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/ c	18.	1
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	OD	7
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990-T	Exempt Organization B			ax Return	م ا	MB No 1545-0687
	(and proxy tax u			170	91	0046
<b>*</b>	For calendar year 2016 or other tax year beginning OCT 1,		, and ending SEP		_ "	2076
Department of the Treasury	Information about Form 990-T and its ins		_		Орег	n to Public Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it					c)(3) Organizations Only identification number
A Check box if address changed	Name of organization ( Check box if nam	ne changed a	ind see instructions.)			es' trust, see
B Exempt under section	Print Community Bridges, Inc.					880847
x 501(c <sup>2</sup> )(3)	Type Number, street, and room or suite no. If a P.O.	•	tructions.		(See Instru	business activity codes uctions)
408(e) 220(e)	1855 West Baseline Road, No. 10					
408A530(a)		IP or foreign	postal code	j		
529(a)	Mesa, AZ 85202				11120	
C Book value of all assets at end of year	F Group exemption number (See instructions.)		<del></del>			
	. 6 Check organization type X 501(c) corpora		501(c) trust	401(a) trust		Other trust
	on's primary unrelated business activity.   Rent of			erty	<del></del>	TT
	s the corporation a subsidiary in an affiliated group or a p	arent-subsid	liary controlled group?	▶ ∟	Yes	X No
	and identifying number of the parent corporation.		<del></del>			
	The Organization	· · · · · ·	(A) income	ne number > 480	J-831-	(C) Net
<del></del>	ed Trade or Business Income		(A) income	(B) Expenses		(C) NEI
1 a Gross receipts or sal	<del></del>		İ		1	
<b>b</b> Less returns and allo		16		<del></del>		
2 Cost of goods sold (	•	2				
3 Gross profit. Subtrac		3				
4a Capital gain net inco	,	4a		<del></del>		
b Net gain (loss) (Forn	n 4797, Part II, line 17) (attach Form 4797)	46				
c Capital loss deduction		4c				
, ,	partnerships and S corporations (attach statement)	5				
6 Rent income (Sched	·	6				
	ced income (Schedule E)	7	455,608.	335 , !	566.	120,042.
	oyalties, and rents from controlled organizations (Sch. F)	<del></del>				
9 Investment income of	of a section 501(c)(7), (9), or (17) organization (Schedule	e G) <b>9</b>				
10 Exploited exempt ac	tivity income (Schedule I)	10				
11 Advertising income	(Schedule J)	11				
12 Other income (See ii	nstructions; attach schedule)	12		<del></del>		
13 Total. Combine line		13	455,608.	335,	566.	120,042.
	ons Not Taken Elsewhere (See instruction					
	contributions, deductions must be directly conne	ected with t	ne unrelated business	income)		
14 Compensation of o	fficers, directors, and trustees (Schedule K)			Į	14	
15 Salaries and wages	<b>;</b>				15	
16 Repairs and mainte	епапсе				16	
17 Bad debts				L	17	
18 Interest (attach sch	nedule)			L	18	
19 Taxes and licenses					19	
20 Charitable contribu	tions (See instructions for limitation rules)			1	20	
21 Depreciation (attac	·		21			
22 Less depreciation of	claimed on Schedule A and elsewhere on return	-	22a		22b	<del></del>
23 Depletion			RECEIVED		23	
24 Contributions to de	ferred compensation plans		REGUIVED		24	
25 Employee benefit p	rograms	2	AHC as -		25	
26 Excess exempt exp	enses (Schedule I)	121	AUG 0 1 2018	Ö	26	
27 Excess readership	costs (Schedule J)				27	
28 Other deductions (	attach schedule)		GDEN, UT	-1E	28	
29 Total deductions	Add lines 14 through 28		SUEIN, UT		29	0.
	taxable income before net operating loss deduction. Sub	otract line 29	from line 13		30	120,042.
	deduction (limited to the amount on line 30)			ļ	31	<del></del>
	s taxable income before specific deduction. Subtract line 3	31 from line	30	t	32	120,042.
	(Generally \$1,000, but see line 33 instructions for except			ţ	33	1,000.
	is taxable income. Subtract line 33 from line 32. If line 3.		han line 32, enter the sm	aller of zero or		
line 32		J '	,	-	34	119,042.
	For Paperwork Reduction Act Notice, see instructions.					Form <b>990-T</b> (2016)

Part '	V Statements Regarding Certain Activities and Other Information (see instructions)	·	
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	Yes	s N
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	ŀ	ł
	here		x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		х
	If YES, see instructions for other forms the organization may have to file.		$\top$
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		

Sign May the IRS discuss this return with Here President/CEO the preparer shown below (see Signature of office instructions)? X Yes Print/Type preparer's name Date Check PTIN self-employed Paid 7-19-18 JILL A. SHAW, CPA P01613163 Preparer Firm's name HEINFELD, MEECH & CO. 86-0558065 Firm's EIN **Use Only** 3033 N. CENTRAL AVE. STE. 300 Firm's address > PHOENIX, AZ 85012 Phone no. (602)277-9449

Form 990-T (2016)

Form 990-T (2016)

37

Part III Tax Computation

Community Bridges, Inc.

(2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

Proxy tax. See instructions

38 Alternative minimum tax

Part IV Tax and Payments

b Other credits (see instructions)

42 Subtract line 41e from line 40

44 Total tax. Add lines 42 and 43

b 2016 estimated tax payments

c Tax deposited with Form 8868

g Other credits and payments:

Form 4136

e Backup withholding (see instructions)

46 Total payments. Add lines 45a through 45g

c General business credit. Attach Form 3800

e Total credits. Add lines 41a through 41d

45 a Payments A 2015 overpayment credited to 2016

(2) |\$

Schedule A - Cost of Goods	Sold. Enter met	hod of invento	ry valuation N/A		<del></del>			
1 Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. Sul		ne 6			
3 Cost of labor	3		from line 5. Enter here a	and in P	art I.			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section :	263A (v	vith respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b	<del></del>	property produced or a	•	•			
5 Total. Add lines 1 through 4b	5		the organization?	- 4200	10. 72210, 2pp., 12		- 1	1
Schedule C - Rent Income (		perty and		ease	d With Real Pro	pert	v)	
(see instructions)		, , ,				<b>,</b>		
1. Description of property								
(1)	···							
(2)	<del>-</del>	_						
(3)		<del></del>						
(4)								
	2. Rent received or	accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than j	of rent for pen	d personal property (if the percenta sonal property exceeds 50% or if s based on profit or income)	ge	3(a)Deductions directly columns 2(a) ar		cted with the income attach schedule)	ın
(1)								
(2)				•				
(3)								
(4)			<del></del>					
Total	0. Tota	al		0.			- <u></u> -	
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		<u> </u>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed In	come (see in	structions)		<u> </u>			
			2. Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	T	(b) Other deduction (attach schedule	ons )
				Se	e Statement 1	See	Statement 2	!
(1) Pennington			634,487.		111,490	٠	440	,831.
(2) Avondale			258,324.		38,066	<u> </u>	105	,101.
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach scho	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 5 x total of column 5 x total of column 3(a) and 3(b))	olumns
(1) 1,652,282.		3,991,568.	41.39%		262,614	1.	228	3,606.
(2) 3,877,029.		5,189,614.	74.71%		192,994		106	,960.
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals			▶Ì		455,608	3.]	335	5,566.
Total dividends-received deductions inc	cluded in column 8					$\overline{}$		0.

1	Aimuities, Noya			Controlled O				1000 1113	40110112	
1, Name of controlled organizat	2. Em Identifi num	cation	3. Net unre	elated income instructions)	4. Tota	al of specified nents made	include	of column 4 to d in the contr ition's gross i	olling	6. Deductions directly connected with income in column 5
(1)				<del></del>		<del></del>	<del> </del>		$\dashv$	
(2)										
(3)							<del></del>		<del></del>	
(4)							<del>  -</del> -			
Nonexempt Controlled Organi	zations				L					
7. Taxable Income	8. Net unrelated incom (see instruction		9. Total	of specified payi made	ments	10. Part of colu in the controll gross				luctions directly connected income in column 10
(1)										
(2)		-								
(3)										
(4)										
						Add colur Enter here and line 8,		1, Part I, (4)	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B)
Totals		<u> </u>		<b>-</b>	<b>▶</b>			0.		0
Schedule G - Investme		Section	501(c)(	7), (9), or	(17) Or	ganization	1			
(see inst	ructions)	· <u> </u>		2. Amount of	income	3 Deduction	ected	4 Set-	asides chedule)	5. Total deductions and set-asides
(1)		-				(attach sche	Jule)			(col 3 plus col 4)
(2)										
(3)			<del></del>	ļ		·			<del></del>	<del></del> -
(4)		<del></del>		<u> </u>				-		<del></del>
			<del></del>	Enter here and Part I, line 9, co	on page 1, olumn (A)			L	<del></del>	Enter here and on page 1 Part I, line 9, column (B)
Totals			<b>&gt;</b>		٥.					0
Schedule I - Exploited (see instru		y Incom	e, Othe	r Than Ad	lvertisi	ng Incom	В			
Description of exploited activity	2 Gross unrelated business income from trade or business	directly c		4. Net inconfrom unrelated business (communication minus columnes) gain, compute through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inc from activity is not unrela business inc	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>								
(2)	<del>                                     </del>	-		<del>                                     </del>						· · · · · · · · · · · · · · · · · · ·
(3)	<u> </u>	<del>                                     </del>								
(4)			·	<u> </u>	-					
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,						L		Enter here and on page 1, Part II, line 26
Totals	0.	<u> </u>	0.	<u> </u>						0
Schedule J - Advertisi			_:					,		
Part I Income From	Periodicals Rep	orted o	n a Con	solidated	l Basis					
1 Name of periodical	2 Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<del>                                     </del>		_		
(1) (2) (3) (4)				7						
(3)	1		·	7						
(4)			· · · · · · · · · · · · · · · · · · ·	7						
				1						
Totals (carry to Part II, line (5))	<u> </u>	0.		0.						0 Form <b>990-T</b> (2016

Form	T_naa	/2016)	Community	Bridges	Inc
rorm	990-1	(2010)	Community	Bridges.	Inc.

94-2880847

Page 5

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)		<u> </u>					
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	]			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	_	%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

## Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Nan	ne	1					Employer identification number
	_	Community Bridges, Inc.					94-2880847
		Note: See the instructions to find out if the corporation is a small corporation exempt					
	1	from the alternative minimum tax (AMT) under section 55(e).					ļ
1		Taxable income or (loss) before net operating loss deduction				1	119,042.
2		Adjustments and preferences					
	8	Depreciation of post-1986 property				2a	
		Amortization of certified pollution control facilities				2b	
		Amortization of mining exploration and development costs				2c	
	d	Amortization of circulation expenditures (personal holding companies only)				2d	
		Adjusted gain or loss				2e	
		Long-term contracts				21	
	•	Merchant marine capital construction funds				2g	
		Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)				2h	
		Tax shelter farm activities (personal service corporations only)					
	•	Passive activities (closely held corporations and personal service corporations only)				2j	
		Loss limitations				2k	
	-	Depletion				21	ļ
		Tax-exempt interest income from specified private activity bonds				2m	ļ
		Intangible drilling costs				2n	
_		Other adjustments and preferences				20	<del>                                     </del>
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	119,042.
4		Adjusted current earnings (ACE) adjustment	۱	ı	440.040		
		ACE from line 10 of the ACE worksheet in the instructions	48	<b>├</b>	119,042	4	
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			٥	1	
		negative amount. See instructions	4b	ļ	0	4	
		Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	<del> </del>	_	-{	
		Enter the excess, if any, of the corporation's total increases in AMTI from prior					
		year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d					
		(even if line 4b is positive)	4d			ŀ	
		ACE adjustment.	40	L		4	
		If line 4b is zero or more, enter the amount from line 4c	1			1	İ
		If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount				4e	0
5		Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	J			5	119,042.
6		Alternative tax net operating loss deduction. See instructions				6	
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residu	ıal		<u> </u>	
		interest in a REMIC, see instructions				7	119,042.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine 8c)	١-		Ť	
		Subtract \$150,000 from line 7 (if completing this line for a member of a controlled		,-			
		group, see instructions). If zero or less, enter -0-	8a	1	0		
		Multiply line 8a by 25% (0.25)	8b	<b>†</b>	0	1	
		Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	lled	1		1	
		group, see instructions). If zero or less, enter -0-				8c	40,000.
9		Subtract line 8c from line 7. If zero or less, enter -0-				9	79,042.
10		Multiply line 9 by 20% (0.20)				10	15,808.
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions				11	
12		Tentative minimum tax. Subtract line 11 from line 10				12	15,808.
13		Regular tax liability before applying all credits except the foreign tax credit				13	29,676.
14		Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and c	n			
		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	n			14	0.
IW	_	For Paperwork Reduction Act Notice, see separate instructions					Form 4626 (2016)

	Adjusted Current Earnin  ► See ACE Workshee			
Pre-adjustment AMTI. Enter the amount from	line 3 of Form 4626		1	119,042.
2 ACE depreciation adjustment			<del></del>	
a AMT depreciation		2a		
<b>b</b> ACE depreciation:				
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)		} }	
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1	<del></del>	2b(7)	[ [	
c ACE depreciation adjustment. Subtract line 2t			2c	
3 Inclusion in ACE of items included in earnings	• •		<del>  </del>	<del></del>
a Tax-exempt interest income	,	3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance con	tracts (including surrenders)	3c		
d Inside buildup of undistributed income in life	,	3d	<del></del>	
e Other items (see Regulations sections 1.56(g	)-1(c)(6)(iii) through (ix)			
for a partial list)		3e		
f Total increase to ACE from inclusion in ACE of	f items included in E&P. Add lines 3a	<del></del>	3f (	
4 Disallowance of items not deductible from E&	P:	J		
a Certain dividends received		4a		
<b>b</b> Dividends paid on certain preferred stock of public ut	ilities that are deductible under section 247	(as		
affected by P.L. 113-295, Div. A, section 221(a)(41)(A)	, Dec 19, 2014, 128 Stat 4043)	46		
c Dividends paid to an ESOP that are deductible	e under section 404(k)	4c		
d Nonpatronage dividends that are paid and de	ductible under section			
1382(c)		4d		
e Other items (see Regulations sections 1.56(g	)-1(d)(3)(ı) and (ıı) for a			
partial list)		4e		
f Total increase to ACE because of disallowanc	e of items not deductible from E&P. i	Add lines 4a through 4e	4f	
Other adjustments based on rules for figuring	E&P:			
a Intangible drilling costs		5a		
<b>b</b> Circulation expenditures		5b		
c Organizational expenditures	•	5c		
d LIFO inventory adjustments		5d		
e Installment sales		5e		
f Total other E&P adjustments. Combine lines			5f	
6 Disallowance of loss on exchange of debt poor			6	
7 Acquisition expenses of life insurance compa	nies for qualified foreign contracts		7	
8 Depletion			8	
9 Basis adjustments in determining gain or loss	• .		9	
<ol> <li>Adjusted current earnings. Combine lines 1,</li> </ol>	2c, 3f, 4f, and 5f through 9. Enter th	e result here and on line 4a of	] ]	
Form 4626			10	119,042.

Supplies

Form 990-T Scheo	dule E - Deprecia	tion Deducti	on 	Statement	1
Description		Activity Number	Amount	Total	
Depreciation			111,490.		
D	- SubTotal -	- 1		111	,490.
Depreciation	- SubTotal -	- 2	38,066.	38	,066.
Total of Form 990-T, Scl	nedule E, Column	3(a)			,556.
, ,					
Form 990-T So	chedule E - Other	Deductions		Statement	2
Description		Activity Number	Amount	Total	
Management fees			30,000.		
Utilīties - Electric			70,930.		
Utilities - Water			18,520.		
Janitorial service			35,553.		
Janitorial supplies			10,837.		
Telephone			1,046.		
Repairs			44,718.		
Taxes, Licenses & Fees			75,768.		
HVAC Hospitality			12,260.		
Elevator			8,148.		
Fire Safety			1,539. 496.		
Landscaping			19,278.		
Lighting			11,559.		
Plumbing			3,105.		
Security			2,187.		
Pest control			333.		
Window services			1,350.		
Interest			86,464.		
Insurance			6,740.		
	- SubTotal -	- 1		440	,831
Utilities - Electric			2,550.		
Repairs			12,540.		
Interest			65,740.		
Insurance			2,615.		
Taxes, Licenses & Fees	•		14,207.		
Other Professional Serv	ıce		7,138.		
Sunnlies			311		

- SubTotal - 2

Total of Form 990-T, Schedule E, Column 3(b)

105,101.

545,932.

311.

2016 DEPRECIATION AND AMORTIZATION REPORT

Current Year Ending Deduction Accumulated Depreciation 0.0.0.
Current Sec 179 Expense
Beginning Accumulated Depreciation
Basis For Depreciation
Basis
Section 179 Expense
Bus Exol
Unadjusted Cost Or Basis
Noc.>
000.
Method
Date Acquired
Description . * Total 990-T Sch E Depr
Asset No No No No No No No No No No No No No