

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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/form990.

OMB No 1545-0047 2013 Open to Public Inspection

A	For th	e 2013 c	alendar year, or tax year beginning	07/01/13,	and ending	06/30/	14				
В	Check if a	applicable.	C Name of organization					D Employ	er identification number		
	Address o	change	COMMUN	ITY BRIDGES					,		
$\Box$	Name cha	ange	Doing Business As					02-	·0368594		
H		·	Number and street (or P O box if mail is not o	delivered to street address)			Room/suite		one number		
님	Initial retu	ım	70 PEMBROKE ROAD		603	3-226-3212					
Ш	Terminate	ed	City or town, state or province, country, and 2	IP or foreign postal code							
	Amended	return	CONCORD	NH 0330	1			G Gross rece	elpts \$ 31,752,779		
$\overline{\Box}$	Annlicatio	on pending	F Name and address of principal officer								
ب	, <b>4</b> p	,, policing	ROY GERSTENBERGE	R			H(a) Is this a gro	oup return for su	bordinates? Yes X No		
			70 PEMBROKE ROAD				H(b) Are all sub-	e all subordinates Included? Yes No			
			CONCORD	NH 0	3301		If "No,"	' attach a list (	see instructions)		
1	Тах-ехел	mpt status	X 501(c)(3) 501(c) (	) ◀ (insert no )	4947(a)(1) or	527					
J	Website	<b>▶</b> C	OMMUNITYBRIDGESNH.	ORG			H(c) Group exe	mption number	<b>•</b>		
K	Form of c	organization	X Corporation Trust Associ	ation Other >			Year of formation 1	982	M State of legal domicile NH		
<u>F</u>	Part I	Su	mmary								
	1 8	Bnefly des	scribe the organization's mission or m	ost significant activities	3						
9		SEE :	SCHEDULE O								
2	1										
Ë	1										
Š	1 2 0	Check this	s box ▶ ☐ if the organization disco	ntinued its operations o	or disposed of m	ore than 25%	of its not assots	•			
ŏ	3 7		f voting members of the governing bo	•	n disposed of it	1016 (Hall 257)	o or its thet assets	,   3	9		
80	,		f independent voting members of the		/L line 1h)			4	9		
ij	7 '				=			<del></del>	517		
Activities & Governance	3		ber of individuals employed in calend	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		and and an		5	3		
ĕ			ber of volunteers (estimate if necess	1	RECE	INED		6			
	1		lated business revenue from Part VII	· · · · · · · · · · · · · · · · · · ·			Co Co	7a	0		
	D	Net unreia	ited business taxable income from Fo	7b	Current Year						
	8 (	Contribute	ons and grants (Part VIII, line 1h)	C	FEB 1 1	2015	Prior Year 955	7,006	1,936,554		
ī	9 6		service revenue (Part VIII, line 2g)	Ų d			29,22		29,814,795		
Revenue	40 1	_	nt income (Part VIII, column (A), lines	2.4 004 74\	OGDE	M UT	123,22	1,525	1,430		
æ	10		• • • • • • • • • • • • • • • • • • • •	Lance Control of the				1,020	1,430		
	1		enue (Part VIII, column (A), lines 5, 6		•		29,78	0 010	31,752,779		
			nue – add lines 8 through 11 (must e		A), line 12)			6,122	0		
			d similar amounts paid (Part IX, colui	• • •			70	0,122			
	400		aid to or for members (Part IX, colum other compensation, employee benef		lines 5 (10)		0.71	3,962	11,481,497		
sesued	15 3	•			, lines 5–10)		J, / L.	3,902	11,401,497		
ë	Toar		nal fundraising fees (Part IX, column			0			<u> </u>		
Ä	1		raising expenses (Part IX, column (D			١	10 26	6 070	10 (06 702		
_	1	•	enses (Part IX, column (A), lines 11a	·			19,36		19,606,702		
	1		enses Add lines 13–17 (must equal F		(25)		29,78		31,088,199		
- 4		kevenue l	ess expenses Subtract line 18 from	iinė 12		·	Beginning of Cur	1,064	664,580 End of Year		
Net Assets or Fund Ralances	י חכ	Total acco	ts (Part X, line 16)					8,951	7,019,697		
ASSE	24 7		ities (Part X, line 26)					8,768	4,304,934		
e e	22 1		s or fund balances Subtract line 21 fr	rom kno 20				0,183	2,714,763		
_	art II	,	nature Block	on the 20			2,00	0,100	2,711,700		
_			erjury, I declare that I have examined this	return including accom	nanying schedule	e and stateme	nte and to the her	et of my know	wieden and belief it is		
			mplete Declaration of preparer (other th						wiedge and belief, it is		
		14	8-3-5	)				1 2	12/1/		
Sig	n	Sı	gnature of officer				· · · · ·	Date			
He	-		Roy Genstosberger		Fusa	1.06	Director				
	. •	Ty	pe or print name and title	-		~/					
	. ,	Print/Type	preparer's name	Preparers signature		1	Date	Check	r PTIN		
Pai	d	PAUL E	. SEELYE, CPA	1/1	$-\alpha$		01/29	/15 self-em	L_J "		
	parer	Firm's nam	· ODDIVE c CO	HULZ PA, CP.	A	d	<del></del>	irm's EIN	02-0413305		
	Only	I IIII S IIAII	451 AMHERST		• •	<del>- \</del>	<del></del>	ama EIN F	<u> </u>		
	,	Europia	. NACCILLA NICI	03063-1200			_	lhono ==	603-886-1900		
Mar	the ID	Firm's add	this return with the preparer shown a		<u></u>			hone no			
			tion Act Notice, see the separate inst	<del></del>					Yes No Form <b>990</b> (2013)		
DAA		JIN NEUUI	non not motioe, see the separate hist				FFR 0.2	2015	ronn 330 (2013)		

4d Other program services (Describe in Schedule O) (Expenses \$ 2,814,571 including grants of \$ 3,526,496) (Revenue \$ 27,575,724 4e Total program service expenses ▶

### 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)? If "Yes," complete Schedule A Х 1 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. Χ 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 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? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b foreign investments valued at \$100.000 or more? If "Yes." complete Schedule F. Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Χ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b

P	art IV Checklist of Required Schedules (continued)			<u></u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	]	ł	
	employees? If "Yes," complete Schedule J	23	1	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	İ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		1 2.12		
	to defease any tax-exempt bonds?	24c		İ
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		<b>†</b>	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
′b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1200	···	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	<del> </del>	1
-	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204	<del> </del>	-21
٠	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b> </b>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	<del>                                     </del>	
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-30_		
<b>J</b> 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	<del> </del> -	
JL	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	1	$\stackrel{\wedge}{\vdash}$
JŦ	or IV, and Part V, line 1	24		Х
252	, · · · · ·	34	<del>                                     </del>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>}</b>	$\stackrel{\wedge}{\vdash}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	354	1	
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del>                                     </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R			
	ariu waris neateu as a dameeishid idriederal income iax damoses ( n. 1es., combiere schedue K	1		4

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

Form **990** (2013)

	n 990 (2013) COMMUNITY BRIDGES 02-0368594  art V Statements Regarding Other IRS Filings and Tax Compliance			age (
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	1a 102			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	′		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
2-	reportable gaming (gambling) winnings to prize winners?	1c	Χ	ļ
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a] 517			
b	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	2b	_X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,,
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
٠	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.5		Х
ь	If "Yes," enter the name of the foreign country	4a		
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 1 1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		ì	.,
а	Did the organization make any taxable distributions under section 4966?	9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12  Green receipts, uncluded on Form 200, Part VIII, line 13, for public use of all his facilities.	<b> </b>		
ь 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter.		- 1	
· a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
~	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	[	1	
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Ves " has it filed a Form 720 to report these navments? If "No " provide an explanation in Schedule O	1445	7	

om	mm 990 (2013) COMMUNITY BRIDGES 02-0368594	4		Р	age <b>6</b>
Pa	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b below, and	d for a "N	o"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				$\overline{X}$
Sec	ection 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	<b>1a</b>   9			
	If there are material differences in voting rights among members of the governing body, or		<b>-</b>		" "
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
, b	b Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9			
2		<del></del>			
	any other officer, director, trustee, or key employee?		2		X
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?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	iled?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a					
	one or more members of the governing body?		7a		Х
b					<del></del>
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e vear by the following			
а	<del></del>	your by the following	8a	Х	5
b			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
ec	ection B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	Code )		
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		Χ
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?		10b		
1a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	filing the form?	11a	Χ	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
2a	a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?		13	Χ	
4	Did the organization have a written document retention and destruction policy?		14	Χ	
5	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	on?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				ľ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b					
	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?		16b		
	ection C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NH	<b>7047 1/01</b>			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest policy, and			
^	financial statements available to the public during the tax year	la =614=			
0	State the name, physical address, and telephone number of the person who possesses the books and records				
	organization ► RICHARD JEFFCOTE 70 PEMBROKE ROF	AD			

NH 03301

603-225-4153

CONCORD

Section A.

Form 990 (201	3) COMMUNITY BRIDGES	02-0368594	Page 7
Part VII	Compensation of Officers, Directors Independent Contractors	s, Trustees, Key Employees, Highest Compensated En	nployees, and
	Check if Schedule O contains a respo	nse or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employee	s, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than or s both a	ลก	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BETSY MCNAMARA										
	1.00					Ì			_	_
DIRECTOR	0.00	X	ļ	<u> </u>		$\perp$		0	0	0
(2) BRADLEY HOSMER	1 00		ļ	ļ	ļ					
DIDUCTOR	1.00	X							^	0
DIRECTOR (3) ALICE YOUNG	0.00	<u>^</u>	├─	-		├		0	0	<u> </u>
(3) ALICE TOUNG	1.00									
DIRECTOR	0.00	X						0	0	0
(4) DAVID OSSOFF		1	<b>-</b>							<u>×</u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
TREASURER	0.00	X		Х		L.l		. 0	0	0
(5) KRISTIN PHILLIPS										
	1.00	1				}				
VICE PRESIDENT	0.00	X	_	X	_			0	0	0
(6) GLENN STUART	1 00									
	1.00	,,		١,,					0	
PRESIDENT	0.00	X	ļ.—	X				0	0	0
(7) BOB QUINN	1.00					1 1				
DIRECTOR	0.00	X						0	0	0
(8) FRANK DAVIS	0.00	┢	├	1		$\vdash$			0	<u> </u>
(O) I NAME DAVIS	1.00									
DIRECTOR	0.00	X	1	<b> </b>				0	0	0
(9) WILLIAM COHEN					ļ					
	1.00									
SECRETARY	0.00	X	_	Х				0	0	0
(10) ROY W. GERSTENBE										
	1.00			l		l				10.400
EXEC. DIRECT	0.00	$\vdash$	<b>├</b> ─	X		Н		127,416	0	10,129
(11) TOM HARRINGTON	1 00									
CEO	1.00			Х				89,899	0	14,723
CFO DAA	0.00	Ь	Ц_	14	Ц	ш		09,099		Form <b>990</b> (2013)

<u> Pa</u>	ert VI) Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	Individual trustee or director	_	Officer	Key employee	Highest compensated employee	<u> </u>	organization	(W-2/1099-MISC)	from organi and re	the		
(12)												<del></del>		
(13)						-						·		
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A	L		<b>!</b>	<b>&gt;</b>	217,315			24,852		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (inc			to th	ose	listed	d abo	ve)	217,315) who received more than \$10	l 00,000 in	<u> </u>	24,852		
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, direc	tor,						yee, or highest compensated		3	Yes No		
4	For any individual listed on line organization and related organi individual	zations greater th	an \$	150	,000	7 lf "	Yes,	co	mplete Schedule J for such		4	Х		
5	Did any person listed on line 1a for services rendered to the org									lividual	5	<u> </u>		
	ion B. Independent Contracto										·· — -· · ···			
1	Complete this table for your five compensation from the organiz	ation Report con								he organization's tax year				
		(A) business address								(B) tion of services		(C) Compensation		
	ASTER SEALS OF NH, ANCHESTER	INC.	Ω	31		555	) Al		JRN STREET RESIDEN/VOCAT			3,521,912		
IN	NDEPENDENT SERVICES ANCHESTER	NETWORK		31		PO	ВΟΣ	3	RESIDEN/VOCAT			1,316,840		
	OBIN HILL	NIII	^	20		PO	ВΟΣ		1067					
	ILLSBOROUGH NSTITUTE OF PROFESS			32 CE		 PO	ВОХ	_	RESIDEN/VOCAT			1,159,950		
	ONTPELIER			<u>56</u>	02				RESIDEN/VOCAT			1,024,311		
F	AKEVIEW NEUROREHABI ARMINGTON	NH		38	<u>35</u>			]	ETOWN ROAD RESIDEN/VOCAT			1,013,026		
	Total number of independent c received more than \$100,000 c								e listed above) who	19				
DAA											F	orm <b>990</b> (2013)		

P	art V	/III Statei Check	ment of Reve	<b>nue</b> O con	taıns a	response o	or note to any line	ın 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
nts th	1a	Federated car		1a						
Program Service Revenue   Contributions, Gifts, Grants   Anounts	b	Membership d	lues	1b			/ / /	~ , 、	**	^
ξŠ,	С	Fundraising ev	vents	1c						
<u>הַּיּ</u>	d	Related organ	izations	1d						
S,E	е	Government grants	•	1e	1	,734,294				1
ig a	1	All other contribution								
들은			s not included above	_1f		202,260				
E E	g		ons included in lines 1a-	1f :	\$					
<u>ာ</u>	<u> </u>	Total. Add line	es 1a-1f			<del></del>	1,936,554			<u> </u>
an in	۱ ,_					Busn Code	00 500 007			-
Š	2a		SERVICE REV	ENUE		<u> </u>	28,590,237	28,590,237		
9	b		TIAL FEES				771,058	771,058		
ΘŽ	d	*	ERVICE FEES				426,617 16,093	426,617		- <del> </del>
SE	e	·					10,790	16,093 10,790	-	<del> </del>
g	f		am service reven	1116			10,790	10,790		
5	g	Total. Add line				<b>—</b>	29,814,795		,	
	3		come (including d	ıvıdend	s, interes		2370227730		**************************************	
		and other simi			•	<b>&gt;</b>	1,430	1,430		
	4	Income from in	nvestment of tax-	exemp	bond pr	oceeds >			·	
	5	Royalties			<u> </u>				-	
			(ı) Real		(11)	Personal			<u> </u>	
	6a	Gross rents								1
	b	Less rental exps								1
	С	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from							<del>-</del>	
		sales of assets	(i) Secunties		(1)	) Other				
	_	other than inventory			· · · · · · · · · · · · · · · · · · ·					
	b	Less cost or other								
	_	basis & sales exps								
		Gain or (loss)								1
			•	۱. [		<b>•</b>				<u> </u>
ıue	oa	(not including \$	om fundraising even	ıs						
Other Revenu			reported on line 1c)							
Re		See Part IV, line		а						
iei	b	Less direct ex		ь						
ō			(loss) from fundr	٠. ـ	events	<b>•</b>	1			1
			om gaming activities	· · · ·						<u> </u>
		See Part IV, line		a						1
	b	Less direct ex	penses	ь[						
	C	Net income or	(loss) from gamır	ng acti <u>v</u>	rities					
	10a	Gross sales of	inventory, less							
		returns and allo	owances	a						
		Less cost of g		b [			1			-
ŀ	С		(loss) from sales	of inve	ntory	▶				
-	44	Mis	cellaneous Revenue			Busn Code	Ī			1
	11a					<del></del>				<del> </del>
	b					<del></del>			·	ļ
	ч С	All other rovers	110			<del></del>				<del>                                     </del>
		All other revenue Total. Add line				L			<u> </u>	<u> </u>
	е 12		s Tra-Tro . See instructions				31,752,779	29,816,225	······································	1 0
		. Juli 10 Tellue	. CCC mondedions	<del>,</del>			31,132,113	27,010,223	<del></del>	- 000

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. (C) Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 217,315 217,315 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,357,842 7,509,012 848,830 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,254,745 2,015,501 239,244 9 Other employee benefits 651,595 88,041 563,554 10 Payroll taxes Fees for services (non-employees) a Management 82,700 82,700 Legal 15,332 8,131 23,463 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3,1788,079 4,901 12 Advertising and promotion 141,096 81,961 59,135 Office expenses 14 Information technology 15 Royalties 599,574 475,785 123,789 16 Occupancy 12,613 72,036 59,423 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 205<u>,</u>738 205,738 22 Depreciation, depletion, and amortization 57,617 53,453 4,164 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,420,398 12,533,115 1,112, 717 SUBCONTRACTORS 2,033,346 2,033,346 CLIENT TREATMENT 666,698 666,698 CLIENT THERAPIES C 639,118 639,118 ASSISTANCE TO INDIVIDUALS d 499,679 2,544,122 2,044,443 All other expenses 3,512,475 31,088,199 27,575,724 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 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			П
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	3,009,371	2	<u>353,651</u>
3	Pledges and grants receivable, net	18,500	3	22,500
4	Accounts receivable, net	1,810,661	4	2,886,104
5	Loans and other receivables from current and former officers, directors,		1	
-	trustees, key employees, and highest compensated employees		ŧ	
	Complete Part II of Schedule L		5	······································
6	Loans and other receivables from other disqualified persons (as defined under section		I	. :
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	)
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
ន្ទ	organizations (see instructions) Complete Part II of Schedule L		6	
Saers 7	Notes and loans receivable, net		7	
<b>⋖</b>   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	184,553	9	260,471
108	Land, buildings, and equipment. cost or		1	
	other basis Complete Part VI of Schedule D 10a 5,494,264		I	
t	Less accumulated depreciation 1,997,293	3 1,585,866	10c	3,496,971
11	Investments—publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
12	Investments—other securities See Part IV, line 11		12	
13	Investmentsprogram-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,608,951	16	7,019,697
17	Accounts payable and accrued expenses	2,723,343	17	1,886,450
18	Grants payable		18	
19	Deferred revenue	855,518	19	231,898
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	1	- 1	
Liabilities	disqualified persons Complete Part II of Schedule L		22	
23 ا <sup>ت</sup>	Secured mortgages and notes payable to unrelated third parties	837,641	23	1,228,009
24	Unsecured notes and loans payable to unrelated third parties		24	800,000
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		25	158,577 4,304,934
26	Total liabilities. Add lines 17 through 25	4,558,768	26	4,304,934
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1	
Se	complete lines 27 through 29, and lines 33 and 34.		- 1	
27	Unrestricted net assets	1,974,482	27	2,671,691
28	Temporanly restricted net assets	75,701	28	43,072
29	Permanently restricted net assets		29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		1	
ا ق	complete lines 30 through 34.		1	
g   30	Capital stock or trust principal, or current funds		30	<del></del>
Ž   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,050,183	33	2,714,763
34	Total liabilities and net assets/fund balances	6,608,951	34	7,019,697

Form 990 (2013)

orm	<u>n 990 (20.13) COMMUNITY BRIDGES 02-0368594</u>			Pa	ge <b>12</b>						
Pa	art 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	31,7	52,	779						
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,0	88,	199						
3	Revenue less expenses Subtract line 2 from line 1	3			580						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))										
5	Net unrealized gains (losses) on investments	5									
6											
7	Investment expenses	7									
8	Pnor period adjustments	8									
9	Other changes in net assets or fund balances (explain in Schedule O)	9									
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line										
	33, column (B))	10	2,7	14,	763						
Pa	art 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										
	If the organization changed its method of accounting from a prior year or checked "Other," explain in										
	Schedule O										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				,						
	reviewed on a separate basis, consolidated basis, or both			. :							
	Separate basis Consolidated basis Both consolidated and separate basis				1						
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ							
	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				l						
	X Separate basis Consolidated basis Both consolidated and separate basis										
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight										
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>						
	If the organization changed either its oversight process or selection process during the tax year, explain in				1						
	Schedule O				1						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i							
	the Single Audit Act and OMB Circular A-133?		3a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the										
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l						

Form **990** (2013)

# SCHEDULE A (Form 990 or 990-EZ)

**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.

2013
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY BRIDGES

Employer Identification number

			COMMONITI DI	IDGES					02	-036	0394		
Pa	art I	Reas	on for Public Charity	Status (All organizations i	must co	mplete t	his par	t.) See	ınstrı	uctions	s		
The	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box.)							
1	$\bigcap$	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).						
2	Ħ		cnbed in section 170(b)(1)(A			\ - / \ · / \	71.7.						
3	H			e organization described in secti	on 170/h)	/4\/A\/ii\							
_	H	-	· · · · · · · · · · · · · · · · · · ·	~					<b></b>		1-0		
4				in conjunction with a hospital des	scnbea in	section 1	70(0)(1)	(A)(III).	Enter tr	ie nospi	itars name,		
_	_	city, and state											
5	Ш	An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	mmenta	l unit de	scribed	ın			
		section 170(	b)(1)(A)(iv). (Complete Part	II )									
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(	b)(1)(A)(v	<b>')</b> .						
7	X	An organizati	on that normally receives a si	ubstantial part of its support from	a govern	mental un	it or from	the aer	neral pu	blic			
	_		section 170(b)(1)(A)(vi). (Co		J			•	•				
8				70(b)(1)(A)(vi). (Complete Part II	1								
9	H			more than 33 1/3% of its suppor	-	stributions	mamba	robin fo	oo ood	aroco			
3	لــا												
		-		ot functions—subject to certain e	•	• •				its			
			<del>-</del>	d unrelated business taxable inco	•		11 tax) fr	om busii	nesses				
	$\overline{}$		<del>-</del>	, 1975 See <b>section 509(a)(2)</b> . (	•	•							
10	Ц	An organizati	on organized and operated e	xclusively to test for public safety	. See <b>sec</b>	tion 509(	a)(4).						
11	$\Box$	An organization	on organized and operated ex	kclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a	)(1) or sec	ction 509	(a)(2). S	ee <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thre	ough 11	h				
		a Type	I b Type II	c Type III-Functiona	illy integra	ted	ď	Туре	e III–No	n-functi	onally integra	ted	
е		By checking t	his box. I certify that the orga	nization is not controlled directly	or indirect	lv bv one	or more						
	ш			than one or more publicly support				•	•				
		or section 509		man one of more passes, cappe						(-/(-/			
£				mination from the IRS that it is a	Type I Ty	ne II or T	vna III e	unnortin	a				
f			check this box	mination from the into that it is a	iype i, iy	pe ii, oi i	ype iii s	upporting	9				$\Box$
						£4L _							
g		-	· · · · · · · · · · · · · · · · · · ·	on accepted any gift or contributi	on from at	ny of the							
		following per											
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d in (ii) a	ınd			_	Yes	No
		(III) belov	v, the governing body of the s	supported organization?							11g(i)	4	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii	)	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ii	i)	
h		Provide the f	ollowing information about th	e supported organization(s)									
(1	) Name	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vil) Amoun	of monet	ary
•	•	anization		(described on lines 1-9		sted in your	the organ	ization in	organizat	ion in cot		port	•
				above or IRC section	governing	document?	col (I) supp			zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	T			
-					163	No	162	140	163	NO	···		
A)					1								
		-			<del> </del>								
B)											l		
C)						ļ ·							
D)													
_					<u> </u>								
E)													
					<u> </u>	<u> </u>							
					1	1							
Γota	1		l	<b></b>	I		1	1	1				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	574,951	435,916	339,324	557,006	1,936,554	3,843,751
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				:		<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	574,951	435,916	339, 324	557,006	1,936,554	3,843,751
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						3,843,751
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	574,951	435,916	339,324	557,006	1,936,554	3,843,751
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,470	2,291	1,964	1,525	1,430	10,680
9	Net income from unrelated business activities, whether or not the business is regularly carned on					,	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	1					3,854,431
12	Gross receipts from related activities, etc. (	•				12	29,816,225
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	n, or fifth tax year as	s a section 501(c)(3	3)	_
	organization, check this box and stop here						<u> </u>
<u>Sec</u>	tion C. Computation of Public Su	<del>'.'</del>			·-··	<del></del>	
14	Public support percentage for 2013 (line 6,			n))		14	99.72%
15	Public support percentage from 2012 Sche					15	99.43%
16a	33 1/3% support test—2013. If the organic				/3% or more, chec	k this	▶ 157
	box and stop here. The organization qualif						<b>▶</b> [X
þ	33 1/3% support test—2012. If the organi				33 1/3% or more,		. ┌
	check this box and stop here. The organization				405		
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part IV how the organization meets the "factorganization"						▶ [
b	10%-facts-and-circumstances test—201					le	
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization mee	ets the "facts-and-cii	cumstances" test	rne organization q	uaimes as a publici	у	▶ ["
40	supported organization	ant about a base of	lma 40 40- 405 -	17a as 17h aba-li	this have and and		F [
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	ime 13, 16a, 16b, 1	ira, or irb, check	uns dux and see		▶ [

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.)

Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , , ,		oow, picace of	omplete i dit ii	.,	
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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		•				
500	line 6 ) tion B. Total Support		<b>韭</b>			<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(=) 2044	(4) 0040	(-) 0040 T	
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 IV)						•
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the corganization, check this box and stop here	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age			<del></del>	
15	Public support percentage for 2013 (line 8,			(f))		15	%
16	Public support percentage from 2012 Sched		•	(1)		16	<u>/</u> %
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lin	e 10c, column (f) o	livided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2012 S		•			18	%
19a	33 1/3% support tests—2013. If the organ						
	17 is not more than 33 1/3%, check this box						▶ []
b	33 1/3% support tests—2012. 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							<b>!</b>
20	Private foundation. If the organization did	not check a box or	rune 14, 19a, or 19	D, CHECK THIS DOX A	na see instructions	,	

Schedule A (Form 990 or 990-EZ) 2013 COMMUNITY BRIDGES

02-0368594

age 4

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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.

2013 Open to Public

inspection

Name of the organization Employer identification number COMMUNITY BRIDGES 02-0368594 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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" to 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) 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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

3b

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

Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (c) Accumulated (investment) depreciation 622,099 1a Land 2,855,297 655,641 2,199,656 **b** Buildings c Leasehold improvements 043,642 943,594 d Equipment 398,058 973,226 575,168

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

Schedule D (Form 990) 2013

3,496,971

	om 990) 2013 COMMUNITY BRIDGES		02-0368594	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	11b. See Form 990, Par	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	aluation
	(including name of secunity)		Cost or end-of-year	market value
(1) Financial of	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			<del></del>	
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments—Program Related.		·	
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	l1c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				<del></del>
(5)				
(6)				<del></del>
(7)			<del></del>	
(8)	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<del></del>
(9)	<del></del>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			<del></del>
Part IX	Other Assets.		<del> </del>	
FAILIA	Complete if the organization answered "Yes" t	to Form 990 Part IV line 1	11d See Form 000 Par	t Y line 15
	(a) Description	or onin 330, ratery, inte	rid Oce rollin 330, rai	(b) Book value
(1)	(a) boompan			(a) Book value
(1)		<del></del>		
(2)				
(3)				
(4)				
(5)	<del></del>	·		
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)	<del></del>			· · · · · · · · · · · · · · · · · · ·
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.	. E 000 B 104	44 446 . 0 17 00	00 D-4V
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 98	90, Part X,
	line 25.			,
<u>1</u>	(a) Description of liability	(b) Book value		
	income taxes			
(2) FUNDS	S PAYABLE FOR CONSUMERS	158,577		
(3)				
(4)				
(5)				
(6)				
(7)				,
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶	158,577		
	uncertain tax positions In Part XIII, provide the text of the fo		cial statements that reports the	<del></del>

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

Sche	dule D (Form 990) 2013 COMMUNITY BRIDGES	02-036	<u> 8594</u>	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial States	ments With Revenue pe	r Return.	
	<ul> <li>Complete if the organization answered "Yes" to Form 990,</li> </ul>	Part IV, line 12a.		
· 1	Total revenue, gains, and other support per audited financial statements		1	31,752,779
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities 2b			
С	Recovenes of prior year grants 2c			
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d			<del></del>
3	Subtract line 2e from line 1		3	31,752,779
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	31,752,779
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	31,088,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	31,088,199
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u>31,088,199</u>

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X - FIN 48 FOOTNOTE

THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE AGENCY'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE AGENCY'S OPEN AUDIT PERIODS ARE 2010 THROUGH 2013. THE AGENCY BELIEVES IT HAS MET ALL THE REQUIREMENTS TO MAINTAIN ITS NOT-FOR-PROFIT STATUS AND DOES NOT HAVE ANY UNRELATED BUSINESS INCOME WHICH WOULD RESULT IN TAXABLE INCOME. IT IS THE AGENCY'S POLICY TO EXPENSE WHEN PAID ANY INTEREST AND PENALTIES ASSOCIATED WITH ITS INCOME TAX OBLIGATIONS.

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

COMMUNITY BRIDGES

Employer Identification number 02-0368594

FORM 990 - ORGANIZATION'S MISSION

COMMUNITY BRIDGES ADVANCES THE INTEGRATION, GROWTH, AND INTERDEPENDENCE OF PEOPLE WHO EXPERIENCE DISABILITY FOR A VARIETY OF REASONS SO THAT THEY CAN REMAIN A PART OF THEIR HOME COMMUNITIES. SINCE OUR FOUNDING IN 1982 WE HAVE CREATED MANY OPPORTUNITIES FOR INDIVIDUALS TO BE ACTIVE CITIZENS AND FOR OUR COMMUNITIES TO EXPERIENCE THE STRENGTH THAT COMES FROM DIVERSITY. MORE THAN 1700 INDIVIDUALS AND FAMILIES HAVE GAINED ACCESS TO SUPPORT BECAUSE OF COMMUNITY BRIDGES' WORK. COMMUNITY BRIDGES FACILITATES CARING RELATIONSHIPS AS WELL AS GROWTH AND CHANGE WITHIN INDIVIDUALS AND THE COMMUNITY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PROGRAM SHOULD HAVE COMPLETE CHOICE AND CONTROL OVER PERSONAL FINANCES BUT

HAVE THE ASSISTANCE THEY NEED THROUGH WORKSHOPS, GUIDELINES, AND ADVICE TO

HELP MAXIMIZE SUCCESS. WE ARE COMMITTED TO ALLOWING PARTICIPANTS TO DECIDE

HOW, WHEN AND WHERE TO SPEND THEIR BUDGETS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

GUIDANCE FROM DIRECT SUPPORT STAFF WHOSE ROLES ARE TO ENCOURAGE

PARTICIPANTS TO LIVE THEIR LIVES AS INDEPENDENTLY AS POSSIBLE. EACH STAFF

MEMBER IS SCREENED, INTERVIEWED, AND SELECTED BASED ON COMPATIBILITY

FACTORS.

DIRECT SUPPORT STAFF MEMBERS ARE TRAINED TO ENCOURAGE PARTICIPANTS TO

DEVELOP RELATIONSHIPS WITHIN THE COMMUNITY, ALLOWING INDIVIDUALS TO BECOME

COMFORTABLE IN THEIR SOCIAL SETTING. WITH THE HELP OF DIRECT SUPPORT STAFF,

Name of the organization

### COMMUNITY BRIDGES

Employer Identification number 02-0368594

INDIVIDUALS AND THEIR FAMILIES HAVE THE ABILITY TO CONNECT TO SERVICE PROVIDERS IN THE COMMUNITY WHO BEST FIT THEIR NEEDS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
RESPITE CARE, INDEPENDENT LIVING, EARLY INTERVENTION, AND ELDERLY
SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT ITS REGULAR MEETING BY THOSE IN ATTENDENCE. IT IS THEN SIGNED BY THE APPROPRIATE OFFICER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS SIGN A STATEMENT EACH YEAR INDICATING ANY POSSIBLE CONFLICT

OF INTEREST WHICH SHALL BE DISCLOSED IN WRITING TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ALL TOP MANAGEMENT COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

A
1:47
5
015
9/2
1/2

# Federal Statements

COMBR Community Bridges 02-0368594 FYE: 6/30/2014

	Fund Raising	v <sub>r</sub>	\$
,	Management & General	171,404 147,002 19,746 90,398 26,074 11,248 15,010 6,873 6,303	\$ 499,679
, Part IX, Line 24e - All Other Expenses	Program Service	\$ 593, 437 286, 672 286, 084 114, 828 139, 691 151, 736 72, 339 48, 787 34, 388 17, 740 18, 401 13, 824 11, 928	\$ 2,044,443
Form 990, Part IX, Line 24e	Total Expenses	\$ 593, 437 452, 672 457, 488 261, 830 159, 437 151, 736 104, 986 98, 413 48, 787 45, 636 32, 750 25, 274 19, 445	\$ 2,544,122
	Description	CLIENT TRANSPORTATION NON-SUBCONTRACTORS OTHER PROF. FEES OTHER EXPENDITURES SUPPLIES FAMILY BUSINESS EQUIPMENT RENTAL & MAINT. STAFF DEVELOPMENT & TRAIN CLIENT MORTGAGE PAYMENTS TELEPHONE CONTRACTED SUBSTITUTE STA POSTAGE & SHIPPING PRINTING MEMBERSHIP DUES	TOTAL

