

Form **990-EZ**

Short Form 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. 1545-1150

2017

**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.

} Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning _____, and ending _____																			
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td rowspan="6" style="width: 60%;">C Name of organization NEIGHBORHOOD BRIDGES</td> <td style="width: 25%;">D Employer identification number 81-2833176</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 614-390-1142</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>PO BOX 2635</td> <td>F Group Exemption Number u</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>WESTERVILLE OH 43086</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Address change	C Name of organization NEIGHBORHOOD BRIDGES	D Employer identification number 81-2833176	<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number 614-390-1142	<input type="checkbox"/> Initial return	PO BOX 2635	F Group Exemption Number u	<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		<input type="checkbox"/> Amended return	WESTERVILLE OH 43086		<input type="checkbox"/> Application pending		
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G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) u _____																			
I Website: u WWW.WESTERVILLEBRIDGES.ORG																			
J Tax-exempt status (check only one) — <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																			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____																			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ u \$ 140,856																			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Total
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	140,856
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	140,856	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	72,421
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	29,452
	13 Professional fees and other payments to independent contractors	1,027
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	1,301
	16 Other expenses (describe in Schedule O)	9,286
17 Total expenses. Add lines 10 through 16	113,487	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	27,369
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	
	20 Other changes in net assets or fund balances (explain in Schedule O)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	27,369

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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Name of the organization

NEIGHBORHOOD BRIDGES

Employer identification number

81-2833176**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS****CASH CONTRIBUTION: 35,592****NONCASH CONTRIBUTION: 36,829****DESCRIPTION OF PROPERTY: HOUSEHOLD ITEMS****RELATIONSHIP: N/A****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

INSURANCE	\$	1,067
EQUIPMENT RENTAL AND MAIN	\$	130
OFFICE EQUIPMENT & SOFTWR	\$	332
PROPERTY INSURANCE	\$	382
PARKING	\$	1
SUPPLIES	\$	2,122
MARKETING	\$	2,925
WEB SERVICES	\$	784
MEETINGS	\$	76
TRAVEL	\$	86
PROFESSIONAL DUES	\$	833
NON-INVESTMENT DEPRECIATION	\$	548
TOTAL	\$	9,286

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**DESCRIPTION****BEG. OF YEAR END OF YEAR**