,243,557

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,440,956
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,499,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	941,934
4	Net unrealized gains (losses) on investments	4	-13,381
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-381,952
9	Total adjustments (net) Add lines 4 - 8	9	-395,333
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	546,601

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

1	Total revenue, gains, and other support per audited financial statements	1	4,646,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-13,381
b	Donated services and use of facilities	2b	383,867
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	370,486
3	Subtract line 2e from line 1	3	4,276,490
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 XIV)	4b	164,466
c	Add lines 4a and 4b	4c	164,466
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,440,956

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

1	Total expenses and losses per audited financial statements	1	4,100,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	383,867
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	217,486
e	Add lines 2a through 2d	2e	601,353
3	Subtract line 2e from line 1	3	3,499,022
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,499,022

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	REPLACE OF MEDICAL VAN TO SERVE HOMELESS YOUTH IN BOSTON AREA
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES -164,466 SPECIAL EVENT EXPENSES -164,466 COMMERCIAL REAL ESTATE EXPENSES -53,020
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	SPECIAL EVENT EXPENSES 164,466
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 164,466 COMMERCIAL REAL ESTATE EXPENSES 53,020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

BRIDGE OVER TROUBLED WATERS INC

Employer identification number

04-2472126

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GALA (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	1,220,093			1,220,093
	2 Less Charitable contributions	1,087,520			1,087,520
	3 Gross income (line 1 minus line 2)	132,573			132,573
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	164,466			164,466
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(164,466)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-31,893	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
BRIDGE OVER TROUBLED WATERS INC

Employer identification number

04-2472126

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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 the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization BRIDGE OVER TROUBLED WATERS INC

Employer identification number 04-2472126

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KROKIDAS & BLUESTEIN	EMPLOYER		PRO BONO LEGAL SERV		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

2011

Open to Public Inspection

Name of the organization
BRIDGE OVER TROUBLED WATERS INC

Employer identification number

04-2472126

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	THE ORGANIZATION RECEIVES THE SERVICES OF MASTER LEVEL SOCIAL WORKERS WHO PROVIDE PROGRAM SERVICES ALONG WITH MEDICAL SPECIALISTS WHO MAN THE VAN AND PROVIDE DENTAL SERVICES
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	COUNSELING TO YOUTH AGES 14 TO 24 ALL SERVICES ARE PROVIDED AT THE BRIDGE MAIN FACILITY AT 47 WEST STREET AND ARE FREE AND CONFIDENTIAL -GED PROGRAM THROUGH BRIDGE'S GED PROGRAM HELPS STUDENTS EARN THEIR GED STUDENTS MAY ENTER THE PROGRAM AT ANY TIME AND WORK AT THEIR OWN PACE TO BUILD ACADEMIC SKILLS TO HELP THEM REACH THEIR LONG-TERM EDUCATIONAL AND CAREER GOALS STUDENTS ALSO DEVELOP JOB AND COMPUTER SKILLS NECESSARY FOR BOTH COLLEGE AND THE WORKPLACE -COLLEGE AND CAREER COUNSELING THROUGH BRIDGE'S COLLEGE AND CAREER COUNSELOR ASSISTS YOUTH WITH JOB SEARCHES, COLLEGE APPLICATIONS, INTERVIEW PREPARATION, RESUMES AND COVER LETTERS, FINDING PROFESSIONAL CLOTHING FOR INTERVIEWS, AND PROVIDE COUNSELING AND REFERRALS TO ADDRESS BARRIERS TO EMPLOYMENT -THE MOBILE MEDICAL VAN AND THE OUTREACH MINI-VAN TRAVEL THROUGH BOSTON, CAMBRIDGE, AND SURROUNDING AREAS WEEKDAY EVENINGS, OFFERING FREE AND CONFIDENTIAL SERVICES AT LOCATIONS WHERE YOUNG PEOPLE GATHER VOLUNTEER MEDICAL STAFF OFFER HOMELESS AND STREET YOUTH FREE BASIC FIRST AID, REFERRALS, AND HEALTH ADVICE, AS WELL AS ACCESS TO SERVICES INCLUDING CRISIS INTERVENTION, EMERGENCY SHELTER, SURVIVAL ITEMS (FOOD, BLANKETS, CLOTHES), ASSESSMENT, COUNSELING, AND EDUCATION THE VAN OFFERS YOUTH A PLACE TO CONNECT WITH A SUPPORTIVE ADULT THE VANS MAKE MORE THAN 3,000 CONTACTS A YEAR WITH STREET YOUTH
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	CLOTHING, MEALS, AND SAFETY, ALONG WITH ACCESS TO A WIDE RANGE OF SUPPORT AND SERVICES, ALL DESIGNED TO HELP YOUNG PEOPLE OVERCOME DIFFICULT CIRCUMSTANCES, BECOME SELF-SUFFICIENT, AND OBTAIN TRANSITIONAL OR PERMANENT HOUSING BEDS ARE AVAILABLE BOTH ON AN EMERGENCY BASIS AND FOR LONGER PERIODS OF TIME AS A "CONTRACT BED" FOR YOUTH WHO ARE ACTIVELY WORKING TOWARD INDEPENDENCE
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	-MATERNAL GROUP HOME PROVIDES HOUSING, LIFE-SKILLS TRAINING, AND SUPPORT TO HOMELESS PREGNANT OR PARENTING GIRLS AGES 18 TO 21 AND THEIR CHILDREN YOUNG WOMEN LIVE AMONG THEIR PEERS WHILE THEY LEARN THE LIFE SKILLS NEEDED TO SUCCESSFULLY MANAGE AND SUSTAIN THEIR OWN HOUSEHOLDS AND RAISE HEALTHY CHILDREN THROUGH GROUPS AND INDIVIDUAL COUNSELING, RESIDENTS LEARN HOW TO SET GOALS AND WORK TOWARD THEM, WHILE FOCUSING ON DAILY ROUTINES THAT MAY INCLUDE WORK, SCHOOL, CHILD CARE, AND HOMEMAKING AND SHARED MEALS MOTHERS PARTICIPATE IN PARENTING EDUCATION AND GROUPS ON HEALTH, NUTRITION, AND NURTURING CARE ALL RESIDENTS HAVE ACCESS TO SERVICES AVAILABLE AT BRIDGE -RUNAWAY SERVICES BRIDGE IS THE LOCAL RESPONDENT FOR THE NATIONAL RUNAWAY HOTLINE (1-800-RUNAWAY), OFFERING 24-HOUR ACCESS TO A COUNSELOR AND A SAFE BED OFF THE STREETS FOR YOUTH 14 TO 17 YEARS OLD WHO HAVE RUN AWAY FROM HOME AND FIND THEMSELVES IN CRISIS BRIDGE STAFF WILL CONTACT METRO CAB TO PICK UP YOUTH 24 HOURS A DAY, 7 DAYS A WEEK, WITHIN A 30-MILE RADIUS OF BOSTON-AT NO COST TO THE YOUTH-AND SAFELY TRANSPORT THEM TO OUR TRANSITIONAL LIVING PROGRAM IN BRIGHTON FOR SHELTER AND SERVICES
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	IRS FORM 990 REVIEWED BY CFO AND RECOMMENDED FOR APPROVAL TO BOARD FINANCE COMMITTEE PRIOR TO SUBMISSION
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND APPROVED BY THE EXECUTIVE COMMITTEE
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF ALL SENIOR MANAGEMENT IS REVIEWED AND APPROVED ANNUALLY DURING THE BUDGET PROCESS BASED ON THE EXECUTIVE DIRECTOR'S RECOMMENDATION
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON WRITTEN REQUEST

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172
2011
Attachment
Sequence No **179**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return BRIDGE OVER TROUBLED WATERS INC	Business or activity to which this form relates MISCELLANEOUS	Identifying number 04-2472126
------------------------------------------------------------	------------------------------------------------------------------	----------------------------------

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	169,308

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	169,308
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows include 30-33 (miles driven) and 34-36 (availability and use questions).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows include 37-41 (policy and use questions).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2011 tax year (see instructions)

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**