

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">FAMILY BRIDGES</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>2100 MANCHESTER RD RM/STE 1510</p> City or town, state or province, country, and ZIP or foreign postal code <p>WHEATON IL 60187-4561</p>		D Employer identification number <p>27-2405549</p>
	F Name and address of principal officer:		E Telephone number <p>877-412-7434</p>
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		G Gross receipts \$ 3,635,050
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		


J Website: WWW.FAMILYBRIDGESCHICAGO.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2010 M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">ACTIVITIES TO STRENGTHEN FAMILY RELATIONSHIPS</p>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	10																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10																		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	40																		
	6 Total number of volunteers (estimate if necessary)	146																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																		
b Net unrelated business taxable income from Form 990-T, line 34	0																			
Revenue	<table border="1"> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">772,933</td> <td style="text-align: right;">1,297,577</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">556,672</td> <td style="text-align: right;">2,334,764</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-1,914</td> <td style="text-align: right;">-4,264</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,327,691</td> <td style="text-align: right;">3,628,077</td> </tr> </table>			Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	772,933	1,297,577	9 Program service revenue (Part VIII, line 2g)	556,672	2,334,764	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,914	-4,264	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,327,691	3,628,077
		Prior Year	Current Year																	
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,327,691	3,628,077																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)																			
	14 Benefits paid to or for members (Part IX, column (A), line 4)																			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																			
	16a Professional fundraising fees (Part IX, column (A), line 11e)																			
	b Total fundraising expenses (Part IX, column (D), line 25) 369,924																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)																			
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)																			
	19 Revenue less expenses. Subtract line 18 from line 12																			
	<table border="1"> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">265,743</td> <td style="text-align: right;">73,033</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">50,000</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">265,743</td> <td style="text-align: right;">23,033</td> </tr> </table>			Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	265,743	73,033	21 Total liabilities (Part X, line 26)	0	50,000	22 Net assets or fund balances. Subtract line 21 from line 20	265,743	23,033						
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22 Net assets or fund balances. Subtract line 21 from line 20	265,743	23,033																		

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____				
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name DANIELLE N. ABENDROTH	Preparer's signature 	Date 07/18/17	Check <input type="checkbox"/> if self-employed	PTIN P01695614
	Firm's name DERAIMO ABENDROTH & ASSOCIATES		Firm's EIN 36-4261913		
	Firm's address 9601 W. 165TH ST., SUITE 5 ORLAND PARK, IL 60467-5661		Phone no. 815-469-7500		

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

For Paperwork Reduction Act Notice, see the separate instructions.