_	oon
Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AI	or the	e 2018 calendar year, or tax year beginning and	ending		
B	Check if	e: C Name of organization		D Employer identifie	cation number
X	Addre	* THE PENINSULA BRIDGE PROGRAM			
	Name chang			94-3	226017
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	177 BOVET RD	120	650-	473-9461
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,295,339.
	Amen return	SAN MATEO, CA 94402		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: OOCEDIN M. SWISHER		for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3) 501(c) () = (insert no.) 4947(a)(1) c$	or 527	If "No," attach a	list. (see instructions)
		te: > WWW.PENINSULABRIDGE.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	State of legal domicile: CA
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: PENIN			
anc		LIVES OF HIGHLY MOTIVATED, LOW INCOME STU			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			
200	3				<u>24</u> 22
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			43
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			220
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,939,197.	3,238,503.
Revenue	9	Program service revenue (Part VIII, line 2g)		20,000.	20,000.
svel	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-162.	10,756.
ň		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,140,275.	-54,971.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,099,310.	3,214,288.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,217,140.	1,665,113.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Del		Total fundraising expenses (Part IX, column (D), line 25) 330,95			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		953,595.	1,205,622.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,170,735.	2,870,735.
	19	Revenue less expenses. Subtract line 18 from line 12		1,928,575.	343,553.
OL SO			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		3,164,749.	3,547,402.
tAs	21	Total liabilities (Part X, line 26)		98,370.	130,407.
ENe.		Net assets or fund balances. Subtract line 21 from line 20		3,066,379.	3,416,995.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOCELYN M. SWISHER, EX Type or print name and title	COPY	Date	
Paid	Print/Type preparer's name CAROLYN R. AMSTER	Preparer's signature CAROLYN R. AMSTER	Date Check PTIN 08/21/19 self-employed P0018	9994
Preparer	Firm's name 🕒 BPM LLP	-	Firm's EIN ▶ 81-423	4542
Use Only	Firm's address 🖌 4200 BOHANNON DE	RIVE, SUITE 250		
	MENLO PARK, CA 9	94025-1021	Phone no. 650 - 855 - 6	800
May the If	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes	No
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form	990 (2018)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	IENT CONTINUATION	

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ig number	
Type or print					Employer identification number (EIN		
print	THE PENINSULA BRIDGE PROGRAM				94-322	26017	
File by the due date for filing your	e date for Number, street, and room or suite no. If a P.O. box, see instructions. S				curity numbe		
return. See instructions		oreign addı	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)				
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	D-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	orm 990-PF 04 Form 5227					10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	Form 990-T (trust other than above) 06 Form 8870					12	
 If this box 1 I ret the the 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and EINs of <u>IBER 15, 2019</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the extens npt organizati 	roup, check this sion is for.	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					~	
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa					0.	
	ing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 153-EO an	<u>I ⊅</u> d Form 8879∙		
		-					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$2, 316, 385. including grants of \$) (Revenue)	ue\$ 20,000.)
	PROVIDED YEAR-ROUND ACADEMIC AND SOCIAL EMOTIONAL SUPPOR	FOR 650
	STUDENTS INCLUDING ACADEMIC AND ENRICHMENT SESSIONS FOR I	
	STUDENTS, AND 1:1 ADVISING AND WORKSHOPS FOR HIGH SCHOOL	STUDENTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
4d	Other program services (Describe in Schedule O.)	١
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,316,385.)
- 10		Earm 990 (2018)

Form 990 (PENINSULA	BRIDGE	PROGRAM
Part IV	Checklist of R	equire	d 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?	2	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
L	Part VI	<u>11a</u>	А	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 THE
 PENINSULA
 BRIDGE
 PROGRAM

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		
	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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
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
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(gambling) winnings to prize winners?			1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	any contributions that were not tax deductible as charitable contributions?	6a		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		
		9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	an		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
1 2 9	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	Iou		
h	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.	-		

Form 990 (2018)
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Form	990	(2018	١

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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 in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A Governing Body and Management	

Sec	tion A. Governing body and Management						
			I	ſ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		24			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direct	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	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, si	tockho	lders, or				
	persons other than the governing body?				7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
а	The governing body?			.	8a	X	
b	Each committee with authority to act on behalf of the governing body?			I	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	· L	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14		_X
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith 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	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-	T (Section 501(c)	(3)s (only) a	vailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n in Scł	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, a	and f	inanci	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records				

JOCELYN SWISHER - 650-473-9461

177	BOVET	RD.,	SUITE	120,	SAN	MATEO,	CA	94402
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one				ne	Reportable	Estimated		
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other				
	(list any	rector						the	organizations	compensation	
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization	
	organizations below	ual tri	ional		ploye	t com				and related organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ALAN AUSTIN	1.00				×	Ξæ	ш				
BOARD CHAIR		х		x				0.	Ο.	0.	
(2) NICOLE BATCHELDER	1.00										
DIRECTOR		Х						0.	0.	0.	
(3) GERRI BOCK	1.00										
DIRECTOR		Х						0.	0.	0.	
(4) FARAH CHAMPSI	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) AARTI CHANDNA	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) CHI-CHAO CHANG	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) JULIA DAVIDSON	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) PETER DUMANIAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) ABBY DURBAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) PENNY HOWE GALLO	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) MARK MORDELL	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) PATRICIA MURRAY	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) ANDY PELLETIER	1.00										
DIRECTOR		Х						0.	0.	0.	
(14) RANDI SHAFTON	25.00										
CO-EXECUTIVE DIRECTOR & SECRETARY		Х		X				130,000.	0.	2,925.	
(15) JOCELYN SWISHER	25.00										
CO-EXECUTIVE DIRECTOR & CFO		Х		X				130,000.	0.	2,925.	
(16) CINDY TRAUM	1.00										
DIRECTOR		Х						0.	0.	0.	
(17) RICHARD DIOLI	1.00										
DIRECTOR		Х						0.	0.	0.	

Form 990 (2018) THE PENIN	ISULA BR	RID	GE	P P	RO	GR.	AM	1	94-322	260	17 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Posif heck m ss pers nd a dir	;) tion nore t son is	than o s both	one an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations
(18) JULIE GALLES DIRECTOR	1.00	x						0.	C).	0.
(19) AMIKA GUILLAUME	1.00										
DIRECTOR		Х						0.	0).	0.
(20) THAN HEALY	1.00										
DIRECTOR		Х						0.	0).	0.
(21) NANCI KAUFFMAN DIRECTOR	1.00	x						0.	C).	0.
(22) TIM MOLAK	1.00									Ť	
DIRECTOR		х						0.	0).	0.
(23) DAN MILLER DIRECTOR	1.00	x						0.	0).	0.
(24) DIANE ROSENBERG	1.00	~			_			0.		·•	0.
DIRECTOR	1.00	x						0.	0).	0.
(25) AMANDA AFSHAR	40.00									-	
DIR. OF MIDDLE SCHOOL PROGRAMS						х		100,588.	C).	5,032.
(26) MAUREEN S GARRETT	40.00										
DEVELOPMENT DIRECTOR						Х		123,097.).	2,545.
1b Sub-total								483,685.).	13,427.
c Total from continuation sheets to Part VI	, Section A					I		0.).	0.
d Total (add lines 1b and 1c)								483,685.	-).	13,427.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable		4
											Yes No
3 Did the organization list any former officer,	-				• •	•		•			
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su										• -	3 X
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a										· –	
rendered to the organization? If "Yes." com											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con the examination Depart companyation for										nsatio	on from
the organization. Report compensation for t	ne calendar ye	eare	nair	ig wi	un o	or wit	.mm 	· · · ·	ear.		(C)
Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	mpensation

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

Form	n 990 ((<u>20</u> 18) THE P	ENINSULA	BRIDGE I	PROGRAM		94-3226	017 Page 9
Pa	rt VII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
a, G	с	Fundraising events	1c	878,772.				
Gift lar J	d	Related organizations	1d					
imi, (е	Government grants (contributi						
tior Sr S	f	All other contributions, gifts, gran						
Dthe		similar amounts not included abov	ve 1f 2,	359,731.				
onti od (g	Noncash contributions included in lines		136,088.				
<u>o</u> e	h	Total. Add lines 1a-1f			3,238,503.			
	-			Business Code 900099	20,000.	20,000.		
Program Service Revenue	2 a	AFTER-SCHOOL PR		900099	20,000.	20,000.		
erv ue	b							
m S ven	c d							
gra Re	e u							
Pro	f	All other program service reve	nue					
	a				20,000.			
	3	Investment income (including						
		other similar amounts)			10,756.			10,756.
	4	Income from investment of tax						
	5	Royalties	· · · · ·	►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	()						
	d	()		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		····· P				
an	8 a	Gross income from fundraising including \$ 878,7						
Other Revenue		contributions reported on line						
Re		Part IV, line 18		26.080.				
her	b	Less: direct expenses		81,051.				
δ		Net income or (loss) from fund		►	-54,971.			-54,971.
		Gross income from gaming ac		· · · ·				
		Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ing activities	🕨				
	10 a	Gross sales of inventory, less						
		and allowances	а					
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с С	All other revenue						
	d							
	е 12	Total. Add lines 11a-11d Total revenue. See instructions			3,214,288.	20,000.	0	-44,215.
	14			····· 🚩	-,,2000	,,	U •	//

THE PENINSULA BRIDGE PROGRAM

THE PENINSULA BRIDGE PROGRAM Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a 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				I
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	265,850.	205,834.	15,931.	44,085.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 01 - 0 - 0			
7	Other salaries and wages	1,217,963.	944,402.	69,899.	203,662.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	CF 130	10 110	11 040	C 000
9	Other employee benefits	65,130.	47,110.	11,242.	<u>6,778</u> . 19,394.
10	Payroll taxes	116,170.	91,260.	5,516.	19,394.
11	Fees for services (non-employees):				
	Management	1.0		1.0	
	Legal	160.		160.	
	Accounting	54,069.		54,069.	
d	Lobbying				
е	, F				
f	Investment management fees				
g		100 000	145 100	14 605	21 007
	column (A) amount, list line 11g expenses on Sch 0.)	190,882.	145,100.	14,695.	31,087.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	F0 004	40.057	2 200	4 (50
16		50,824.	42,957.	3,208.	<u>4,659</u> . 283.
17	Travel	43,302.	36,932.	0,00/.	203.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	46,013.	45 620	201	
19 00	Conferences, conventions, and meetings	40,UIJ.	45,629.	384.	
20	Interest				
21	Payments to affiliates	25,402.	25,402.		
22	Depreciation, depletion, and amortization	16,755.	12,736.	1,472.	2,547.
23	Insurance	10,755.	14,130.	1,4/4.	2,54/.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM COSTS	623,980.	623,980.		
a b	SUPPLIES	84,314.	62,163.	21,235.	916.
b	PRINTING AND COMMUNICAT	26,537.	10,066.	3,192.	13,279
c d	MISCELLANEOUS	14,716.	4,828.	9,888.	13,213
	All other expenses	28,668.	17,986.	6,418.	4,264.
	Total functional expenses. Add lines 1 through 24e	2,870,735.	2,316,385.	223,396.	330,954
25	Joint costs. Complete this line only if the organization	2,010,133.	2,510,505.	223,350.	550,554.
26					
26					
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

THE	PENINSULA	BRIDGE	PROGRAM

		Check if Schedule O contains a response or note to any line in this F	Part X	<u>.</u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,210,561.	2	2,290,526.
	3	Pledges and grants receivable, net		879,429.	3	1,181,118.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directed				
		trustees, key employees, and highest compensated employees. Con	nplete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined and the second				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and c	ontributing			
		employers and sponsoring organizations of section 501(c)(9) volunta	ry			
ŝ		employees' beneficiary organizations (see instr). Complete Part II of	Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,811.	9	40,221.
	10a	Land, buildings, and equipment: cost or other	ſ			
		basis. Complete Part VI of Schedule D 10a 7	/3,350.			
	b	Less: accumulated depreciation	50,803.	47,948.	10c	22,547.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	12,990.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,164,749.	16	3,547,402.
	17	Accounts payable and accrued expenses		98,370.	17	130,407.
	18	Grants payable	I		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I			21	
s	22	Loans and other payables to current and former officers, directors, t				
Liabilities		key employees, highest compensated employees, and disqualified p	ersons.			
lide		Complete Part II of Schedule L			22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	Ē		23	
	24	Unsecured notes and loans payable to unrelated third parties	Ē		24	
	25	Other liabilities (including federal income tax, payables to related thin				
		parties, and other liabilities not included on lines 17-24). Complete P				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		98,370.	26	130,407.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨	X and			
s		complete lines 27 through 29, and lines 33 and 34.				
JCe	27	Unrestricted net assets		2,109,762.	27	2,276,379.
alar	28	Temporarily restricted net assets		956,617.	28	1,140,616.
Ä	29	Permanently restricted net assets			29	
ņ		Organizations that do not follow SFAS 117 (ASC 958), check her	e 🕨 🗍			
Net Assets or Fund Balances		and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ne	33	Total net assets or fund balances		3,066,379.	33	3,416,995.
	34	Total liabilities and net assets/fund balances		3,164,749.	34	3,547,402.

Form **990** (2018)

Form 990 (2018)
Part X Balance Sheet

	1990 (2018) THE PENINSULA BRIDGE PROGRAM	94-32	26017	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,214	, 28	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,870		
3	Revenue less expenses. Subtract line 2 from line 1	3	343		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,066		
5	Net unrealized gains (losses) on investments	5	7	,06	53.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,416	,99	€5.
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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
	consolidated basis, or both:				
	X Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	~	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

I.

Name of the organization

Name	Name of the organization Employer identification number								
			BRIDGE PROGRA				9	4-3226017	
Part	I Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	.		
The or	ganization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in sec	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and state:								
5	An organization operated f	for the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv).	Complete Part II.)							
6	A federal, state, or local go	overnment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
_	X An organization that norma	-					e general p	oublic described in	
_	section 170(b)(1)(A)(vi). (0	-		5			5		
8	A community trust describ		(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research or				ed in coniu	inction with a	land-grant	college	
•	or university or a non-land-	-			-		-	-	
	university:	grant conego er agne			laine, eity	, and otato of	une conoge		
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	ort from a	ontributio	ns memberst	nin fees an	d gross receipts from	
	activities related to its exer								
	income and unrelated busi								
	See section 509(a)(2). (Co				oco aoqui				
11	An organization organized		ively to test for public sa	fetv See	section 50)9(a)(4)			
12	An organization organized	-		•			rny out the	nurnoses of one or	
12	more publicly supported of	-	-	-			-		
•	lines 12a through 12d that	• •					-	aivina	
а	Type I. A supporting org		-	• • • •	-				
	the supported organizati			majority c				ipporting	
	organization. You must						- (-)	·	
b	Type II. A supporting or	-				-		-	
	control or management o			ame perso	ns that col	ntrol or manag	ge the supp	orted	
	organization(s). You mu								
с	Type III functionally inte						ly integrate	d with,	
_	its supported organizatio		· ·	-		-			
d	Type III non-functional						-		
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness						veness		
	requirement (see instruct								
е	Check this box if the org					Туре I, Туре	I, Type III		
	functionally integrated, c		nally integrated supporti	ng organiz	ation.				
	Enter the number of supported	•							
g	Provide the following informatio (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other	
	organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)	
	9		above (see instructions))	Yes	No				

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM Part II Support Schedule for Organizations Described in Sections 170(

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

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	752,253.	1213179.	1341791.	2939197.	3238503.	9484923.			
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	rganization without charge								
4	Total. Add lines 1 through 3	752,253.	1213179.	1341791.	2939197.	3238503.	9484923.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						1548387.			
6	Public support. Subtract line 5 from line 4.						7936536.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	752,253.	1213179.	1341791.	2939197.	3238503.	9484923.			
	Gross income from interest,	•								
-	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	356.	156.	112.	3,783.	10,756.	15,163.			
9	Net income from unrelated business									
Ŭ	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
44	Total support. Add lines 7 through 10						9500086.			
	Gross receipts from related activities,	ata (aga instructio	202			12				
12	First five years. If the Form 990 is for			h fourth or fifth to						
13	-	-			•		•			
organization, check this box and stop here Section C. Computation of Public Support Percentage										
	Public support percentage for 2018 (li			olumn (f))		14	83.54 %			
15						15	80.92 %			
	15 Public support percentage from 2017 Schedule A, Part II, line 14 15 80.92 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
h										
Ň	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17~	10% -facts-and-circumstances test									
17 a		-								
	and if the organization meets the "fact			-	-	-				
۴.	meets the "facts-and-circumstances"									
D	10% -facts-and-circumstances test	-								
	more, and if the organization meets th									
	organization meets the "facts-and-circ						🟲			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sei	Stion A. Fublic Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(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 furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		1	1	1		r	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
	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.)		first second the		<u> </u>				
14	First five years. If the Form 990 is for	r the organization's			2		•		
500	check this box and stop here	c Support De					<u></u>	<u></u>	
	•			(f)					
	Public support percentage for 2018 (I	, (),	,	()/		15			%
	Public support percentage from 2017 ction D. Computation of Invest					16			%
	•			no 12 oclumn (f))		17			0/
	Investment income percentage for 20								%
	Investment income percentage from a 33 1/3% support tests - 2018. If the					18	nd line 17	7 is not	%
198	more than 33 1/3%, check this box ar								
F	33 1/3% support tests - 2017. If the	-	•				× 1/3% ع	►	
Ĺ	line 18 is not more than 33 1/3%, che	-							
20	Private foundation. If the organization							·····	
20	i mate roundation. Il the organizatio	an and not check a	557 011 1116 14, 19			1001013		····· 🔽	

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM Part IV Supporting Organizations (continued)

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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		
Sec	tion D. All Type 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b				
5	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	2b		
。	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM

Section D - Distributions Current Ye 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Image: Comparison of Supported organizations 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Image: Comparison of Supported organizations 4 Amounts paid to acquire exemptuse assets Image: Comparison of Supported organizations Image: Comparison of Supported organizations 5 Qualified set-aside amounts (prior IRS approval required) Image: Comparison of Supported organizations Image: Comparison of Supported organizations 6 Other distributions (describe in Part VI). See instructions. Image: Comparison of Supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Image: Comparison of Supported organizations Image: Comparison of Supported organizations 9 Distributable amount for 2018 from Section C, line 6 Image: Comparison of Supported organizations Image: Comparison of Supported organizations 1 Distributable amount for 2018 from Section C, line 6 Image: Comparison of Supported organizations Image: Comparison of Supported organizations 3 Excess distributions, carryover, if any, to 2018 Image: Comparison of Supported organize organize organize organize organin organize	ear
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations income from activity 4 Amounts paid to acquire exempt-use assets income from activity 5 Qualified set aside amounts (prior IRS approval required) income from activity 6 Other distributions. Add lines 1 through 6. income from activity 7 Total annual distributions. Add lines 1 through 6. income from activity 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. into a from activity 9 Distribution Allocations (see instructions) into a from activity into a from activity and a	
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution Allocations (see instructions) 1 Distribution Allocations (see instructions) 1 Distributions (ause required-explain in Part VI). See instructions. 1 Distribution Allocations (see instructions) 2 Underdistributions, if any, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2016 c From 2017 f Total of lines 3a through e q Applied to underdistributions of prior years h Applied to 2018 (reason-able cause required-explain in Part VI). See instructions. 3 Excess	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) 9 Distribution Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 1 Underdistributions carryover, if any, tor years prior to 2018 (reason-able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2016 c From 2016 d From 2018 of prior years h Applied to 2018 distributable amount f Total and in lines 3a through e g Applied to 2018 distributable amount h Appli	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) 9 Distributable amount for 2018 from Section C, line 6 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2015 c From 2016 c From 2017 c From 2013 ot applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied	
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) 9 Distributions Allocations (see instructions) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions arry over, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carry over, if any, to 2018 a From 2013 b From 2015 c From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. d Distributions of z018 form Section D, line	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2015 c From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 (ristributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. d From 2015 d From 2016 e From 2013	
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reason-able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2015 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Caryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributable amount i Caryover from 2018 not applied (see instructions) j Remainder.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2018 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) Section E - Distribution Allocations (see instructions) (ii) (iii) 1 Distributable amount for 2018 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2018 10 4 From 2013 10 5 From 2014 10 6 10 10 6 10 10 9 Distributable amount for 2018 from Section C, line 6 10 10 Distributable amount for 2018 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2018 10 10 9 From 2013 10 10 10 10 From 2017	
(provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) (i) Excess Distributions (iii) 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2016 e From 2017 f Total of lines 3a through e g Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions of prior years h Applied to 2018 not applied (see instructions) i Raryover from 2013 not applied (see instructions) i Raryover from 2013 not applied (see instructions) i Remaind	
9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2018 Distributable Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013	
10 Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) (iii) (iii) Distributions Distributions 1 Distribution Allocations (see instructions) I Excess Distributions IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Image: construction of the con	
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2018Distributal Amount for 21Distributable amount for 2018 from Section C, line 6 </th <th></th>	
Control L = Distribution Anocations (see instructions) Excess Distributions Pre-2018 Amount for 3 1 Distributable amount for 2018 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2018 (reason- able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: § Image: Subtract lines 3g, 3h, and 3i from 3f.	
able cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: § Image: state	
3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: § Image: Application and application application and application and application and application application application application and application and application	
a From 2013and an	
bFrom 2014Image: Constraint of the systemcFrom 2015Image: Constraint of the systemdFrom 2016Image: Constraint of the systemeFrom 2017Image: Constraint of the systemfTotal of lines 3a through eImage: Constraint of the systemgApplied to underdistributions of prior yearsImage: Constraint of the systemhApplied to 2018 distributable amountImage: Constraint of the systemiCarryover from 2013 not applied (see instructions)Image: Constraint of the systemjRemainder. Subtract lines 3g, 3h, and 3i from 3f.Image: Constraint of the system4Distributions for 2018 from Section D, line 7:Image: Constraint of the system	
c From 2015 Image: Constraint of the second se	
d From 2016	
e From 2017 Image: Constraint of the second se	
f Total of lines 3a through e Image: Construction of prior years Image: Construction of prior years g Applied to 2018 distributable amount Image: Construction of prior years Image: Construction of prior years i Carryover from 2013 not applied (see instructions) Image: Construction of prior years Image: Construction of prior years j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Construction of prior years Image: Construction of prior years 4 Distributions for 2018 from Section D, line 7: \$ Image: Construction of prior years	
g Applied to underdistributions of prior years	
h Applied to 2018 distributable amount Image: Carryover from 2013 not applied (see instructions) Image: Carryover from 2013 not applied (see instructions) i Carryover from 2013 not applied (see instructions) Image: Carryover from 2013 not applied (see instructions) Image: Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Carryover from 2018 from Section D, line 7: Image: Carryover from 2018 from Section D, line 7:	
i Carryover from 2013 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7:	
4 Distributions for 2018 from Section D, line 7: \$	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2018 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2019. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2014	
b Excess from 2015	
c Excess from 2016	
d Excess from 2017	
e Excess from 2018	

Schedule A	(Form 990 or 990-EZ) 2018 THE	PENINSULA	BRIDGE	PROGRAM	94-	-3226017	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa (See instructions.)	 Provide the explance, 4b, 4c, 5a, 6, 9a, 1d 3; Part IV, Section 	nations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10 1b, and 11c; Part I 2a, 2b, 3a, and 3b;); Part II, line 17a or 17b; P /, Section B, lines 1 and 2; Part V, line 1; Part V, Sectio	art III, line 12; Part IV, Section on B, line 1e; Par	C,

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

94-3226017

Name of the organization	Name	of the	organization
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THE PENINSULA BRIDGE PROGRAM Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
D.	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	<i>··</i>	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Sche		INSULA BRI						94-32			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, or	Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	ollowing that	are a si	gnificant u	ise of its c	ollection	items	i
	(check all that apply):										
а	Public exhibition	c	l 🗌 Lo	an or excl	hange progra	ms					
b	Scholarly research	e	e 🗌 Of	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	[,] further th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	rganizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ntributions	or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	Ū.						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete	if the organization an	swered "Y	'es" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, o	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held an	d administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?					Зb		
4	Describe in Part XIII the intended uses of the		wment fun	ids.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis		• • •	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			7	3,350.		50,8	03.	2	2,5	47.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column	(B). line 10	Dc.)	<u></u>	<u></u>		2	2,54	47.
								<u> </u>	D /F		

Schedule D (Form 990) 2018

Part VII	Investments - C	ther Se	curities.		
Schedule D	(Form 990) 2018	\mathbf{THE}	PENINSULA	BRIDGE	PROGRAM

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Sche	dule D (Form 990) 2018 THE PENINSULA BRIDGE PROGRAM			94-3	Page 4	
Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re					0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,221,	,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	7,063.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	7	,063.
3	Subtract line 2e from line 1			3	3,214	,288.
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		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					3,214	<u>,288.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,870	<u>,735.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,870,	<u>,735.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,870	,735.
Pa	t XIII Supplemental Information.					

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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	2018	
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest information	on.	Employor ida	ntification number
Name of the organization		INSULA BRIDGE PROG	RAM				94-3226	
Part I Fundrais		Complete if the organization answ		es" or	Form 990 Part IV I	ine 1		
	complete this part			00 01	i i olili 000, i ulili, i			
1 Indicate whether the	e organization rais	ed funds through any of the followin	ng activ	vities. (Check all that apply.			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solicit d In-person sol		g 🛄 Specia	i tunara	aising	events			
•		or oral agreement with any individua	l (includ	ling of	ficers, directors, trus	tees.	or	
		art VII) or entity in connection with p					Yes	No 🗌 No
	•	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fur	ndraiser is to be	9
compensated at lea	ast \$5,000 by the	organization.						
(i) Name and address	of individual		(iii)	Did	(iu) Cross ressints		Amount paid	(vi) Amount paid
or entity (fund		(ii) Activity		ustody ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
	,		contrib	utions?		lis	ted in col. (i)	organization
			Yes	No				
			_					
			_					
Total								
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	itis	exempt from re	gistration
or licensing.		-					•	-

Schedule G (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM

94-3226017 Page 2

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.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 PENINSULA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BRIDGE BENEF		(total as use hav)	col. (c))
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	904,852.			904,852.
н	2	Less: Contributions	878,772.			878,772.
	3	Gross income (line 1 minus line 2)	26,080.			26,080.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs	7,613.			7,613.
Direct Expenses	7	Food and beverages	49,711.			49,711.
ā	8	Entertainment				
	9	Other direct expenses	23,727.			23,727.
	10	Direct expense summary. Add lines 4 through			►	81,051.
Da	<u>11</u> rt I			000 Det N/ Kee 40 er		-54,971.
га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ñ	1	Gross revenue				
s	2	Cash prizes				
ense						
ă	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
_	<u> </u>		Yes %	Yes %	Yes %	5
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	The gaming income summary. Subtract life /	nom ine 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	IT "	Yes," explain:				

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 THE PENINSULA BRIDGE PROGRAM 94-3	2260	017	Page 3
	Does the organization conduct gaming activities with nonmembers?	<u>ر</u>	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u>۱</u>	Yes	No No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	an outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name Address			
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
100		. — .		
t	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	ר 🗌 ו	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, line	es 9, 9	b, 10b,

eabbiennen mennen	loontinacaj		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Inspection

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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

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

THE PENINGULA BRIDGE PROGRAM

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

	THE PENINSUL	A BRID	GE PROGRAI	1	94-	3226	017	
Pa	rt 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	(Method of noncash contri		0	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	124,546.	FMV			
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 ► (COMPUTER EQUI)	X	1	7,758.	FMV			
26	Other (WINE)	X	1	3,784.	FMV			
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
	2 .						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 three years from the date		• • • • •	· · · · ·				
	exempt purposes for the entire holding period?			·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review of	of any nonstandard contribut	tions?	31		Х

Schedule M (Form 990) 2018

32a

Х

33

LHA

b If "Yes," describe in Part II.

describe in Part II.

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O

(Form 990 or 990-EZ)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

THE PENINSULA BRIDGE PROGRAM

Employer identification number 94 - 3226017

/

OMB No. 1545-0047

Open to Public

Inspection

18

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTING THEM FOR SUCCESS IN COLLEGE PREPARATORY HIGH SCHOOL PROGRAMS

AND FOUR-YEAR COLLEGES.

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

THE EXECUTIVE COMMITTEE REVIEWED THE 990 AND FINANCIAL STATEMENTS PRIOR TO

FILING.

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

THE ORGANIZATION REQUIRES ANNUAL NOTIFICATION OF CONFLICTS INTEREST UNDER

THE CONFLICT OF INTEREST POLICY.

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

THE GOVERNING BOARD OF DIRECTORS, MADE UP ENTIRELY OF INDEPENDENT MEMBERS,

REVIEWED AND APPROVED THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THEY

RESEARCHED THE COMPENSATION OF THE CHIEF EXECUTIVE OF OTHER SIMILAR

ORGANIZATIONS, AND LOOKED AT SALARY DATA FROM WEBSITES. THEY DOCUMENTED

THEIR DELIBERATIONS AND DECISIONS OF THE BOARD MEETING WHERE THE

DETERMINATION AND APPROVAL WAS MADE.

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

THE ORGANIZATION REQUIRES ANNUAL NOTIFICATION OF CONFLICTS INTEREST UNDER

THE CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

<u>Schedule O (Form 990 c</u> Name of the organizatio				Page 2 Employer identification number		
and of the organizatio	THE	PENINSULA BRI	DGE PROGR	AM		Employer identification number 94-3226017