			Retur	n of Or	rended to ganizatio	MAY 15,	2025	n Inc	ome Ta	x	OMB No. 1545-0047
For	_ 9	90	Under section 5		-	_					2023
1.01					ial security num					ations)	
Depa Inter	artment o nal Reve	of the Treasury enue Service			.gov/Form990 fo		-		-		Open to Public Inspection
AI	For th	e 2023 calend	ar year, or tax ye	ar beginning	, JUL 1,	2023	and ending	JUN	30, 20	24	
	Check if applicab	le: C Name o	forganization					D	Employer ide	ntificati	on number
	Addre		GE COMMUN	TTTES -	INC						
	Name		usiness as						36-370	5951	
	Initial return		and street (or P.0). box if mail is	not delivered to st	reet address)	Room/s	uite E	Telephone nu		
	Final return	500	ROOSEVELT						630-54		10
	termii ated	City or t	own, state or prov			ign postal code		G	Gross receipts \$		7,739,587.
	Amen		ELLYN, I					H(a	a) Is this a gro	up returi	
	Applie tion pendi		nd address of prin		AMY VAN	POLEN			for subordin	ates?	Yes 🔀 No
		SAME	AS C ABOV					H(t) Are all subordina		
		empt status:		501(c) () (insert	no.) 4947(a	a)(1) or	527	-		See instructions
	Websi -		BRIDGECOM			Other			C) Group exem		
	orm o art I	Summary	X Corporation	Trust	Association	Other	L `	rear of for	rmation: 199	U M St	ate of legal domicile: ${ t I} { t L}$
	1		e the organizatior	'a mission or	most significant	ootivitioo: TO	PROVT	רב בת	FRVTCES	AND	HOUSTNG
e	'		ELESS FAM							AND	110001110
nan	2	Check this bo			discontinued its			ore than	25% of its ne	t assets	
Governance	3			•		•	•			3	. 14
ŝ	4		Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4								
ა ა	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5									36
ritie	6		I number of volunteers (estimate if necessary)								470
Activities &	7 a		d business revenu							7a	0.
_	b	Net unrelated	business taxable	income from	Form 990-T, Par	t I, line 11				7b	0.
									Prior Year	_	Current Year
Ð	8	Contributions	and grants (Part \	/III, line 1h)					<u>,406,75</u>		4,714,638.
Revenue	9		ce revenue (Part \					1	,549,36		1,757,156.
Sev Sev	10		come (Part VIII, co						36,55		85,732.
	11		e (Part VIII, column						<u>-189,73</u>		-215,193.
	12		- add lines 8 throu				2)	4	<u>,802,95</u>		6,342,333.
	13		nilar amounts paid						325,91	<u>/.</u> 0.	<u> 378,156.</u> 0.
	14	.	to or for members			·····		2	,216,72		2,389,360.
Expenses	15	Salaries, othe	r compensation, e undraising fees (Pa ing expenses (Par	mployee ben	efits (Part IX, col	umn (A), lines 5-	10)			2.	2,389,300.
ens	16a	Protessional f	unoraising tees (Pa	art IX, column	1 (A), line 1 1e)	818	315			••	0•
Ă			es (Part IX, column					2	,652,94	0.	2,738,100.
	18	-	s. Add lines 13-17						,0 <u>92,94</u> ,195,57		5,505,616.
	19		expenses. Subtra						-392,62		836,717.
Dr Jo	_							-	ing of Current Y		End of Year
t Assets or	20	Total assets (F	Part X, line 16)						,084,95		18,485,749.
ASS	21		(Part X, line 26)						,183,26		3,222,250.
Net	22		fund balances. Su						,901,68		15,263,499.
	art II								· · · · ·		
Und	er pena	alties of perjury,	I declare that I have	examined this	return, including a	ccompanying sche	edules and sta	tements, a	and to the best o	of my kno	wledge and belief, it is
true	, corre	ct, and complete	Declaration of prep	arer (other thar	n officer) is based	on all information	of which prep	arer has a	any knowledge.		

0:	Signature of officer	Date								
Sign	•			Duto						
Here	AMY VAN POLEN, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	MEGAN ANGLE	MEGAN ANGLE		if self-employed	₽00850733					
Preparer	Firm's name PORTE BROWN LLC			Firm's EIN 36-	-2663358					
Use Only	Firm's address 9014 HERITAGE PAR	KWAY, SUITE 308								
	WOODRIDGE, IL 605	17		Phone no. 708 -	429-1040					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	BRIDGE COMMUNITIES INC.	36-3705951 _Р	_{age} 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF BRIDGE COMMUNITIES IS TO TRANSITION HOME		
	TO SELF-SUFFICIENCY BY WORKING WITH PARTNERS TO PROVIDE	MENTORING,	
	HOUSING, AND SUPPORTIVE SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes X	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 X	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, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a			6.)
	IN FY24, BRIDGE COMMUNITIES SERVED 114 FAMILIES INCLUDI		
	(18 YEARS AND OLDER) AND THEIR 211 CHILDREN (UNDER 18).		
	CONTINUED TO EXPAND THE BREADTH AND QUALITY OF ITS SERV		
	FAMILIES AND THE OVER 470 VOLUNTEER MENTORS WHO SUPPORT	-	
	· · · · · · · · · · · · · · · · · · ·	MA INFORMED	
	CARE, AND CAREER AND EDUCATIONAL COUNSELING FOR BOTH AD CHILDREN. IN 2022, BRIDGE COMMUNITIES LAUNCHED A PILOT		
	TEST A STRATEGY TO SHIFT FUNDING AND SUPPORT FOR FAMILI		
	HOMELESSNESS, REDUCING TIME TO HOUSE, AND EXPANDING, IN		
	WAY, THE NUMBER AND KINDS OF FAMILIES BRIDGE CAN SERVE.	MI INCIDIMUTAD	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses4,124,038.		
		Form 990	(2023)
332002	2 12-21-23 2		
	<u>4</u>		

Form 990 (2023) BRIDGE COMMUNITIES INC.
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	0		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3	43	
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		_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	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 202		 X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
00	Notes All Energy 2020 Floor and some shall be consulted Only of the O	38	х	
Par				1
	Check 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 42			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	Δ			

	990 (2023) BRIDGE COMMUNITIES INC.		36-3705	951	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
•		1			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0	36			
h	filed for the calendar year ending with or within the year covered by this return	2a		2b	x	
				20 3a	- 23	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over a	50		
iu	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х
b	If "Yes," enter the name of the foreign country	looodin	····	- 14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a				9a		
b 10				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
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)	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	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 on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Г	990	(0000)
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2023.05010	BRIDGE	COMMUNITIES	INC.	:

Form 990	(2023)
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Section A. Governing Body and Management

BRIDGE COMMUNITIES INC.

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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 on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Part VI	

				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14					
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	sion					
	of officers, directors, 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		
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?		8a	Х			
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
)	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 on Schedule O		9		X		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
				Yes	N		
)a	Did the organization have local chapters, branches, or affiliates?		10a		X		
	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				
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Vid the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done		12c	Х			
3	Did the organization have a written whistleblower policy?		13	Х			
4	Did the organization have a written document retention and destruction policy?		14	Х			
5	Did the process for determining compensation of the following persons include a review and approval by independent	nt					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	Х			
	Other officers or key employees of the organization		15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ба	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 participati						
	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				
	tion C. Disclosure						
ec							
_							
7	List the states with which a copy of this Form 990 is required to be filed <u>IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501(c)(3)s	s only)	availal	ole		
7	List the states with which a copy of this Form 990 is required to be filed $_ extsf{IL}$	on 501(c)(3)s	s only)	availal	ble		
7	List the states with which a copy of this Form 990 is required to be filed		s only)	availal	ole		
7 3	List the states with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule Compared to))			ole		
ec [.] 7 8	List the states with which a copy of this Form 990 is required to be filed))			ole		
7 3	List the states with which a copy of this Form 990 is required to be filed)) t policy, and			ole		
7 3 9	List the states with which a copy of this Form 990 is required to be filed)) t policy, and			ole		
7 3 9	List the states with which a copy of this Form 990 is required to be filed)) t policy, and			ole		

F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and hund Average of the large of th	(A)	(B)							(D)	(E)	(F)
hours per week (Ist any value of the sector and affective sector andefinitis andefinitis and affective sector and affective sector an	Name and title	Average	Position				ane	Reportable	Reportable	Estimated	
Week (list any hours for related organizations below line) week (list any built below line) <		hours per	box, unless person is both an				s both	n an	compensation	compensation	amount of
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Form 990 (2023)

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Form 990 (2023) BRIDGE CO									36-37	059	951	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	<u> </u>			
(A) Name and title	(B) Average hours per		not c		ition more	than o		(D) Reportable	(E) Reportable			(F) timate	
	(list any hours for related organizations below			d a di	irecto	Highest compensated signal to a signal to	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MIS(1099-NEC)		com fr org and	ount other pensa om th anizat d relat unizati	ation e ion ied
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1b Subtotal c Total from continuation sheets to Part VI								0.		0.	<u> </u>	7,0	0.
d Total (add lines 1b and 1c)								244,718.		0.	1	7,6	88.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
compensation non the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch r	oers	on .					5		X
Section B. Independent Contractors									100 000 of comm		-		
1 Complete this table for your five highest con the organization. Report compensation for the	-									:15ali		111	
(A) Name and business				J				(B) Description of s		C	(C ompe	;) nsatio	n
PHOENIX BUILDERS								HEADQUARTER					
1558 TODD FARM DR, ELGIN,							_	LEASEHOLD IM	PROVEMEN		30	3,8	79 .
BEAKSCO, 555 E GOLF ROAD, HEIGHTS, IL 60005	ARLING	10	IN					PROPERTY MAN	AGEMENT		16	a n	24.
PRO HOME 1								REPAIRS AND			<u> </u>	, 0	
638 PRATT AVE, SCHAUMBURG	, IL 60	19	3					MAINTENANCE			16	5,5	30.
MCCAAN WINDOW & DOOR								BUILDING REN	OVATIONS			- -	• •
215 W STATE ST, GENEVA, I	ь 60134						_	APARTMENT			14	s, 7	00.
C&A HOME IMPROVEMENT 3N303 CARDINAL, ADDISON,	IL 6010	1						RENOVATIONS			14	5,0	01.
2 Total number of independent contractors (ii			nited	d to t	thos	se lis	_		ore than			, -	
\$100,000 of compensation from the organized	zation				7	7						000 /	2022)

332008 12-21-23

							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclud
							i otal revenue		business revenue	
S	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
	с	Fundraising events				692,281.				
ar A		Related organizations								
		Government grants (contri				656,095.				
0		All other contributions, gifts,								
une		similar amounts not included	abov	re 1f		3,366,262.				
Ö	g	Noncash contributions included in I	lines 1	a-1f 1g \$	5	37,852.				
an	h	Total. Add lines 1a-1f					4,714,638.			
						Business Code				
	2 a	RENTAL INCOME				531110	907,691.	907,691.		
0	b	PROGRAM PARTNERS INC	COME			531110	849,465.	849,465.		
nu	с									
eve	d									
Revenue	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					1,757,156.			
	3	Investment income (includ	ling o	dividends, ir	ntere	st, and				
		other similar amounts)					28,996.			28,9
	4	Income from investment o	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	1,213,5	87.					
	b	Less: cost or other basis								
		and sales expenses	7b							
		()	7c			L	56 596			
		Net gain or (loss)			······		56,736.			56,7
	8 a	Gross income from fundraisir								
		including \$								
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>	0.				
					8b	240,403.	240 402			240.4
		Net income or (loss) from t					-240,403.			-240,4
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from (°					
1	υa	Gross sales of inventory, less returns								
	F	and allowances10aLess: cost of goods sold10b								
					10b					
+	C	Net income or (loss) from	sales		у	Business Code				
_	4 -	MISCELLANEOUS INCOME	2			900099	25,210.	25,210.		
1 Revenue		TITOCHTERMEOOD TINCOME	-				23,210.	23,210.		
ven	b									
Н С	с с									
		All other revenue					25,210.			
1	е	Total. Add lines 11a-11d					6,342,333.	1,782,366.		-154,6

9

14221220 251678 10-1073580

2023.05010 BRIDGE COMMUNITIES INC.

10-10731

 Form 990 (2023)
 BRIDGE

 Part VIII
 Statement of Revenue
 BRIDGE COMMUNITIES INC.

BRIDGE COMMUNITIES INC. 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).

<u></u>	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	378,156.	378,156.		
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	262,406.	170,384.	26,940.	65,082.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,733,113.	1,104,247.	207,075.	421,791.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	226,869.	156,384.	27,937.	42,548.
10	Payroll taxes	166,972.	93,808.	25,190.	47,974.
11	Fees for services (nonemployees):				
а	Management	103,177.	103,177.		
b	Legal	11,491.		11,491.	
с	Accounting	31,500.		31,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,996.		21,996.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	177,019.	91,795.	33,739.	51,485.
12	Advertising and promotion	142,685.	1,195.	6,723.	134,767.
13	Office expenses	49,955.	11,747.	19,757.	18,451.
14	Information technology	109,422.	74,683.	14,557.	20,182.
15	Royalties	142.005	142 005		
16	Occupancy	143,805.	143,805.	1 (40	2 042
17	Travel	20,832.	15,947.	1,642.	3,243.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	43,394.	10,847.	26,969.	5,578.
19	Conferences, conventions, and meetings	62,322.	62,322.	20,909.	5,570.
20		04,344.	04,344.		
21	Payments to affiliates Depreciation, depletion, and amortization	691,164.	627,373.	35,346.	28,445.
22		81,935.	72,607.	9,328.	20,443.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	01,5551	72,007.	5,520	
а	BUILDING MAINTENANCE	660,466.	646,897.	12,254.	1,315.
b	UTILITIES	287,029.	281,460.	4,871.	698.
c	OTHER HOUSING	55,803.	55,803.		
d	REAL ESTATE TAXES	21,401.	21,401.		
е	All other expenses	22,704.		15,918.	6,786.
25	Total functional expenses. Add lines 1 through 24e	5,505,616.	4,124,038.	533,233.	848,345.
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 if following SOP 98-2 (ASC 958-720)				
	12-21-23				Form 990 (2023)

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332010 12-21-23

Form 990 (2023)

14221220 251678 10-1073580

Form 990 (2023)

BRIDGE COMMUNITIES INC. Part X Balance Sheet

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

Form 990 (2023)

		Check if Schedule O contains a response or note	e to any				·····
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,713,806.	2	1,722,984.
	3	Pledges and grants receivable, net			42,437.	3	513,140.
	4				14,550.	4	14,197.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ins		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			30,534.	9	35,296.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		16,955,114.			
	b	Less: accumulated depreciation	10b	5,952,692.	10,200,986.	10c	11,002,422.
	11					11	
	12	Investments - other securities. See Part IV, line 1			3,992,459.	12	4,289,085.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		·····	1,090,185.	15	908,625.
	16	Total assets. Add lines 1 through 15 (must equa			17,084,957.	16	18,485,749.
	17	Accounts payable and accrued expenses			256,340.	17	322,991.
	18	Grants payable	0.0 (1.0.0	18	116 010		
	19	Deferred revenue	····· -	836,130.	19	116,710.	
	20	-		······ -		20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
lat		controlled entity or family member of any of thes		F	1,228,328.	22	1,166,795.
-	23	Secured mortgages and notes payable to unrela			1,220,320.	23	1,100,795.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,		862,471.	05	1,615,754.
	26	of Schedule D Total liabilities. Add lines 17 through 25		····· -	3,183,269.	25 26	3,222,250.
	26	Organizations that follow FASB ASC 958, chee	ok boro	X	5,105,205.	20	5,222,250.
es		and complete lines 27, 28, 32, and 33.					
ŭ	27				11,509,415.	27	12,639,059.
3ala	28				2,392,273.	28	2,624,440.
Б	20	Organizations that do not follow FASB ASC 95			2/052/2/01	20	2,021,1100
- Lu		and complete lines 29 through 33.	<i>b</i> 0, ene				
P	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq		t fund		30	
Ass	31	Retained earnings, endowment, accumulated inc		Г		31	
let,	32	Total net assets or fund balances			13,901,688.	32	15,263,499.
2	33	Total liabilities and net assets/fund balances			17,084,957.	33	18,485,749.
				·····	, = ,		

<u>36-3705951</u> Page 11

Form	BRIDGE COMMUNITIES INC.	36-	3705951	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,342		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,50		
3	Revenue less expenses. Subtract line 2 from line 1	3			17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,903		
5	Net unrealized gains (losses) on investments	5	52	5,0	94.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,263	3,4	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organization

Name	of the organization						Employer	identification number		
		GE COMMUNI						6-3705951		
Part	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The org	anization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
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 go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	public described in		
_	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 _	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
	university:									
10 🗌	An organization that norma									
	activities related to its exen		-					-		
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
4	See section 509(a)(2). (Co		and the device of the second line of			0(-)(4)				
11	An organization organized	-	•	•						
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 exceptions described in castion 509(a)(1) or castion 509(a)(2). See castion 509(a)(2).									
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
a [Type I. A supporting orga	• •					-	aivina		
u [the supported organization	-	-	• • • •	-					
	organization. You must o			indjointy c				pporting		
b	Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hay	ina		
- 1	control or management of	-				-		-		
	organization(s). You mus						,			
c [Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,		
	its supported organizatio	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		·		
d [Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness		
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III			
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.					
	nter the number of supported o	•								
g P	rovide the following information			(iv) to the error	anization listed		· · ·			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)		
	organization		above (see instructions))	Yes	No	Support (See II	istructionsj			
Total										

Part II

BRIDGE COMMUNITIES INC.

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.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2550680.	2818381.	4004991.	3406758.	4714638.	17495448
2	Tax revenues levied for the organ-						
	ization'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	2550680.	2818381.	4004991.	3406758.	4714638.	17495448
	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)						1070750
6	Public support. Subtract line 5 from line 4.						16424698
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2550680.	2818381.	4004991.	3406758.	4714638.	17495448
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	73,957.	59,907.	72,108.	15,835.	28,996.	250,803
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	32,511.	37,725.	23,275.			93,511
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,354.	15,885.	61,150.	35,158.	25,210.	147,757
11	Total support. Add lines 7 through 10						17987519
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 8	,276,998
13	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.31
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	87.68
	33 1/3% support test - 2023. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization	-	
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line			
	more, and if the organization meets th	e facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization mosts the facts and size	imetancos tost. Th	a arganization and	lifico os o publich.	supported organiz	ration	
	organization meets the facts-and-circu	instances test. In	le organization qua	annes as a publicity	supported organiz		

332022 12-21-23

Schedule A	(Form	990	202
		550	2020

BRIDGE COMMUNITIES INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	ction C. Computation of Public		-				
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
199	33 1/3% support tests - 2023. If the						
L	more than 33 1/3%, check this box a						and
D	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23	AT UIG TIOL CHECK &	50A OFFILE 14, 19		THIS DUN ATTU SEE ITIS		A (Form 990) 2023
00202	-U 12-2 1 ⁻ 2U		15			Conedule /	a ii onn 330j 2023

Schedule A (Form 990) 2023

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

BRIDGE COMMUNITIES INC.

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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

332024 12-21-23

10b Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

16

e A (Form 990) 2023 BRIDGE COMMUNITIES	INC
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2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, or trustees were allocated among the supervised.</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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	l. or controlled the	e supportina ora	anization.
Section C. T	ype II Suppor	ting Organiz	ations

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

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a 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 L		The organization supported a governmenta	al entity. [Describe in P	Part VI how	you supported a g	governmental entity	(see instructions	s).
-----	--	--	--------------	----------------------	-------------	-------------------	---------------------	-------------------	-----

17

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" *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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023 BRIDGE COM Part IV Supporting Organizations (continued)

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1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

 Schedule A (Form 990) 2023
 BRIDGE COMMUNITIES INC.

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

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Schedule A (Form 990) 2023

332026 12-21-23

instructions).

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 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. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j

BRIDGE COMMUNITIES INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Section D - Distributions

2

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1

2

Current Year

Schedule A (Form 990) 2023

Schedule A	Form 990) 2023 BRIDGE COMMUNITIES INC.	36-3705951 _{Page}
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, lin Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, / additional information.
	(See instructions.)	
32028 12-21-2	3	Schedule A (Form 990) 20

Schedule A

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

36-3705951

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HOUGH FAMILY FOUNDATION	1,200,000.	840,250.
WHEATON FRANCISCAN SISTERS	450,000.	90,250.
RONALD L. MCDANIEL FOUNDATION	500,000.	140,250.
Total Excess Contributions to Schedule A, Part II, Line 5		1,070,750.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

36-3705951

Organization type (check one):						
Filers of:	Section:					

BRIDGE COMMUNITIES INC.

Form 990 or 990-EZ	X	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

BRIDGE COMMUNITIES INC.

Name of organization

Employer identification number

36-3705951

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 WHEATON FRANCISCAN SISTERS X Person Payroll 26W171 ROOSEVELT ROAD #5 100,000. Noncash \$ (Complete Part II for WHEATON, IL 60187 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 DUPAGE FOUNDATION X Person Payroll 3000 WOODCREEK STE. 310 125,300. Noncash (Complete Part II for DOWNERS GROVE, IL 60515 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 RONALD L. MCDANIEL FOUNDATION X Person Payroll 8005 WOODSIDE LANE 300,000. Noncash \$ (Complete Part II for BURR RIDGE, IL 60527 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 HOUGH FAMILY FOUNDATION X Person Payroll 28561 TALORI TERRACE 150,000. Noncash \$ (Complete Part II for BONITA SPRINGS, FL 34135 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CUORE E MANI FOUNDATION X Person Payroll 3 OAK BROOK CLUB DRIVE UNIT D305 130,000. Noncash \$ (Complete Part II for OAKBROOK, IL 60523 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 CUSHING FAMILY FOUNDATION X Person Payroll 100,000. 696 PLUM TREE ROAD \$ Noncash (Complete Part II for IL 60137 GLEN ELLYN, noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

BRIDGE COMMUNITIES INC.

Name of organization

Employer identification number

36-3705951

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ENDEAVOR HEALTH 801 S WASHINGTON ST NAPERVILLE, IL 60540	\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 GERALD A & KAREN A KOLSCHOWSKY FOUNDATION, INC 5235 WALNUT AVENUE, SUITE 1 DOWNERS GROVE, IL 60515	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Poncash Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

Schedule	В	(Form	990)	(2023)
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Name of organization

Page 3

Employer identification number

36-3705951

BRIDGE COMMUNITIES INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

25

14221220 251678 10-1073580

Name of organization				Employer identification numb
BRIDGE COMMUNITIES	TNC			36-3705951
Part III Exclusively religious, cha from any one contributor	Tritable, etc., contribution Complete columns (a) th tal of exclusively religious, cha	rrough (e) and the following li ritable, etc., contributions of \$1,0	ne entry. For ora:	c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No.				
from (b) Purpose Part I	e of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
Transferee	's name, address, and		Rel	ationship of transferor to transferee
(a) No. from (b) Purpose Part I	e of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
Transferee	's name, address, and	ZIP + 4 	Rel	ationship of transferor to transferee
(a) No. from (b) Purpose Part I	e of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	-	
	's name, address, and		Rei	ationship of transferor to transferee
(a) No. from (b) Purpose Part I	e of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
Transferee	's name, address, and			ationship of transferor to transferee
323454 12-26-23				Schedule B (Form 990) (2

26 2023.05010 BRIDGE COMMUNITIES INC. 10-10731

		Supplement	L Einanaial Statamanta		ΙΟ	MB No. 154	15-0047
	HEDULE D		al Financial Statements nization answered "Yes" on Form 990,			202	17
(Forr	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU 2	.5
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.			Open to Inspection	
	e of the organization		o for instructions and the latest mormation.	Emplo	yer ider	ntification	
	-	BRIDGE COMMUNITIES		-	36-3	37059	51
Pa		-	d Funds or Other Similar Funds or Ac	counts	Com	plete if the	e
	organizatio	n answered "Yes" on Form 990, Part IV, lin					1-
			.,	b) Funds	and oth	er accour	its
1		nd of year					
2 3		f contributions to (during year) f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advised fund	s			
-	-		exclusive legal control?			Yes	No
6			dvisors in writing that grant funds can be used or				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng			
	impermissible priva					Yes	No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.			
1		servation easements held by the organization					
		of land for public use (for example, recrea	, <u> </u>	-	•		
	—	f natural habitat	Preservation of a certif	ied histo	oric struc	ture	
0		of open space	ind concervation contribution in the form of a con	o o municipa		ant on the	laat
2	day of the tax year		ied conservation contribution in the form of a cor			ent on the End of the	
а				2a			Tux Tour
b				2b			
c		vation easements on a certified historic stru		2c			
d		vation easements included on line 2c acqu					
		•		2d			
3			eased, extinguished, or terminated by the organiz	zation du	iring the	tax	
	year						
4	Number of states v	where property subject to conservation eas	sement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			7	
-	,	orcement of the conservation easements it				Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easeme	ents duri	ing the yea	ar
-							
7	Amount of expens	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation eas	ements	during tr	ie year	
8	Does each consen	 wation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)				
Ū		-				Yes	No
9			on easements in its revenue and expense stateme				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	t describ	es the		
		ounting for conservation easements.			_		
Pa			Art, Historical Treasures, or Other Si	milar A	Assets	•	
	· · · · · · · · · · · · · · · · · · ·	the organization answered "Yes" on Form					
1a	•		8, not to report in its revenue statement and bala				
			blic exhibition, education, or research in furtheran	ce ot pul	DIIC		
h	· •		ncial statements that describes these items.	shoot w	orks of		
b	-		8, to report in its revenue statement and balance exhibition, education, or research in furtherance				
		ng amounts relating to these items.		or public		,	
	•	с с		\$			
2	.,		asures, or other similar assets for financial gain, p	-			
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1		\$_			
b	Assets included in	Form 990, Part X		\$			

LI	A For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.
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2023.05010	BRIDGE	COMMUNITIES	INC.	10-10731

Schedule D (Form 990) 2023

Sche		COMMUNITIES				36	-370595	51 F	Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical 1	reasures, or	Other \$	Similar A	ssets _{(cont}	inued))
3	Using the organization's acquisition, accessi	on, and other records	s, check any of t	ne following that	make sigr	nificant use	of its		
	collection items (check all that apply).			-	-				
а	Public exhibition	d	Loan or	exchange progra	m				
b	Scholarly research	е		0 1 0					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they furthe	r the organizatio	n's exemr	ot ouroose ir	n Part XIII		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma		,	,			Yes		No
Par								. –	
	reported an amount on Form 990, Pa						,		
1a	Is the organization an agent, trustee, custodi		liary for contribu	ions or other as	sets not in	cluded			
Ĩ	on Form 990, Part X?						Yes	Σ	K No
h	If "Yes," explain the arrangement in Part XIII						[103		- 110
D.			lowing table.				Amou	nt	
~	Reginning balance					1c	,		
	Beginning balance Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					· · · ·	X Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	[] 100	Σ	
Par									-
		(a) Current year	(b) Prior year			d) Three vears	s back (e) Fo	ur vear	s back
1a	Beginning of year balance	3,622,677.	3,367,05			2,873,			,844.
	Contributions	61,796.	11,49		,426.		463.		,492.
Č	Net investment earnings, gains, and losses	523,265.	369,40		,230.		334.		,459.
4			,		,	,			,
	Other expenditures for facilities								
e		137,953.	125,28	2 109	,953.	102	962.	91	,815.
	and programs	107,000.	120,20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			,010.
י מ	Administrative expenses End of year balance	4 069 785	3,622,67	7. 3,367	058	3,714,	815 3	2 873	,980.
2	End of year balance Provide the estimated percentage of the curr	· · · · ·			,	•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,-,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Board designated or quasi-endowment	40.9960	%	(a)) Helu as.					
a h	Permanent endowment 41.2300	%							
0		% %							
C	The percentages on lines 2a, 2b, and 2c sho								
20			tion that are hold	l and administor	od for the				
Ja	Are there endowment funds not in the posse organization by:	ssion of the organiza						Yes	No
	0 ,						3a(i)		
	(i) Unrelated organizations?(ii) Related organizations?								x
h	If "Yes" on line 3a(ii), are the related organizations?	tions listed as requir						/	
1	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm		wittent futius.						
	Complete if the organization answere		Part IV, line 11;	. See Form 990.	Part X, lir	ne 10.			
	Description of property	(a) Cost or o		ost or other		cumulated	(d) Bo		
	Description of property	basis (investr	• •	sis (other)	• •	eciation	(u) B0	UK Val	ue
10	Land		,	925,339.	aspi		1,92	25 3	339
	Land			171,086.	5 3	13,553			
	Buildings Leasehold improvements			996,220.		91,736			184.
				247,767.		70,157			510.
	Equipment			314,702.		77,246			156.
	Other					-	11,00		
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part J	<u>x, iine i Uc, colui</u>	<u>пп (В))</u>	<u></u>		nedule D (For	-	
						Scr	IEUUIE D (FOR	111 990	J 2023

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation: Cos	
4) Eta an del destrutture			
Pinancial derivatives Closely held equity interests			
3) Other			
(A) INVESTMENT IN REAL ESTATE	219,300.	END-OF-YEAR MAR	RKET VALUE
(B) VANGUARD INVESTMENTS	4,069,785.	END-OF-YEAR MAR	RET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,289,085.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X, line 15	5. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(</i> B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X,	line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			136,613
(3) AGENCY LIABILITY			714,425
			764,716
(4) LEASE LIABILITY			
(4) LEASE LIABILITY (5)			
(5)			
(5) (6)			
(5) (6) (7)			1,615,754

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🐰

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 BRIDGE COMMUNITIES INC.

Sche	edule D (Form 990) 2023 BRIDGE COMMUNITIES INC.		36-3705951	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen	ses per Return	
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen e 12a.	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With Expen e 12a.	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.	ses per Return	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With Expen	ses per Return	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 2a	ses per Return	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 2a 2b 2c	ses per Return	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Itements With Expense e 12a. 2a 2b 2b 2c 2c 2d 2d	ses per Return	
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Itements With Expen e 12a. 2a 2b 2c 2d	1 1 2e	
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Itements With Expen e 12a. 2a 2b 2c 2d	1 1 2e	
Pa 1 2 a b c d e 3	rt XIII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Itements With Expen e 12a. 2a 2b 2c 2d	1 1 2e	
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1 1 2e	
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Itements With Expen e 12a. 2a 2b 2c 2d 2d	1 2e 3	
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Itements With Expen e 12a. 2a 2b 2c 2d 2d	ses per Return 1 2e 3 4c	

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 IV, LINE 2B:

THE ORGANIZATION PROVIDES LIMITED ACCOUNTING SERVICES AND ACTS	AS	P
--	----	---

CUSTODIAN FOR CASH DEPOSITED BY FAMILIES HELPING FAMILIES.

PART V, LINE 4:

THE ENDOWMENT PROGRAM IS INTENDED TO PROVIDE A SOURCE OF ONGOING FINANCIAL

SUPPORT FOR BRIDGE COMMUNITIES, AS NEEDED.

PART X, LINE 2:

THE CORPORATION HAS ADOPTED THE PROVISION OF ASC TOPIC 740, INCOME TAXES,

RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE

CORPORATION FILES INFORMATION RETURNS IN THE US FEDERAL JURISDICTION AND

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 BRIDGE COMMUNITIES INC. Part XIII Supplemental Information (continued)	36-3705951	Page 5
THE STATE OF ILLINOIS. MANAGEMENT IS NOT AWARE OF ANY UN	CERTAIN TAX	
POSITIONS.		
	Sabadula D (Form (

Schedule D (Form 990) 2023

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SCHEDULE G	EDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990) 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.							or if the	2023		
epartment of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public		
Internal Revenue Service	Go t		Inspection							
Name of the organization								identification number		
BRIDGE COMMUNITIES INC. 36-370 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-E										
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 so			lanare	long						
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	_		
		art VII) or entity in connection with p			U U					
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursuation	ant to	agreei	ments under which tr	ne fur	ndraiser is to be	9		
								<u> </u>		
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	Iraiser)			ustody itrol of utions?	from activity	fundraiser listed in col. (i)		organization		
				No						
			Yes							
Total										
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration		
or licensing.										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

BRIDGE COMMUNITIES INC.

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.

		1			
			SLEEP OUT		(d) Total events (add col. (a) through
		wws	SATURDAY	3	
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	371,167.	73,472.	247,642.	692,281
2	Less: Contributions	371,167.	73,472.	247,642.	692,281
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
			11,106.	94,191.	240,403
10	Direct expense summary. Add lines 4 through	n 9 in column (d)			240,403
					-240,403
_	\$15,000 on Form 990-EZ, line 6a.	I			(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
Ent	or the state(s) is which the organization condu	ucto comina potivitioo:			
			states?		Yes N
				ear?	Yes No
lf "`	Yes," explain:				
	2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 1 2 3 4 5 6 7 8 9 10 1 1 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1	 8 Entertainment	2 Less: Contributions 371,167. 3 Gross income (line 1 minus line 2)	2 Less: Contributions 371,167. 73,472. 3 Gross income (line 1 minus line 2)	2 Less: Contributions 371,167. 73,472. 247,642. 3 Gross income (line 1 minus line 2)

Sch	nedule G (Form 990) 2023	BRIDGE	COMMUNITIES INC.	36-3705951 Ра	ge 3
	· · · · · · · · · · · · · · · · · · ·		with nonmembers?		No
			e of a trust, or a member of a partnership or other entity formed		
				Yes	No
13	Indicate the percentage of gamin				
				13a	%
					%
			repares the organization's gaming/special events books and recor		
	Name				
	Address				
15a	a Does the organization have a cor	ntract with a thir	I party from whom the organization receives gaming revenue? \dots	Yes	No
ł	b If "Yes," enter the amount of gam			nount	
	of gaming revenue retained by th				
C	If "Yes," enter name and address	of the third par	y:		
	Name				
	A deluce a				
	Address				
16	Coming manager information:				
16	Gaming manager information:				
	Name				
	Name				
	Gaming manager compensation	\$			
	Carning manager compensation	Ψ			
	Description of services provided				
	Director/officer	Employe	Independent contractor		
17	Mandatory distributions:				
á	a Is the organization required unde	r state law to m	ke charitable distributions from the gaming proceeds to		
	retain the state gaming license?			Yes	No
ł		•	state law to be distributed to other exempt organizations or spent	in the	
De	organization's own exempt activit				
Pa			ide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10	Db,
	15b, 15c, 16, and 17b, as	s applicable. Als	o provide any additional information. See instructions.		
3320	83 09-13-23			Schedule G (Form 990)	2023
			34		

	G (Form 990)
Dart IV	Quantan

BRIDGE COMMUNITIES INC.

Part IV Supplemental Information (continue	ied)
	Schedule G (Form 990
332084 04-01-23	35
21220 251678 10-1073580	2023.05010 BRIDGE COMMUNITIES INC. 10-10

SCHEDULE I		Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2023				
Department of the Treasury												
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										Open to Public Inspection		
Name of the organization Employer id									dentificati	on number		
									36-37	05951		
Part I General Ir												
	zation maintain records t											
	criteria used to award the grants or assistance?											
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
	hat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21,	or any			
			(c) IRC section	1		(f) Method of	(a) Description of	(6) [aroot		
1 (a) Name and address of organization or government		(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		 h) Purpose of grant or assistance 			
						,						

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Part III

Part III can be duplicated if additional space is needed. (a) Type of grapt or assists

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NDIVIDUAL FAMILY ASSITANCE	100	347,177.	0.		
LIENT TRANSPORTATION	7	0.	30,979.	FMV	VEHICLES TO ASSIST WITH JOB COMMUTES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL DONATED VEHICLES ARE INSPECTED BY A LICENSED MECHANIC AND THOSE

SUITABLE FOR CLIENT USE ARE REPAIRED AS NEEDED. CLIENTS ARE ELIGIBLE TO

RECEIVE A DONATE VEHICLE BASED ON TRANSPORTATION NEEDS. CLIENTS WHO

RECEIVE A VEHICLE MUST PROVIDE PROOF OF VALID DRIVERS' LICENSE AND

INSURANCE. THE VALUE IS DETERMINED USING FAIR MARKET VALUE.

OTHER TYPES OF ASSISTANCE ARE PAID DIRECTLY TO THE PROVIDER WHEN POSSIBLE

TO ENSURE PROPER USE OF THE FUNDS.

SCHE	DULE J	Compensation Info	rmation	1	OMB No. 1	1545-004	47
(Form	990)	For certain Officers, Directors, Trustees, Key			20	n n	
-	-	Compensated Employe	es		20	ZJ)
Doportmon	t of the Treesury	Complete if the organization answered "Yes" or Attach to Form 990.	Form 990, Part IV, line 23.		Open to	Publ	ic
	t of the Treasury venue Service	Go to www.irs.gov/Form990 for instructions a	nd the latest information.		Inspe	ction	
Name of	f the organization			Employer id			mber
		BRIDGE COMMUNITIES INC.		36-3	70595	1	
Part I	Questions	Regarding Compensation					
						Yes	No
1a Ch	eck the appropria	te box(es) if the organization provided any of the following to a	or for a person listed on Form	990,			
Par	rt VII, Section A, I	ne 1a. Complete Part III to provide any relevant information re	garding these items.				
	First-class or cl	arter travel Housing allo	wance or residence for perso	nal use			
	Travel for com	anions	or business use of personal re	sidence			
	Tax indemnific	tion and gross-up payments Health or so	cial club dues or initiation fee	s			
	Discretionary s	pending account Personal se	rvices (such as maid, chauffeu	ır, chef)			
b If a	ny of the boxes o	n line 1a are checked, did the organization follow a written po	licy regarding payment or				
reir	nbursement or p	ovision of all of the expenses described above? If "No," comp	lete Part III to explain		1 b		
2 Did	I the organization	require substantiation prior to reimbursing or allowing expens	es incurred by all directors,				
trus	stees, and officer	s, including the CEO/Executive Director, regarding the items c	hecked on line 1a?		2		
		, of the following the organization used to establish the comp	•				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
establish compensation of the CEO/Executive Director, but explain in Part III.							
Compensation committee Written employment contract							
	Independent compensation consultant						
	Form 990 of ot	ner organizations	the board or compensation c	ommittee			
		any person listed on Form 990, Part VII, Section A, line 1a, wit	h respect to the filing				
•		ated organization:					v
			~				X X
		ive payment from a supplemental nonqualified retirement plar					X
		ive payment from an equity-based compensation arrangemen			<u>4c</u>		
If "	Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for	or each item in Part III.				
0		(2) (2) (2) (3) (3) (2) (2) (3)	in				
		(3), 501(c)(4), and 501(c)(29) organizations must complete I					
	-	Form 990, Part VII, Section A, line 1a, did the organization paragraphics of	ay or accrue any compensatio	11			
	ntingent on the re				50		x
		tion?					X
		tion? 5b, describe in Part III.			. <u>5</u> b		- 21
		b Form 990, Part VII, Section A, line 1a, did the organization part	av or accrue any componentic	n			
	ntingent on the n		ay of accide any compensatio	"			
					6a		x
		tion?					X
		6b, describe in Part III.					
		PForm 990, Part VII, Section A, line 1a, did the organization pl	rovide any ponfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		x
		eported on Form 990, Part VII, paid or accrued pursuant to a d					<u> </u>
		tion described in Regulations section 53.4958-4(a)(3)? If "Yes			8		x
	-	I the organization also follow the rebuttable presumption proc					
		53.4958-6(c)?			9		
		on Act Notice, see the Instructions for Form 990.			ile J (Forn	n 990)) 2023
i up				Sonout			,

LHA 332111 11-06-23

Schedule J (Form 990) 2023

36-3705951

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMY VAN POLEN	(i)	134,835.	10,325.	0.	0.	6,221.	151,381.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number 36-3705951

ſ

ΖU **Open to Public**

Name of the organization

	BRIDGE	COMMUNITIES	INC.	
Part I	Types of Property			

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	7	30,979.	FAIR MARKET	VA	LUE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>PRINTINGS, BOOK</u>)	X	10	6,873.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.						x	
31	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023 332142 09-11-23 42 14221220 251678 10-1073580

2023.05010 BRIDGE COMMUNITIES INC. 10-10731 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 36-3705951

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITEE AND

THEN ALSO APPROVED BY THE ENTIRE BOARD PRIOR TO FILING.

BRIDGE COMMUNITIES INC.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND DECLARATIONS ARE

INDIVUDALLY SIGNED BY BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO IS OVERSEEN BY THE HR TASK FORCE (COMMITTEE) WHICH USES PEER COMPENSATION REVIEWS AND RECOMMENDATIONS FROM OUTSIDE EXECUTIVE SEARCH FIRMS. COMPENSATION FOR OTHER OFFICERS IS DETERMINED BASED ON PEER COMPENSATION REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19:

ANNUAL REPORT AND FORM 990, WHICH ARE SHOWN ON OUR WEBSITE, CONTAIN

CONDENSED FINANCIAL INFORMATION. GOVERNANCE DOCUMENTS (BY-LAWS AND ARTICLES

OF INCORPORATION) AND CONFLICT OF INTEREST POLICY WOULD BE MADE AVAILABLE

UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

43 2023.05010 BRIDGE COMMUNITIES INC. 10-10731

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 36 - 3705951

Department of the Treasury Internal Revenue Service

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

Name of the organization

BRIDGE COMMUNITIES INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DUPAGE AH LLC - 42-1771212					
500 ROOSEVELT ROAD	AFFORDABLE HOUSING REAL				
GLEN ELLYN, IL 60137	ESTATE	ILLINOIS	65,182.	1,074,737.	BRIDGE COMMUNITIES INC
DUPAGE AH SERIES I LLC - 42-1771212					
500 ROOSEVELT ROAD	AFFORDABLE HOUSING REAL				
GLEN ELLYN, IL 60137	ESTATE	ILLINOIS	10,003.	1,589,943.	BRIDGE COMMUNITIES INC
DUPAGE AH SERIES II LLC - 42-1771212					
500 ROOSEVELT ROAD	AFFORDABLE HOUSING REAL				
GLEN ELLYN, IL 60137	ESTATE	ILLINOIS	15,331.	755,955.	BRIDGE COMMUNITIES INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 BRIDGE COMMUNITIES INC.

36-3705951 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· , ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

BRIDGE COMMUNITIES INC. Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or V of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a 1a <t< th=""><th>Net</th><th>er Complete ling 1 if anv antity is listed in Darts II. III. av IV of this schodule</th><th></th><th>Yes</th><th>No</th></t<>	Net	er Complete ling 1 if anv antity is listed in Darts II. III. av IV of this schodule		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c c Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1d f Dividends from related organization(s) 1e g Sale of assets to related organization(s) 1f g Sale of assets to related organization(s) 1g i Exchange of assets from related organization(s) 1i j Lease of facilities, equipment, or other assets from related organization(s) 1i j Lease of facilities, equipment, or other assets from related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) 1i n Performance of services or membership or fundraising solicitations for related organization(s) 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1in n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1in n Performance of services or membership or fundrai				res	NO
b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees to or grantation(s) 1e f Dividends from related organization(s) 1e g Sale of assets to related organization(s) 1g n Purchase of assets from related organization(s) 1g i Exchange of assets from related organization(s) 1h j Lease of facilities, equipment, or other assets to related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) 1k g Performance of services or membership or fundraising solicitations by related organization(s) 1m n Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m p Reimbursement paid to related organization(s) 1m r 1g 1 o Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m n Sharing of paid employees with related organization(s) 1m g Reimbursement paid to related organiza	1				
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s Other transfer of cash or property from related organization(s)	•				
	r	Other transfer of cash or property to related organization(s)	1r		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	S	Other transfer of cash or property from related organization(s)	1s		
	2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
_(6)			

Schedule R (Form 990) 2023 BRIDGE COMMUNITIES INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

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Provide additional information for responses to questions on Schedule R. See instructions.

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