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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Section 501(c/3) organizations and 4587(a/1) nonexempt charitable trusts MyApplication perfect Section 501(c/3) organizations and 4587(a/1) nonexempt charitable trusts MyApplication perfect Website: N/A Section 501(c/3) organizations and 4587(a/1) nonexempt charitable trusts MyApplication perfect Website: N/A Section 501(c/3) organization organization is not a section 502(a/3) supporting organization and its greas receipted so tatact. School 850, and 73, to line 10 organization organization and its greas receipts are normally not more than \$25,000 A return is not required, but if the organization todoses to fire a return, be sure to fire a complete return.	_		e 2008 ca	lendar				Jul	<u>1</u>	, 2008,	<u>, and en</u>	ding Jun				, 2009	
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*Section 5911c(X2) organizations and 49847(x17) nonexempt charinable trusts must stach a completed Schedule A (Form 990 or 936-E2). Website: N/A	Н			tions.	Mesa					A	z 85	210				kemption	•
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Add Ines Sb. 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 \$ 24,472.	K		< ► If	the org	anızatıor	ıs not a	section 509	(a)(3) sup	porting org	anization a	nd its gi	ross receipts	are	norma	lly no	ot more tha	n
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Form	990-EZ (2008) Community Bridg				-167	8924 Page 2
Par						Expenses
Desc	s the organization's primary exempt purpose? To ribe what was achieved in carrying out the ribe the services provided, the number of	raise financial suppo e organization's exempt purpo persons benefited, or other re	rt for Community E ses. In a clear and cond levant information for ea	Bridges, Inc. Dise manner, ach	and (4947	uired for 501(c)(3) 4) organizations and (a)(1) trusts, optional
	am title Assisted indigent people through Community Bridges		d tatoo remova		for ot	hers)
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29						
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21	(Grants \$) If th Other program services (attach schedule	is amount includes foreign gra	ants, check here		30 a	
31		<i>)</i> is amount includes foreign gra	ants check here		31 a	
32	Total program service expenses (add lin		ants, check here	▶	32	3,586.
Par			plovees. (List each o	ne even if not con	npens	
L———	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense account and other allowances
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110	8 E Greenway	President				
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239	00 E Camelback Dr	Vice President				
Pho	enix, AZ 85016	2.00	o.		Ο.	
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	(Yes	No
33		22		
34	each activity	33		<u>x</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements?	35a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	ļ	x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37b		x
	•	3,0		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		x
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	1		
39	501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9			{
	b Gross receipts, included on line 9, for public use of club facilities . 39b	-		
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►; section 4912 ►; section 4955 ►	1		
		-	 	\vdash
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40ъ		x
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ►			
	d Enter amount of tax on line 40c reimbursed by the organization	1		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		x
41	List the states with which a copy of this return is filed >			
42	a The books are in care of Community Bridges Development Foundation Telephone no (480) Located at 1811 S Alma School Rd Mesa AZ ZIP + 4 > 85210			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42 b	Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	420		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		х
	If 'Yes,' enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		▶ []
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		<u> </u>	<u> </u>
	רטווו סכב ווועה שב completed instead of Form אים וועה ווועה וועה וועה וועה וועה וועה וו	45		X

Page 3

	77 (2009) Gammanitas Bridges F) Jammank Wass		20 1678	004		4
Part VI	Z (2008) Community Bridges I Section 501(c)(3) organizations and complete the tables for line	s only. All section 5		zations must answer qu			age 4 9
46 Dichth	e organization engage in direct or indirec	t political campaign activ	vities on behalf of or	in opposition to candidates		Yes	No
for pu	blic office? If 'Yes,' complete Schedule C,	, Part I		· ·	46		<u> </u>
	le organization engage in lobbying activiti	·			47		<u> </u>
	organization operating a school as descr			nplete Schedule E	48		<u>X</u>
	e organization make any transfers to an e	•	elated organization?		49 a		_ <u>X</u> _
	s,' was the related organization(s) a section	-		•	49b		—
50 Comp receiv	plete this table for the five highest compended more than \$100,000 of compensation	from the organization. It	there is none, ente	r 'None '			
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense nt and owances	:
None							
						_	
	of other employees paid over \$100,000	0					
51 Comp	olete this table for the five highest comper the organization If there is none, enter 'N	nsated independent cont lone.'	ractors who each re	ceived more than \$100,000 o	f compen	sation	
	(a) Name and address of each independent conti	ractor paid more than \$100,000	<u> </u>	(b) Type of service	(c) Com	pensatio	<u></u>
None 							
Total numb	per of other independent contractors recei	ving over \$100,000	•	0			
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete declaration of preparer Signature of officer Type or print name and title	nined this return, including acco	mpanying schedules and sall information of which pre	statements, and to the best of my know eparer has any knowledge	3/0	elief, it i	
Paid Pre- parer's	Preparer's signature Firm's name (or Zobel & Hall, E	Zelul	Date /2/23/	69 Check if self-employed ▶ □	parer's ident e instruction	ifying Nu	mber

EIN

85282

ΑZ

Phone no ► (480) 736-9200

► Yes No Form **990-EZ** (2008)

4820 S. Mill Ave., Suite 101

Firm's name (or yours if self-employed), address, and ZIP + 4

Tempe

May the IRS discuss this return with the preparer shown above? See instructions

parer's Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

Inspection

$\overline{}$	_					obment 1								10324			
Par	_							rganizatior				part.)	(see i	nstruct	ions)		
The c	rga			-				Please check	-	_	-						
1		A chi	urch, conv	entioi	n of churc	ches or asso	ociation of	f churches de	scribed in	section '	170(b)(1)(A)(i).					
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)															
3	Ш	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)															
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's																
			e, city, and					. _									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XA)(iv). (Complete Part II.)															
6																	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)																
8	Ш	A co	mmunity ti	rust d	escribed	ın section 1	70(b)(1)(A)(vi). (Comp	lete Part II	.)							
9		from	activities stment inc	relate ome a	ed to its é and unrel	xempt funct	tions — su ss taxable	han 33-1/3 % abject to certa a income (less Part III.)	un exceptio	ons. and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support fr	om ar	oss
10		An o	rganızatıo	n orga	anızed ar	nd operated	exclusive	ly to test for p	oublic safe	ty. See s	ection 5	09(a)(4)). (see i	nstructio	ns)		
11		more desc	publicly s ribes the t	odaus	orted orga of suppor	anızatıons d tıng organız	escribed	ly for the ben in section 509 complete line	9(a)(1) or s es 11e thr	section 5 ough 11h	09(a)(2)	. See s e	or carry ection 5	09(a)(3).	Check the	box ti	or nat
	_	a L	Type I		b				e III – Fun	-	_			d ∐	Type III—		
е	L	than	hecking th foundation a)(2).	is box n mar	x, I certify nagers ar	that the org d other than	ganizatioi n one or r	n is not contro nore publicly	olled direct supported	ly or indi organiza	rectly by ations de	one or escribed	more d	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f		If the		tion r	eceived a	written det	erminatio	n from the IR	S that is a	Type I,	Гуре II с	r Type I	II suppo	rting org	anization,		
g		Sinc	e August 1	17. 20	06. has t	the organiza	tion acce	pted any gift	or contrib	ution fror	n anv of	the foll	owing p	ersons?			
_			ŭ	•		· ·		. , ,			•		٠.			Yes	No
		(i)	a person below, th	who e gov	directly overning be	or indirectly o	controls, upported	either alone o organization?	r together	with per	sons des	scribed i	ın (II) an	d (III)	11 g (i)		
		(ii)	a family	meml	ber of a	person desc	ribed in (i) above?							11 g (ii)		
		(iii)	a 35% co	ontrol	led entity	of a person	describe	d in (i) or (ii)	above?						11 g (iii)		
ŀ		Prov	ide the fol	lowin	g informa	ation about t	he organi	zations the oi	rganızatıor	support	s.					-	
	(i) Name Org	e of Supporter ganization	đ	()	i) EIN	(desci	pe of organization ribed on lines 1-9 ve or IRC section e instructions))	organizi (i) listi gov	Is the ation in col. ed in your verning ument?	the organ	rou notify nization in (i) of upport?	organizat	s the ion in col zed in the S 7	(vii) Amou	nt of Sup	pport
									Yes	No	Yes	No	Yes	No			
						_]					
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Tata					1		1				1						

Schedule A (Form 990 or 990-EZ) 2008 Community Bridges Development Foundation 20-1678924 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support								
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	500,000.	70,500.	15,673.	52,183.	3,3	70.	641,726.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.		0.	0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.		0.	0.	
4	Total. Add lines 1-3	500,000.	70,500.	15,673.	52,183.	3,3	70.	641,726.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						`		
6	Public support. Subtract line 5 from line 4	- L						641,726.	
Sec	tion B. Total Support					·			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	
7	Amounts from line 4	500,000.	70,500.	15,673.	52,183.	3,370.		641,726.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	800.	8,902.	_31,030.	25,754.	21,1	.02.	87,588.	
9	Net income form unrelated business activities, whether or not the business is regularly carried on .	0.	0.	0.	0.		0.	0.	
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10							729,314.	
12	Gross receipts from related activ	ities, etc (see ins	tructions)			••	12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here .	ition's first, secon	d, third, fourth, or	r fifth tax year as	a section 50	1(c)(3))►□	
Sec	tion C. Computation of Pu	<u>blic Support F</u>	Percentage						
14		•	•	e 11, column (f)			14	87.99%	
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f				15	93.50%	
16 a	16a 33-1/3 support test − 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
ı	b 33-1/3 support test − 2007. 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 a	17 a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check thi	s box and se	e inst	ructions >	

Schedule A (Form 990 or 990-EZ) 2008 Community Bridges Development Foundation 20-1678924 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (d) 2007 Calendar year (or fiscal yr beginning in)► **(b)** 2005 (c) 2006(e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)

Section B. Lotal Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is organization, check this box and s	for the organization here	ition's first, secon	d, third, fourth, or	fifth tax year as	section 501(c)(3)	▶ □

Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2007 Schedule A, Part IV-A, line 27g

16 %

Section D. Computation of Investment Income Percentage

Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

18 %

33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Section C. Computation of Public Support Percentage

Community Bridges Development Foundation	20-1678924				
Form 990-EZ, Part I, Line 16					
Other Expenses Statement					
Other expenses (describe)					
Bank fees	20.				
Dentistry at Center of Hope	1,926.				
Tatoo Removal	160.				

2,106.

. . .

Total

(Rev April 2008)

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

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print Community Bridges Development Foundation 20-1678924 File by the due date for filing your return See Number, street, and room or suite number. If a P O box, see instructions 1811 South Alma School Road, #160 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions AZ 85210 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► Community Bridges Development Foundation Telephone No ► (480) 831-7566 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► I and attach a list with the names and EINs of all members the extension will cover 1 | request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16 , 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 20 _ _ _ or X tax year beginning Jul 1 _ _ , 20 08 , and ending Jun 30 _ , 20 09 _ 2 If this tax year is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a \$ 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3Ы\$ c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Ο. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Receipt # 7008 1140 0002 0812 9942

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

11/12/09

Form 8868 (Rev 4-2008)