

Form

990**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2017**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2017 calendar year, or tax year beginning 09/01/17, and ending 08/31/18****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**THE BRIDGE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

804 QUAIL CREEK DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

AMARILLO**TX 79124****D** Employer identification number**75-1995807****E** Telephone number**806-372-2873****G** Gross receipts \$ **1,527,302****F** Name and address of principal officer:**SHELLY BOHANNON****804 QUAIL CREEK****AMARILLO****TX 79124****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BRIDGECAC.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1991****M** State of legal domicile: **TX****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

CHILDREN'S ADVOCACY CENTER PROVIDING INTERVIEW SITES FOR
CHILD ABUSE VICTIMS AND CHILD WITNESSES. THE BRIDGE PROVIDES "A CHILD'S
PATH TO HEALING AND JUSTICE".2 Check this box ☐ 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 20

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 20

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5 15

6 Total number of volunteers (estimate if necessary)

6 50

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

970,525

Current Year

1,074,702

9 Program service revenue (Part VIII, line 2g)

9,288**33,372**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

20,376**195,692**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

20,749**-35,358**

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,020,938**1,268,408**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

632,003**664,281**

16a Professional fundraising fees (Part IX, column (A), line 11e)

0b Total fundraising expenses (Part IX, column (D), line 25) **99,439****304,810****321,970**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

936,813**986,251**

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

84,125**282,157**

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

2,886,929

End of Year

3,086,632

21 Total liabilities (Part X, line 26)

26,725**13,573**

22 Net assets or fund balances. Subtract line 21 from line 20

2,860,204**3,073,059****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

SHELLY BOHANNON**EXECUTIVE DIRECTOR**

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

Paid

RICHARD W. BLANKENSHIP, CPA**07/15/19**

Preparer

Use Only

Firm's name **JOHNSON & SHELDON, PLLC**

Firm's EIN

Firm's address **PO BOX 509****AMARILLO, TX 79105-0509**

Phone no.

806-371-7661

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

**CHILDREN'S ADVOCACY CENTER PROVIDING INTERVIEW SITES FOR
CHILD ABUSE VICTIMS AND CHILD WITNESSES. THE BRIDGE PROVIDES "A CHILD'S
PATH TO HEALING AND JUSTICE".**

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **501,429** including grants of \$) (Revenue \$ **33,372**)

**CASE MANAGEMENT - COORDINATED EFFORTS WITH CHILD RELATED
AGENCIES TO REDUCE THE TRAUMA OF CHILD ABUSE VICTIMS AND
CHILD WITNESSES DURING INVESTIGATIVE AND REHABILITATIVE
PROCESS. DURING THE YEAR WE PROVIDED OVER 1,100 FORENSIC INTERVIEWS FOR
CHILDREN BETWEEN THE AGES OF 2 THROUGH 17.**

4b (Code:) (Expenses \$ **259,550** including grants of \$) (Revenue \$)

**EDUCATION/PREVENTION - PROGRAMS PROVIDING TRAINING AND
EDUCATION RELATED TO CHILD ABUSE PREVENTION TO
PROFESSIONALS AND THE GENERAL PUBLIC.**

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **760,979**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17
1b	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 reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	20	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		20		
b Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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?	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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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 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?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	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			X

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?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c 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	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a 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).		
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?	16a	X
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

SHELLY BOHANNON
AMARILLO

804 QUAIL CREEK DR.

TX 79124

806-372-2873

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAMERON MONROE	1.00									
PAST PRESIDENT	0.00	X		X				0	0	0
(2) HELEN BURTON	1.00									
PRESIDENT	0.00	X		X				0	0	0
(3) BELINDA GIBSON	1.00									
SECRETARY	0.00	X		X				0	0	0
(4) QUINN ALEXANDER	1.00									
DIRECTOR	0.00	X						0	0	0
(5) MARVIN BENDER	1.00									
DIRECTOR	0.00	X						0	0	0
(6) CARL BIRDSONG	1.00									
DIRECTOR	0.00	X						0	0	0
(7) KEN FUNTEK	1.00									
DIRECTOR	0.00	X						0	0	0
(8) KARA GAUT	1.00									
DIRECTOR	0.00	X						0	0	0
(9) RANDY GRAY	1.00									
DIRECTOR	0.00	X						0	0	0
(10) SUE HUDSON	1.00									
DIRECTOR	0.00	X						0	0	0
(11) BRAD JOHNSON	1.00									
TREASURER	0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LORA CANTU LINDSEY	1.00									
DIRECTOR	0.00	X						0	0	0
(13) TRACEY MORMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(14) KAREN PRICE	1.00									
DIRECTOR	0.00	X						0	0	0
(15) AMY RHOADES	1.00									
DIRECTOR	0.00	X						0	0	0
(16) KAREN ROBERTS	1.00									
PRESIDENT ELECT	0.00	X		X				0	0	0
(17) JUSTIN SANDERS	1.00									
DIRECTOR	0.00	X						0	0	0
(18) MIKE SMILEY	1.00									
DIRECTOR	0.00	X						0	0	0
(19) DEADRA CARVER	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								61,267		1,225
d Total (add lines 1b and 1c)								61,267		1,225

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 42,976				
	b Membership dues	1b				
	c Fundraising events	1c 151,060				
	d Related organizations	1d				
	e Government grants (contributions)	1e 836,374				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 44,292				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,074,702			
Program Service Revenue	2a FINES/PROBATION/SA EXAMS	Busn. Code	33,372	33,372		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		33,372			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,280		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			20,621			20,621
6a Gross rents		(i) Real 3,600 (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)		3,600				
d Net rental income or (loss)			3,600			3,600
7a Gross amount from sales of assets other than inventory		(i) Securities 272,727 (ii) Other				
b Less: cost or other basis & sales exps.		169,315				
c Gain or (loss)		103,412				
d Net gain or (loss)			103,412			103,412
8a Gross income from fundraising events (not including \$ 151,060 of contributions reported on line 1c). See Part IV, line 18		a 30,000				
b Less: direct expenses		b 89,579				
c Net income or (loss) from fundraising events			-59,579			-59,579
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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,268,408	33,372	0	160,334	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,500	53,125	8,854	521
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	480,819	370,664	50,911	59,244
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,802	8,426	1,188	1,188
9 Other employee benefits	68,381	53,337	7,522	7,522
10 Payroll taxes	41,779	32,587	4,596	4,596
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,198		21,198	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	8,486	6,619	1,867	
14 Information technology				
15 Royalties				
16 Occupancy	86,895	67,779	9,558	9,558
17 Travel	6,251	4,876	1,375	
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				
22 Depreciation, depletion, and amortization	87,000	67,860	9,570	9,570
23 Insurance	31,339	24,445	3,447	3,447
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COUNSELING FEES	15,480	15,480		
b SUPPLIES	15,324	11,952	1,686	1,686
c TRAINING AND EDUCATION	13,133	13,133		
d TRAINING AND EDUCATION	7,071	7,071		
e All other expenses	29,793	23,625	4,061	2,107
25 Total functional expenses. Add lines 1 through 24e	986,251	760,979	125,833	99,439
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1	
	2 Savings and temporary cash investments	48,167	34,647
	3 Pledges and grants receivable, net	100,929	89,916
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	33,261	38,131
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,479,356	
	b Less: accumulated depreciation	10b 967,942	
	11 Investments—publicly traded securities	1,507,336	1,511,414
	12 Investments—other securities. See Part IV, line 11	1,041,220	1,312,524
	13 Investments—program-related. See Part IV, line 11	12	
	14 Intangible assets	13	
	15 Other assets. See Part IV, line 11	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,016	100,000	
Liabilities	17 Accounts payable and accrued expenses	2,886,929	3,086,632
	18 Grants payable	26,725	13,573
	19 Deferred revenue	17	
	20 Tax-exempt bond liabilities	18	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	19	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	20	
	23 Secured mortgages and notes payable to unrelated third parties	21	
	24 Unsecured notes and loans payable to unrelated third parties	22	
	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	23	
	26 Total liabilities. Add lines 17 through 25	24	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	25	
	28 Temporarily restricted net assets	26	
	29 Permanently restricted net assets	2,760,204	2,965,059
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	28	8,000
	31 Paid-in or capital surplus, or land, building, or equipment fund	100,000	100,000
	32 Retained earnings, endowment, accumulated income, or other funds	30	
33 Total net assets or fund balances	31		
34 Total liabilities and net assets/fund balances	32		
	2,860,204	3,073,059	
	2,886,929	3,086,632	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,268,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	986,251
3	Revenue less expenses. Subtract line 2 from line 1	3	282,157
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,860,204
5	Net unrealized gains (losses) on investments	5	-69,302
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,073,059

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Federal Statements

7/15/2019 2:19 PM

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Business %		Cost	Depr Basis	Period	Method	Deduction	Section 179
	Date							
CAR PRIUS (RURAL)	2/05/08	100.00	\$ 24,181	\$ 24,181	5.0	S/L-	\$	
HONDA CIVIC (RURAL)	5/24/10	100.00	24,318	12,159	5.0	200DBHY		
2018 TOYOTA CAMRY-REC IN TRADE FOR ASSET #82	10/19/17	100.00	24,500	24,500	5.0	S/L-	4,083	
2018 TOYOTA CAMRY-REC IN TRADE FOR ASSET #90	10/19/17	100.00	23,500	23,500	5.0	S/L-	3,917	
TOTAL			\$ 96,499	\$ 84,340			\$ 8,000	\$ 0

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

THE BRIDGE

Employer identification number

75-1995807**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	802,513	588,396	984,058	970,525	1,074,702	4,420,194
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	802,513	588,396	984,058	970,525	1,074,702	4,420,194
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.						4,420,194

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	802,513	588,396	984,058	970,525	1,074,702	4,420,194
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,275	25,669	44,190	45,383	116,501	275,018
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,695,212
12 Gross receipts from related activities, etc. (see instructions)					12	52,334
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	94.14%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	95.57%
16a 33 1/3% support test—2017. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See**Instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Client Copy

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

THE BRIDGE**75-1995807****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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 XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	156,016	144,123	137,471	141,352	137,719
b Contributions					
c Net investment earnings, gains, and losses	12,205	14,659	9,004	-3,217	5,880
d Grants or scholarships					
e Other expenditures for facilities and programs	68,221	2,766	2,352	-664	2,247
f Administrative expenses					
g End of year balance	100,000	156,016	144,123	137,471	141,352

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

- a Board designated or quasi-endowment %
 b Permanent endowment 100.00 %
 c Temporarily restricted endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		208,934		208,934
b Buildings				
c Leasehold improvements				
d Equipment		2,270,422	967,942	1,302,480
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,511,414

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,288,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-69,302
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	89,579
e	Add lines 2a through 2d	2e	20,277
3	Subtract line 2e from line 1	3	1,268,408
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,268,408

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	1,075,830
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	89,579
e	Add lines 2a through 2d	2e	89,579
3	Subtract line 2e from line 1	3	986,251
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	986,251

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE BRIDGE'S ENDOWMENT FUND IS MADE UP OF DONOR RESTRICTED FUNDS WITH THE STIPULATION THAT ONLY THE NET INCOME MAY BE USED TO DEFER COSTS AND EXPENSES AND TO FUND THE PROGRAMS AND PURPOSES OF THE BRIDGE.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE ORGANIZATION UNDER SECTION 509(A) OF THE CODE. AS A RESULT, INCOME TAXES ARE NOT INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE ORGANIZATION COMPLIES WITH FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL TAX AUTHORITIES FOR YEARS ENDING BEFORE AUGUST 31, 2015.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ 89,579

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ 89,579

**SCHEDULE G
(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

THE BRIDGE

Employer identification number

75-1995807**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 HEROES/LEGENDS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	181,060			181,060
	2 Less: Contributions	151,060			151,060
	3 Gross income (line 1 minus line 2)	30,000			30,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,722			1,722
	7 Food and beverages	13,856			13,856
	8 Entertainment				
	9 Other direct expenses	74,001			74,001
	10 Direct expense summary. Add lines 4 through 9 in column (d)				89,579
11 Net income summary. Subtract line 10 from line 3, column (d)				-59,579	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

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 conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter 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 of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

THE BRIDGE

Employer identification number

75-1995807**FORM 990, PART I, LINE 6**

ALL BOARD MEMBERS ARE VOLUNTARY POSITIONS. THERE ARE ALSO VOLUNTEERS THAT HELP WITH FILING AND OTHER CLERICAL DUTIES IN THE OFFICE, THOSE THAT WORK SPECIAL EVENTS AND OTHERS WHO WORK WITH FAMILIES AND PROVIDE PERSONAL SAFETY EDUCATION PROGRAMS FOR CHILDREN.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT OF THE 990 IS PROVIDED VIA EMAIL TO ALL BOARD MEMBERS PRIOR TO THE FILING DEADLINE. A TIME LIMIT OF ONE WEEK IS SET FOR QUESTIONS OR COMMENTS REGARDING THE 990. ALL QUESTIONS/COMMENTS RECEIVED ARE ADDRESSED AND THE 990 IS FINALIZED AFTER THE SPECIFIED TIME PERIOD HAS LAPSED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE REQUIRED BY THE POLICY TO REPORT ANY CONFLICTS OF INTEREST IMMEDIATELY. SUCH CONFLICTS ARE HANDLED BASED ON THE FACTS AND CIRCUMSTANCES. THIS MOST OFTEN RESULTS IN THE BOARD MEMBER ABSTAINING FROM VOTING ON CERTAIN MATTERS THAT MAY PERTAIN TO THE CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION FOR THE EXECUTIVE DIRECTOR, AS WELL AS THE REST OF THE STAFF, IS DECIDED UPON AS PART OF THE BUDGET PROCESS PERFORMED BY THE FINANCE COMMITTEE. GENERALLY, RAISES ARE GIVEN ANNUALLY AT APPROXIMATELY A 3 - 4 % RATE. THE ENTIRE BUDGET, AND THEREFORE THE COMPENSATION, IS DRIVEN BY THE GRANTS RECEIVED AND MONIES RAISED.

Name of the organization

THE BRIDGE

Employer identification number

75-1995807

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ENTIRE STAFF'S COMPENSATION IS PART OF THE BUDGET PROCESS, AS DESCRIBED
IN QUESTION 15A. THERE ARE NO COMPENSATED OFFICERS OTHER THAN THE
EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE BRIDGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ 89,579

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ -89,579

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

THE BRIDGE

Identifying number

75-1995807

Business or activity to which this form relates

INDIRECT DEPRECIATION**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	510,000
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	2,030,000
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 2016 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	79,000

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
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		

Section B—Assets Placed in Service During 2017 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 2017 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	8,000
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	87,000
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Form 4562 (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(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:											
SEE STATEMENT 1		%	96,499	84,340			8,000				
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	8,000			
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	X	
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(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 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form **8824**Department of the Treasury
Internal Revenue Service

Name(s) shown on tax return

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2017Attachment
Sequence No. **109**

Identifying number

75-1995807**THE BRIDGE****Part I Information on the Like-Kind Exchange****Note:** If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

- 1 Description of like-kind property given up:
CAR PRIUS (RURAL)
- 2 Description of like-kind property received:
2018 TOYOTA CAMRY-REC IN TRADE FOR ASSET #82
- | | | |
|---|---|----------|
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 02/05/08 |
| 4 | Date you actually transferred your property to other party (month, day, year) | 10/19/17 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 10/19/17 |
- 7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

- | | | | |
|--|-----------------------|---------------------|------------------------------------|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
| Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) | | | |

- 9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No
- 10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
- a ☐ The disposition was after the death of either of the related parties.
- b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

THE BRIDGE

75-1995807

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred **and** received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12	
13	Adjusted basis of other property given up	13	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	
16	FMV of like-kind property you received	16	27,500
17	Add lines 15 and 16	17	27,500
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18	21,500
19	Realized gain or (loss). Subtract line 18 from line 17	19	6,000
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22	0
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	6,000
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	21,500

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property		
28	Description of replacement property		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property. See instructions	30	
31	Basis of divested property	31	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date of sale	33	
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Form **8824**Department of the Treasury
Internal Revenue Service**Like-Kind Exchanges**
(and section 1043 conflict-of-interest sales)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2017Attachment
Sequence No. **109**

Name(s) shown on tax return

Identifying number

THE BRIDGE**75-1995807****Part I Information on the Like-Kind Exchange****Note:** If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

- 1 Description of like-kind property given up:
HONDA CIVIC (RURAL)
- 2 Description of like-kind property received:
2018 TOYOTA CAMRY-RECD IN TRADE FOR ASSET #90
- | | | |
|---|---|----------|
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 05/24/10 |
| 4 | Date you actually transferred your property to other party (month, day, year) | 10/19/17 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 10/19/17 |
- 7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

- | | | | |
|--|-----------------------|---------------------|------------------------------------|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
| Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) | | | |
- 9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No
- 10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
- a ☐ The disposition was after the death of either of the related parties.
- b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

75-1995807

THE BRIDGE**Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received****Caution:** If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions.**Note:** Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12	
13	Adjusted basis of other property given up	13	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	
16	FMV of like-kind property you received	16	27,000
17	Add lines 15 and 16	17	27,000
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18	20,000
19	Realized gain or (loss). Subtract line 18 from line 17	19	7,000
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22	0
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	7,000
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	20,000

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales**Note:** This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property		
28	Description of replacement property		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property. See instructions	30	
31	Basis of divested property	31	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date of sale	33	
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Federal Asset Report

FYE: 8/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
89	Dell PowerEdge T410	6/01/10	3,700			X	1,850	5	HY 200DB	3,700	0
			<u>3,700</u>				<u>1,850</u>			<u>3,700</u>	<u>0</u>
Other Depreciation:											
1	Land @ 804 Quail Creek Drive	9/30/00	200,291				200,291	0	-- Land	0	0
2	Building - 804 Quail Creek Drive	11/15/01	851,080				851,080	40	MO S/L	336,884	21,277
3	HVAC System	11/15/01	17,883				17,883	10	MO S/L	17,883	0
4	Shutters	11/15/01	8,410				8,410	10	MO S/L	8,410	0
5	Desks, 4 Credenzas, File Cabinet	11/15/01	11,400				11,400	10	MO S/L	11,400	0
6	Parking Lot/Striping	11/15/01	7,609				7,609	10	MO S/L	7,609	0
7	Carpet & Tile	11/15/01	22,946				22,946	7	MO S/L	22,946	0
8	Landscaping/Irrigations System	11/15/01	59,100				59,100	7	MO S/L	59,100	0
9	Sidewalks	11/15/01	20,571				20,571	15	MO S/L	20,571	0
10	Fencing (Dividing)	4/01/02	3,719				3,719	7	MO S/L	3,719	0
11	Sign 6'x8'	4/01/02	2,685				2,685	7	MO S/L	2,685	0
28	Refrigerator	4/15/99	889				889	10	MO S/L	889	0
34	Table & Chairs	6/30/00	850				850	7	MO S/L	850	0
37	SAE Equipment - Pampa	11/15/01	30,376				30,376	5	MO S/L	30,376	0
38	Illuminator, Exam Tables (McKesson)	11/15/01	6,232				6,232	5	MO S/L	6,232	0
42	IR-2200 Copier (rural now)	11/15/01	8,418				8,418	5	MO S/L	8,418	0
43	Carmio Bench	11/15/01	1,188				1,188	5	MO S/L	1,188	0
44	Fire & Burgular Alarm System	11/15/01	6,885				6,885	5	MO S/L	6,885	0
45	Sofa's	11/15/01	1,620				1,620	5	MO S/L	1,620	0
46	Broyhill Entertainment Unit	11/15/01	1,995				1,995	5	MO S/L	1,995	0
47	Table & 6 Chairs	11/15/01	1,407				1,407	5	MO S/L	1,407	0
49	Compact Refrigerators	11/15/01	1,290				1,290	5	MO S/L	1,290	0
51	Anthlon PC's	10/01/02	1,798				1,798	5	MO S/L	1,798	0
52	Backup Exec Software	4/10/02	810				810	3	MO S/L	810	0
56	Toshiba Laptop (for Presentations)	12/01/04	1,556				1,556	3	MO S/L	1,556	0
57	LP600DLP Projector	12/01/04	1,515				1,515	5	MO S/L	1,515	0
58	7 1/2 ton heat pump	10/15/06	8,986				8,986	7	MO S/L	8,986	0
59	Paints, vintage funk, right angle	10/15/06	2,983				2,983	7	MO S/L	2,983	0
60	Awning	10/15/06	2,375				2,375	7	MO S/L	2,375	0
61	Copier	10/15/06	8,868				8,868	7	MO S/L	8,868	0
62	Harddrive, Server, Processor (Amarillo)	10/15/06	4,023				4,023	7	MO S/L	4,023	0
63	Cabinet, Countertop (Pampa)	10/15/06	13,175				13,175	7	MO S/L	13,175	0
64	Communication System (Pampa)	10/15/06	5,615				5,615	5	MO S/L	5,615	0
65	Armoire, Sofa, Desk, etc (Pampa)	10/15/06	9,340				9,340	7	MO S/L	9,340	0
67	Table, Chairs, Anchormat (Pampa)	10/15/06	4,527				4,527	7	MO S/L	4,527	0
69	Hutch and Desk (Pampa)	10/15/06	2,450				2,450	7	MO S/L	2,450	0
70	Land - 315 N. Ballard, Pampa, TX	10/15/06	8,643				8,643	0	-- Land	0	0
71	Building - 315 N. Ballard Pampa Tx	10/15/06	182,409				182,409	40	MO S/L	49,783	4,560
72	Color CCTV System (Pampa)	1/23/07	2,165				2,165	7	MO S/L	2,165	0
73	Security System (Pampa)	1/23/07	1,165				1,165	7	MO S/L	1,165	0
76	Papermaster Pro Software	9/01/07	1,592				1,592	5	MO S/L	1,592	0
79	Digital Camera (Pampa colposcope)	1/01/09	1,820				1,820	3	MO S/L	1,820	0
81	Concrete slab	3/27/08	1,650				1,650	15	MO S/L	1,036	110
83	Chairs 2	4/09/08	1,198				1,198	5	MO S/L	1,198	0
85	Concrete parking lot	1/15/09	42,364				42,364	15	MO S/L	24,477	2,824
88	Couch, Chair, 2 tables, tv stand (Hereford)	9/10/09	1,879				1,879	5	MO S/L	1,879	0
92	Leasehold improvements Dumas	5/15/11	5,486				5,486	3	MO S/L	5,486	0
93	Stove	12/15/11	1,524				1,524	7	MO S/L	1,252	218
95	A/V Conference Equipment	2/08/11	4,474				4,474	5	MO S/L	4,474	0
96	Love Seat (Dumas)	5/18/11	1,116				1,116	7	MO S/L	996	120
97	Wall Desk and Hutch Amarillo	4/13/12	2,396				2,396	7	MO S/L	1,854	342
98	Compressor Pampa	9/10/12	2,105				2,105	7	MO S/L	1,504	300
99	2 Digital Interview equipment Amarillo	11/14/13	6,639				6,639	5	MO S/L	5,090	1,328
100	3 Digital Interview Equipment Rural	11/17/13	9,959				9,959	5	MO S/L	7,469	1,992
101	Hall of Justice Letters	12/12/13	1,450				1,450	7	MO S/L	777	207
102	Subsurface Irrigation Amarillo	7/01/13	40,198				40,198	7	MO S/L	23,927	5,743
103	Phone System	12/12/13	12,229				12,229	7	MO S/L	6,551	1,747
104	Desks Cabinets	12/12/13	12,315				12,315	7	MO S/L	6,597	1,760
105	Conference Tables Chairs	12/12/13	10,816				10,816	7	MO S/L	5,795	1,545
106	Garage	12/12/13	65,380				65,380	39	MO S/L	6,287	1,676
107	Training Center Addition	12/12/13	489,187				489,187	39	MO S/L	47,046	12,543
108	Mobile Interview Equipment CACTX	8/15/13	13,990				13,990	7	MO S/L	8,161	1,998
109	South Parking Lot	12/12/13	7,885				7,885	15	MO S/L	1,971	526

Federal Asset Report

FYE: 8/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
110	West parking lot	12/12/13	23,678		23,678	15 MO S/L	5,919	1,579
111	Interview Equipment - Clarendon	9/24/14	5,878		5,878	5 MO S/L	3,429	1,175
112	Bathroom remodel -TAS	10/01/14	2,325		2,325	39 MO S/L	174	60
113	Brick work	9/26/14	3,600		3,600	39 MO S/L	269	93
114	Leasehold Improvements - Clarendon	10/01/14	22,460		22,460	5 MO S/L	11,910	4,084
115	Window Coverings - Clarendon	10/01/14	1,244		1,244	5 MO S/L	660	226
116	Clarendon furniture	10/01/14	4,541		4,541	5 MO S/L	2,649	908
117	Light/Insulation - Pampa	12/22/14	4,483		4,483	15 MO S/L	797	299
118	Full Color Copier	6/22/15	8,898		8,898	5 MO S/L	3,856	1,779
119	Alarm/Access Control Sys w/ Security Cam	8/26/16	9,755		9,755	10 MO S/L	976	975
120	6 Tables (conference room)	11/20/15	2,955		2,955	7 MO S/L	739	422
121	Colposcope - Amarillo	12/07/15	22,700		22,700	10 MO S/L	3,973	2,270
122	Computers - 4	6/28/16	2,164		2,164	5 MO S/L	505	433
123	Ice Maker	7/20/16	1,799		1,799	5 MO S/L	390	360
124	Mac Air 13"	12/16/16	1,199		1,199	3 MO S/L	266	400
127	Awning in Pampa	10/18/17	2,086		2,086	7 MO S/L	0	248
128	Awning in Pampa	11/17/17	2,086		2,086	7 MO S/L	0	224
129	HVAC	6/14/18	13,532		13,532	10 MO S/L	0	338
130	Brick	11/09/17	1,320		1,320	39 MO S/L	0	28
131	Tile, Vinyl plank	12/13/17	14,269		14,269	7 MO S/L	0	1,529
132	Dell PowerEdge R230 Rack Server	1/05/18	1,529		1,529	5 MO S/L	0	204
133	Equipment for interview room	5/01/18	8,256		8,256	5 MO S/L	0	550
Total Other Depreciation			<u>2,427,656</u>		<u>2,427,656</u>		<u>877,242</u>	<u>79,000</u>
Total ACRS and Other Depreciation			<u>2,427,656</u>		<u>2,427,656</u>		<u>877,242</u>	<u>79,000</u>
Listed Property:								
82	Car Prius (rural)	2/05/08	24,181		24,181	5 MO S/L	24,181	0
	Traded: 10/19/17							
90	Honda Civic (rural)	5/24/10	24,318	X	12,159	5 HY 200DB	24,318	0
	Traded: 10/19/17							
125	2018 Toyota Camry-Rec in trade for asset #	10/19/17	24,500		24,500	5 MO S/L	0	4,083
126	2018 Toyota Camry-Recd in trade for asset	10/19/17	23,500		23,500	5 MO S/L	0	3,917
			<u>96,499</u>		<u>84,340</u>		<u>48,499</u>	<u>8,000</u>
Grand Totals			2,527,855		2,513,846		929,441	87,000
Less: Dispositions and Transfers			48,499		36,340		48,499	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>2,479,356</u>		<u>2,477,506</u>		<u>880,942</u>	<u>87,000</u>

Bonus Depreciation Report

FYE: 8/31/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
101	Hall of Justice Letters	12/12/13	1,450		0	0	0	1,450
89	Dell PowerEdge T410	6/01/10	3,700		0	0	1,850	1,850
90	Honda Civic (rural)	5/24/10	24,318	100	0	0	12,159	12,159
	Form 990, Page 1		29,468		0	0	14,009	15,459
	*Less: Dispositions and Transfers		24,318		0	0	12,159	12,159
	Net Form 990, Page 1		5,150		0	0	1,850	3,300
	Grand Total		29,468		0	0	14,009	15,459
	Less: Dispositions and Transfers		24,318		0	0	12,159	12,159
	Net Grand Total		5,150		0	0	1,850	3,300

9280 The Bridge

-*5807

FYE: 8/31/2018

Federal Aggregate Report

07/15/2019 2:18 PM

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	Honda Civic (rural)	5/24/10	0	0	0	0	0	0	0	200DB	5
	2018 Toyota Camry-Reed in trade for asset ‡	10/19/17	23,500	0	0	0	3,917	3,917	19,583	S/L	5
126	2018 Toyota Camry-Reed in trade for asset ‡	10/19/17	23,500	0	0	0	3,917	3,917	19,583	S/L	5
Grand Totals											
	Less: Dispositions		23,500	0	0	0	3,917	3,917	19,583		
	Net Grand Totals		0	0	0	0	0	0	0		
			23,500	0	0	0	3,917	3,917	19,583		

FYE: 8/31/2018

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report.

Future Depreciation Report**FYE: 8/31/19**

FYE: 8/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
89	Dell PowerEdge T410	6/01/10	3,700	0	0
			3,700	0	0

Other Depreciation:

1	Land @ 804 Quail Creek Drive	9/30/00	200,291	0	0
2	Building - 804 Quail Creek Drive	11/15/01	851,080	21,277	0
3	HVAC System	11/15/01	17,883	0	0
4	Shutters	11/15/01	8,410	0	0
5	Desks, 4 Credenzas, File Cabinet	11/15/01	11,400	0	0
6	Parking Lot/Striping	11/15/01	7,609	0	0
7	Carpet & Tile	11/15/01	22,946	0	0
8	Landscaping/Irrigations System	11/15/01	59,100	0	0
9	Sidewalks	11/15/01	20,571	0	0
10	Fencing (Dividing)	4/01/02	3,719	0	0
11	Sign 6'x8'	4/01/02	2,685	0	0
28	Refrigerator	4/15/99	889	0	0
34	Table & Chairs	6/30/00	850	0	0
37	SAE Equipment - Pampa	11/15/01	30,376	0	0
38	Illuminator, Exam Tables (McKesson)	11/15/01	6,232	0	0
42	IR-2200 Copier (rural now)	11/15/01	8,418	0	0
43	Camio Bench	11/15/01	1,188	0	0
44	Fire & Burgular Alarm System	11/15/01	6,885	0	0
45	Sofa's	11/15/01	1,620	0	0
46	Broyhill Entertainment Unit	11/15/01	1,995	0	0
47	Table & 6 Chairs	11/15/01	1,407	0	0
49	Compact Refrigerators	11/15/01	1,290	0	0
51	Anthlon PC's	10/01/02	1,798	0	0
52	Backup Excc Software	4/10/02	810	0	0
56	Toshiba Laptop (for Presentations)	12/01/04	1,556	0	0
57	LP600DLP Projector	12/01/04	1,515	0	0
58	7 1/2 ton heat pump	10/15/06	8,986	0	0
59	Paints, vintage funk, right angle	10/15/06	2,983	0	0
60	Awning	10/15/06	2,375	0	0
61	Copier	10/15/06	8,868	0	0
62	Harddrive, Server, Processor (Amarillo)	10/15/06	4,023	0	0
63	Cabinet, Countertop (Pampa)	10/15/06	13,175	0	0
64	Communication System (Pampa)	10/15/06	5,615	0	0
65	Armoire, Sofa, Desk, etc (Pampa)	10/15/06	9,340	0	0
67	Table, Chairs, Anchormat (Pampa)	10/15/06	4,527	0	0
69	Hutch and Desk (Pampa)	10/15/06	2,450	0	0
70	Land - 315 N. Ballard, Pampa, TX	10/15/06	8,643	0	0
71	Building - 315 N. Ballard Pampa Tx	10/15/06	182,409	4,560	0
72	Color CCTV System (Pampa)	1/23/07	2,165	0	0
73	Security System (Pampa)	1/23/07	1,165	0	0
76	Papermaster Pro Software	9/01/07	1,592	0	0
79	Digital Camera (Pampa colposcope)	1/01/09	1,820	0	0
81	Concrete slab	3/27/08	1,650	110	0
83	Chairs 2	4/09/08	1,198	0	0
85	Concrete parking lot	1/15/09	42,364	2,825	0
88	Couch, Chair, 2 tables, tv stand (Hercford)	9/10/09	1,879	0	0
92	Leasehold improvements Dumas	5/15/11	5,486	0	0
93	Stove	12/15/11	1,524	54	0
95	A/V Conference Equipment	2/08/11	4,474	0	0
96	Love Seat (Dumas)	5/18/11	1,116	0	0
97	Wall Desk and Hutch Amarillo	4/13/12	2,396	200	0
98	Compressor Pampa	9/10/12	2,105	301	0
99	2 Digital Interview equipment Amarillo	11/14/13	6,639	221	0
100	3 Digital Interview Equipment Rural	11/17/13	9,959	498	0
101	Hall of Justice Letters	12/12/13	1,450	207	0
102	Subsurface Irrigation Amarillo	7/01/13	40,198	5,743	0
103	Phone System	12/12/13	12,229	1,747	0
104	Desks Cabinets	12/12/13	12,315	1,759	0
105	Conference Tables Chairs	12/12/13	10,816	1,545	0
106	Garage	12/12/13	65,380	1,676	0

Future Depreciation Report**FYE: 8/31/19**

FYE: 8/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
107	Training Center Addition	12/12/13	489,187	12,543	0
108	Mobile Interview Equipment CACTX	8/15/13	13,990	1,999	0
109	South Parking Lot	12/12/13	7,885	526	0
110	West parking lot	12/12/13	23,678	1,579	0
111	Interview Equipment - Clarendon	9/24/14	5,878	1,176	0
112	Bathroom remodel -TAS	10/01/14	2,325	59	0
113	Brick work	9/26/14	3,600	92	0
114	Leasehold Improvements - Clarendon	10/01/14	22,460	4,084	0
115	Window Coverings - Clarendon	10/01/14	1,244	226	0
116	Clarendon furniture	10/01/14	4,541	908	0
117	Light/Insulation - Pampa	12/22/14	4,483	299	0
118	Full Color Copier	6/22/15	8,898	1,780	0
119	Alarm/Access Control Sys w/ Security Cameras	8/26/16	9,755	976	0
120	6 Tables (conference room)	11/20/15	2,955	422	0
121	Colposcope - Amarillo	12/07/15	22,700	2,270	0
122	Computers - 4	6/28/16	2,164	432	0
123	Ice Maker	7/20/16	1,799	359	0
124	Mac Air 13"	12/16/16	1,199	400	0
127	Awning in Pampa	10/18/17	2,086	298	0
128	Awning in Pampa	11/17/17	2,086	298	0
129	HVAC	6/14/18	13,532	1,354	0
130	Brick	11/09/17	1,320	34	0
131	Tile, Vinyl plank	12/13/17	14,269	2,038	0
132	Dell PowerEdge R230 Rack Server	1/05/18	1,529	306	0
133	Equipment for interview room	5/01/18	8,256	1,652	0
Total Other Depreciation			<u>2,427,656</u>	<u>78,833</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,427,656</u>	<u>78,833</u>	<u>0</u>

Listed Property:

125	2018 Toyota Camry-Rec in trade for asset #82	10/19/17	24,500	4,900	0
126	2018 Toyota Camry-Recd in trade for asset #90	10/19/17	23,500	4,700	0
			<u>48,000</u>	<u>9,600</u>	<u>0</u>
Grand Totals			<u>2,479,356</u>	<u>88,433</u>	<u>0</u>

Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

09/01/17

, ending

08/31/18

Name

Taxpayer Identification Number

THE BRIDGE**75-1995807**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 368,658	238,328	-130,330
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 601,867	836,374	234,507
	4. Program service revenue	4. 9,288	33,372	24,084
	5. Investment income	5. 20,281	92,280	71,999
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 95	103,412	103,317
	8. Net income or (loss) from fundraising events	8. -4,353	-59,579	-55,226
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 25,102	24,221	-881
	12. Total revenue. Add lines 1 through 11	12. 1,020,938	1,268,408	247,470
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 79,000	62,500	-16,500
	16. Salaries, other compensation, and employee benefits	16. 553,003	601,781	48,778
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 19,838	21,198	1,360
	19. Occupancy, rent, utilities, and maintenance	19. 71,046	86,895	15,849
	20. Depreciation and Depletion	20. 76,015	87,000	10,985
	21. Other expenses	21. 137,911	126,877	-11,034
	22. Total expenses. Add lines 13 through 21	22. 936,813	986,251	49,438
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 84,125	282,157	198,032
Other Information	24. Total exempt revenue	24. 1,020,938	1,268,408	247,470
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 50,413	193,706	143,293
	27. Total assets	27. 2,886,929	3,086,632	199,703
	28. Total liabilities	28. 26,725	13,573	-13,152
	29. Retained earnings	29. 2,860,204	3,073,059	212,855
	30. Number of voting members of governing body	30. 24	20	
	31. Number of independent voting members of governing body	31. 24	20	
	32. Number of employees	32. 14	15	
	33. Number of volunteers	33. 50	50	

Form **990**

Tax Return History

2017

Name

THE BRIDGEEmployer Identification Number
75-1995807

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	1,132,704	588,396	984,058	970,525	1,074,702	
Memberships dues	6,125	5,073	7,006	9,288	33,372	
Program service revenue	10,433	11,921	2,923	95	103,412	
Capital gain or loss	18,827	7,837	17,622	20,281	92,280	
Investment income	-15	-58,767	-51,221	-4,353	-59,579	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	30,264	17,832	26,568	25,102	24,221	
Total revenue	1,198,338	572,292	986,956	1,020,938	1,268,408	
Grants and similar amounts paid						
Benefits paid to or for members	59,600	46,667	79,000	79,000	62,500	
Compensation of officers, etc.	353,001	262,570	519,059	553,003	601,781	
Other compensation	18,392	21,282	18,352	19,838	21,198	
Professional fees	58,249	43,653	70,394	71,046	86,895	
Occupancy costs	54,896	51,061	75,211	76,015	87,000	
Depreciation and depletion	140,890	89,569	147,603	137,911	126,877	
Other expenses	685,028	514,802	909,619	936,813	986,251	
Total expenses	513,310	57,490	77,337	84,125	282,157	
Excess or (Deficit)						
Total exempt revenue	1,198,338	572,292	986,956	1,020,938	1,268,408	
Total unrelated revenue						
Total excludable revenue	65,634	-16,104	2,898	50,413	193,706	
Total Assets	2,466,612	2,587,423	2,711,866	2,886,929	3,086,632	
Total Liabilities	27,772	16,118	24,586	26,725	13,573	
Net Fund Balances	2,438,840	2,571,305	2,687,280	2,860,204	3,073,059	

Form **990T**

Tax Return History

2017

Name

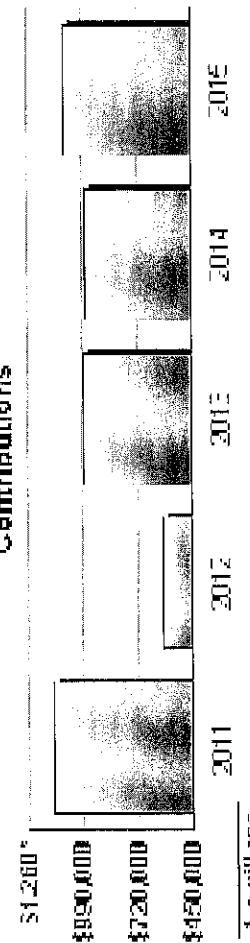
THE BRIDGE

Employer Identification Number

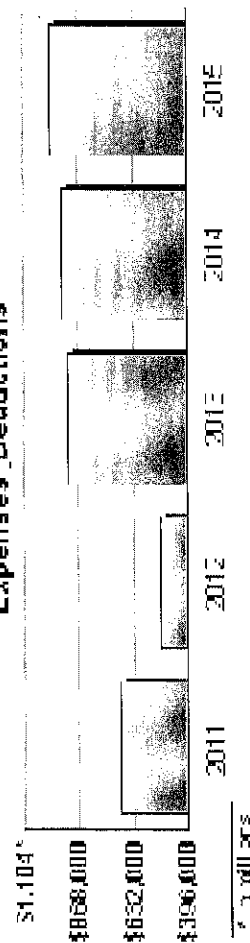
75-1995807**2018****2017****2016****2015****2014****2013**

Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

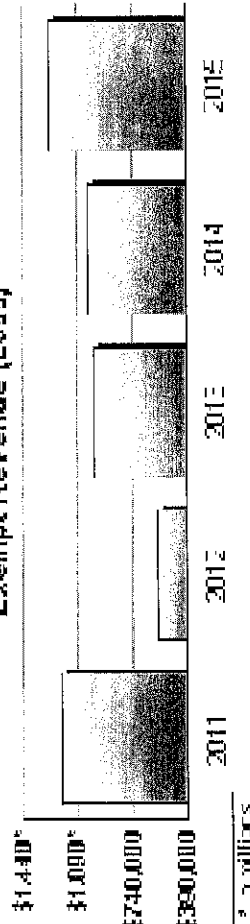
Contributions



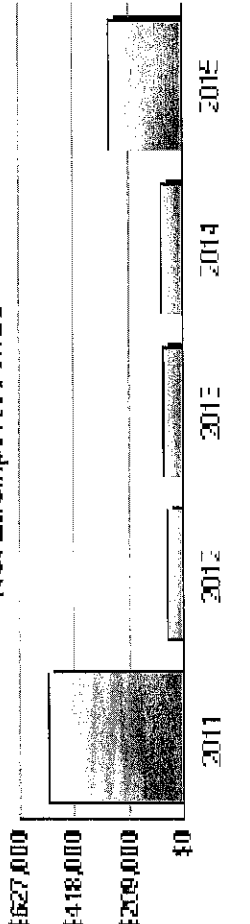
Expenses Deductions



Exempt Revenue (Loss)



Net Exempt Revenue



Form **990T**

Tax Return History

2017

Name

THE BRIDGEEmployer Identification Number
75-1995807

2016

2015

2014

2013

2017

2018

Other deductions

Net operating loss deduction

Specific deduction

1,000

Income after expense and deductions

-1,000

Income tax (corporate or trust)

Other taxes

Total taxes

General business credit

Other credits

Net tax after credits

Estimated tax payments

Other payments

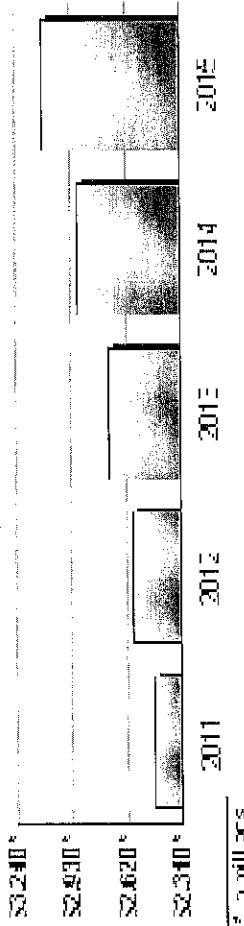
4,290

Balance due/Overpayment

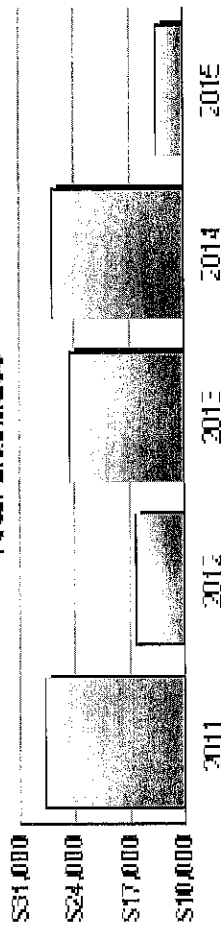
-4,290

* Income shown net of expenses

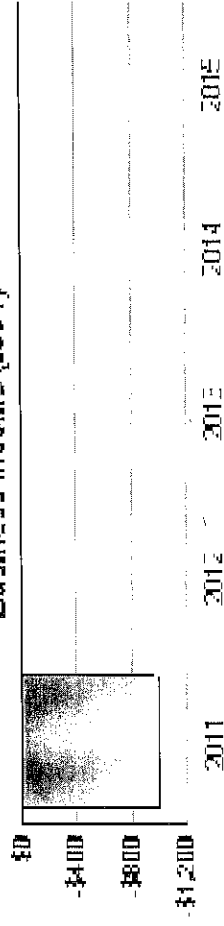
Total Assets



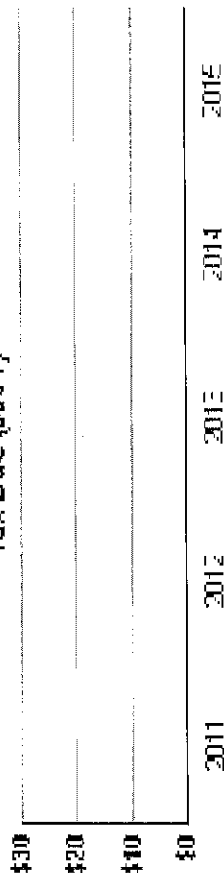
Total Liabilities



Business Income (990 T)



Tax Due (990 T)



9280 The Bridge
75-1995807
FYE: 8/31/2018

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Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
ANB MMIA	\$ 92,280		14			
TOTAL	\$ 92,280					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DIRECTORS EXPENSE	\$ 6,765	5,277	744	744
BANK AND CREDIT CARD FEES	3,636	3,636		
BANK CREDIT CARD FEES	3,493	1,925	784	784
TELEPHONE	2,685	2,685		
MEMBERSHIP DUES	2,639	2,639		
TELEPHONE	2,580	1,422	579	579
MEMBERSHIP DUES	2,536	1,397	1,139	
OUTREACH	2,163	2,163		
TRANSLATION FEES	1,622	1,622	700	
TRANSLATION FEES	1,559	859	115	
MISCELLANEOUS	115			
TOTAL	\$ 29,793	\$ 23,625	\$ 4,061	\$ 2,107

Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 4,976
GOVERNMENT GRANTS OR CONTRIBUTIONS	238,674
CONTRIBUTIONS	44,292
CHILDREN'S ADVOCACY CENTER OF TEXAS	
CASH CONTRIBUTION	238,674
UNITED WAY OF AMARILLO/CANYON	
CASH CONTRIBUTION	38,000
VOCA OFFICE OF GOVERNOR CJD	
CASH CONTRIBUTION	317,026
OFFICE OF THE ATTORNEY GENERAL (OAG)	
CASH CONTRIBUTION	42,000
HEROES/LEGENDS	
CASH CONTRIBUTION	151,060
TOTAL	<u>\$ 1,074,702</u>

Schedule A, Part II, Line 8(e)

Description	Amount
ANB MMIA	\$ 92,280
THRIFT SHOP ROYALTY	20,621
RENT	3,600
TOTAL	<u>\$ 116,501</u>

Schedule A, Part II, Line 9(e)

Description	Amount
HEROES/LEGENDS	\$ -59,579
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -60,579</u>

Federal Statements

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Schedule A, Part II, Line 12 - Current year

Description	Amount
FINES/PROBATION/SA EXAMS	\$ 33,372
TOTAL	\$ 33,372

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75-1995807
FYE: 8/31/2018

Federal Statements

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Heroes/Legends

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ 74,001
TOTAL	\$ 74,001

-*4805

Federal Asset Report

FYE: 12/31/2018

Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
13	SPUD MACHINE	7/31/87	600			600	5 HY 200DB	600	0
	Mass Sale: 9/13/18								
37	1986 CHEV 1T FLATBED	7/12/95	5,600			5,600	5 HY 200DB	5,600	0
	Sold/Scrapped: 9/13/18								
38	86 RED CHEV LIFT TRUCK 3T	9/25/95	16,400			16,400	5 HY 200DB	16,400	0
	Sold/Scrapped: 9/13/18								
46	COMPUTER, FAX, COPIER	7/13/09	929		X	464	5 HY 200DB	929	0
	Mass Sale: 9/13/18								
47	Safety Eqmt- Shorty Bear	8/02/12	2,171		X	1,086	5 MQ200DB	2,171	0
	Mass Sale: 9/13/18								
			<u>25,700</u>			<u>24,150</u>		<u>25,700</u>	<u>0</u>
ACRS:									
2	TOYOTA FORK LIFT	2/02/82	6,150			6,150	3 HY PRE	6,150	0
	Mass Sale: 9/13/18								
3	PUMP TAR KETTLE	7/01/84	2,354			2,354	5 HY PRE	2,354	0
	Mass Sale: 9/13/18								
4	SHEET METAL STAMP	12/01/84	1,600			1,560	5 HY PRE	1,560	0
	Mass Sale: 9/13/18								
5	PLATFORMS	5/31/85	1,494			1,457	5 HY PRE	1,457	0
	Mass Sale: 9/13/18								
6	8 FT METAL BREAK	1/01/85	1,350			1,316	5 HY PRE	1,316	0
	Mass Sale: 9/13/18								
7	3 FT METAL SPLITTER	1/01/85	2,545			2,481	5 HY PRE	2,481	0
	Mass Sale: 9/13/18								
8	SPOT WELDER	4/01/85	739			721	5 HY PRE	721	0
	Mass Sale: 9/13/18								
10	TOYOTA FORKLIFT	8/31/86	6,000			6,000	5 HY PRE	6,000	0
	Mass Sale: 9/13/18								
16	TYPEWRITER	1/01/84	200			200	5 HY PRE	200	0
	Mass Sale: 9/13/18								
17	DESK	7/01/81	200			200	5 HY PRE	200	0
	Mass Sale: 9/13/18								
18	DESK	7/01/81	80			80	5 HY PRE	80	0
	Mass Sale: 9/13/18								
19	FIRE SAFE DESK	7/01/84	1,480			1,480	5 HY PRE	1,480	0
	Mass Sale: 9/13/18								
21	OFFICE FIXTURES	2/01/85	189			189	5 HY PRE	189	0
	Mass Sale: 9/13/18								
23	FIREPROOF SAFE	2/01/85	250			250	5 HY PRE	250	0
	Mass Sale: 9/13/18								
	Total ACRS Depreciation		<u>24,631</u>			<u>24,438</u>		<u>24,438</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>24,631</u>			<u>24,438</u>		<u>24,438</u>	<u>0</u>
Listed Property:									
45	2008 FORD PICKUP	2/13/09	24,773		X	13,713	5 HY 200DB	24,773	0
	Mass Sale: 9/13/18								
			<u>24,773</u>			<u>13,713</u>		<u>24,773</u>	<u>0</u>
	Grand Totals		75,104			62,301		74,911	0
	Less: Dispositions and Transfers		75,104			62,301		74,911	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>