			EXTENDED TO MARCH 15, 202		OMB No. 1545-0047							
_	Q	90	Return of Organization Exempt From	n Income Tax								
Forr	n 🥑	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code									
		of the Treasury	Do not enter social security numbers on this form as it m		Open to Public							
		enue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning MAY 1, 2021 and ending	APR 30, 2022	Inspection							
-		1										
B C	heck if oplicab	le: C Name of	forganization	D Employer identifie	cation number							
	Addre		GING THE GAP, INC.									
	Name		usiness as	43-16106	45							
	_chang Initial returr	U	and street (or P.O. box if mail is not delivered to street address) Room/s									
	Final	1/27	W 9TH ST, STE 201	816-561-3								
L	⊥returr termi ated	ő-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,333,301.							
	Amer returr		AS CITY, MO 64101	H(a) Is this a group re								
	Appli dtion		nd address of principal officer: KRISTIN RIOTT	for subordinates								
	pend		AS C ABOVE	H(b) Are all subordinates in								
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. See instructions							
			GINGTHEGAP.ORG	H(c) Group exemption								
κF	orm o	f organization:	X Corporation I Trust Association Other ► L	/ear of formation: 1992 N								
	rt I	Summary										
e	1	Briefly describ	e the organization's mission or most significant activities: THE ORGA	NIZATION WORK	S TO MAKE							
Governance		THE GRE	ATER KANSAS CITY REGION SUSTAINABLE F	OR THE FUTURE	BY							
srné	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of r	nore than 25% of its net as								
No.	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	<u> 10</u> 10							
8 8	4	Number of inc	mber of independent voting members of the governing body (Part VI, line 1b) 4									
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6										
Activities &	6	Total number	0									
Act			d business revenue from Part VIII, column (C), line 12		0.							
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.							
				Prior Year	Current Year							
ne	8		and grants (Part VIII, line 1h)	830,579.	925,284.							
Revenue	9	•	ce revenue (Part VIII, line 2g)	984,954.	1,347,484.							
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	8,478. -6,371.	2,193. -5,449.							
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,817,640.	2,269,512.							
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,000.	52,995.							
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>							
			to or for members (Part IX, column (A), line 4)	1,178,939.	1,237,301.							
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	0.	0.							
Expense			ing expenses (Part IX, column (D), line 25) \blacktriangleright 47,468.									
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)	483,808.	522,279.							
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,812,575.								
	19	-	expenses. Subtract line 18 from line 12	1,699,747. 117,893.	456,937.							
or				Beginning of Current Year	End of Year							
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	2,198,352.	2,728,222.							
Ass d Ba	21		(Part X, line 26)	70,014.	110,436.							
Fund	22		fund balances. Subtract line 21 from line 20	2,128,338.	2,617,786.							
	rt II			· · · · · · · · · · · · · · · · · · ·	-							
Unde	er pen	-	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	y knowledge and belief, it is							
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.								
Ciar		Signatur	e of officer	Date								

Sign	Signature of officer		Dale								
Here		VE DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	DAVID EMERICK	DAVID EMERICK	03/14/23 self-employed P00621487								
Preparer	Firm's name ▶ EMERICK & COMPAN	-	Firm's EIN 🕨 43-1855764								
Use Only	Firm's address 💊 4520 MADISON AVE	, STE G									
	KANSAS CITY, MO	64111	Phone no.816-531-2822								
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

2) (2 121)

THE ORGANIZATION WORKS TO MAKE THE GREATER KANSAS CITY REGION SUSTAINABLE FOR THE FUTURE BY ENCOUNAGING INDIVIDUALS, BUSINESSES, INSTITUTIONS, ORGANIZATIONS AND GOVERNMENTS TO TAKE ACTION. Dd the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-527 Image: Source and Source accomplishments for each of its three largest program services? If "Yes," describe these new services on Schedule 0. Do the organization aceas conducting, or make significant changes in how it conducts, any program services, as measured by copones, sociation the organizations are englised to report the amount of grants and allocations to others, the total expenses, sociation (SIG) and SOI(G)(a) and SOI(G)(C) an	orm	BRIDGING THE GAP, INC. 43-1610645 P
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Form 990 (2021)

BRIDGING THE GAP, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			v
_	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	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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	<u>'</u>		
Ŭ	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	Х	L
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	l I
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 10		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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 Form 990 (2021)
 BRIDGING THE GAP, INC.

 Part IV
 Checklist of Required Schedules (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	х	
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		
25a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and executions):			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"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		Х
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		v	
05 -	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>л</u>
D	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?	555		
00	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
13200	(gambing) withings to prize withers?			(2021)
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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 39											
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 e-file. See instructions.											
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
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).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		x								
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).											
	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	х									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		x								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
-	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	-										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	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 11a											
	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.) 11b											
12a	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	4										
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.											
b	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 13b											
c	Enter the amount of reserves on hand 13c											
	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? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
.0	excess parachute payment(s) during the year?	15		x								
	If "Yes," see the 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								
.0	If "Yes," complete Form 4720, Schedule O.	15										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1								
	If "Yes," complete Form 6069.	.,										
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Form 990	(2021))
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Check if Schedule O contains a response or note to any line in this Part VI

X

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 on Schedule O. See instructions.

		i i			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	2		
	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 on Schedule O.		10			
	Enter the number of voting members included on line 1a, above, who are independent		10	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					l v
~	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the of afficience directory attractory or low ampleusas to a management company or other person?		-	3		x
4	of officers, directors, trustees, or key employees to a management company or other person?			4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization become aware during the year of a significant diversion of the organization s a Did the organization have members or stockholders?			6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
<i>.</i> .	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
	The governing body?		•	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			
					Yes	N
0a	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	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appro	•	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				x	
	The organization's CEO, Executive Director, or top management official			15a	<u>^</u>	X
a	Other officers or key employees of the organization			15b		
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	omont	with a			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?			16a		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure			100		-
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			, ,	,	
	X Own website Another's website X Upon request Other (explain	in on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy, ar	nd fina	ncial	
	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 b	ooks a	nd records 🕨			
	REBECCA DERUSSEAU - 816-561-1087					
	1427 W 9TH ST, STE 201, KANSAS CITY, MO 64101					
2006) 12-09-21			Form	1 990	(202
	7					
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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	verage (do no			erson	than is bot	h 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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KRISTIN RIOTT EXECUTIVE DIRECTOR	32.00			x				53,153.	0.	546.
(2) KAY JOHNSON	1.00									
CHAIR		x		x				0.	0.	0.
(3) MARY RAMM	1.00									
SECRETARY/TREASURER		x		x				0.	0.	0.
(4) BOB BERKEBILE	1.00									
DIRECTOR		X						0.	0.	0.
(5) TOM JACOBS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ASHOK GUPTA	1.00									
DIRECTOR		х						0.	0.	0.
(7) AMY HARGROVES	1.00									<u> </u>
DIRECTOR	1 0 0	X						0.	0.	0.
(8) BRAD NIES	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(9) BOB LANGENKAMP	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) JASON PARSON DIRECTOR	1.00	x						0.	0.	0.
(11) ERIC ZIEGENHORN	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
		1								
132007 12-09-21										Form 990 (2021)

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Par			ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle	(C Posi heck i ss per id a di	i tion more rson i	than (is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on J	am	(F) timate iount other oensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fro orga anc	om the anizati d relate	e ion ed
1b	Subtotal								53,153.		0.		5	46.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 53,153.		0.		5	0. 46.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	סר or	eceived more than \$100),000 of reportab	le		<u> </u>	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		,		•			Ŭ	phest compensated emp	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from			4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for	-									pens	ation fi	rom	
	(A) Name and business			ONE			01 11		(B) Description of s		С	(C omper		n
								_						
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (stec	d above) who received n	nore than		Form \$	990 (*	2021)
													14	

						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						rotarrovondo		business revenue	from tax under sections 512 - 514
ss									Sections 512 - 514
ant	1		Federated campaigns 1a		2,375.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		2,375.				
			Fundraising events 1c		22,300.				
, Gi			Related organizations 1d		179,629.				
Sin			Government grants (contributions) 1e		1/9,029.				
utic		t	All other contributions, gifts, grants, and		720 700				
Oth			similar amounts not included above 1f	•	720,780.				
u o u		-	Noncash contributions included in lines 1a-1f		16,424.	0.05 0.04			
a C		h	Total. Add lines 1a-1f			925,284.			
	_		FEEG FOD GEDVICEG		Business Code	1 202 007	1 202 007		
Program Service Revenue	2	а	FEES FOR SERVICES OTHER PROGRAM		900099 900099	12,293,907.	1,293,987. 43,038.		
ue ue		b	WORKSHOP INCOME		900099	43,030.	10,459.		
m S ven		c	WORKSHOP INCOME		900099	10,459.	10,459.		
Be		d							
roj		е							
			All other program service revenue		L	1,347,484.			
			Total. Add lines 2a-2f			1,34/,404.			
	3		Investment income (including dividends,			2,193.			2,193
			other similar amounts)			2,195.			2,195
	4		Income from investment of tax-exempt b		-				
	5		Royalties		(ii) Personal				
	~	_		11	(ii) Fersonal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7		Net rental income or (loss) Gross amount from sales of (i) Securities		(ii) Other				
	'	a	assets other than inventory 7a						
		h	Less: cost or other basis						
e		~	and sales expenses						
Other Revenue		с	Gain or (loss) 7c						
Re			Net gain or (loss)		└►				
ler			Gross income from fundraising events (not						
Gt	•		including \$ 22,500. of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	58,340.				
		b	Less: direct expenses						
			Net income or (loss) from fundraising eve		>	-5,449.			-5,449
			Gross income from gaming activities. Se						
			Part IV, line 19	9a					
		b	Less: direct expenses						
		с	Net income or (loss) from gaming activitie	es	►				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
		с	Net income or (loss) from sales of invento	ory	►				
s					Business Code				
Miscellaneous Revenue	11	а							
ent		b							
Sev		с							
Mis			All other revenue						
			Total. Add lines 11a-11d		►		1 248 404		2 050
	12		Total revenue. See instructions		►	2,269,512.	ц,347,484.	0.	-3,256
13200	9 12	-09-	-21						Form 990 (2021

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

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BRIDGING THE GAP, INC.

Form 990 (2021) BRIDGIN
Part VIII Statement of Revenue

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BRIDGING THE GAP, INC. 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).

Total expenses Program service expenses Management of expenses Management of expenses 1 Grants and other asistance to domestic and domestic powerments. See Part W, line 21 37,000.37,000. 37,000. 2 Grants and other asistance to domestic individuals. See Part W, line 21 37,000.37,000. 37,000. 3 Grants and other asistance to foreign organizations, foreign governments, and foreign individuals. See Part W, line 15 and 16. 15,995. 15,995. 5 Compensation of current officers, directors, trustees, and key employees 53,699.24,165.13,425.16,109 6 Compensation of number basic set of 988(N) and persons description set of 988(N) and persons des	Do not include amounts reported on lines 6	s a response or note to any line ir A (A)	(B)	(C)	(D)
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Check here if following SOP 98-2 (ASC 958-720)	reported in column (B) joint costs from a co	mbined			
	educational campaign and fundraising solici	tation.			
	Check here Figure if following SOP 98-2 (ASC	958-720)			

21000314 152674 BRID0645

11 2021.05060 BRIDGING THE GAP, INC.

BRID0641

	BRIDGING	THE	GAP
nce Sheet			

	n 990 (;		AP,	INC.		43-	1610645 Page 11	
Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	e to any	y line in this Part X				
					(A) Beginning of year		(B) End of year	
					56,832.	1	203,174.	
	1	•	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	41,048.	2	364,495.			
	3	Pledges and grants receivable, net	680,016.	3	782,122.			
	4	Accounts receivable, net			000,010.	4	/02,122.	
	5	Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs			_			
		controlled entity or family member of any of the				5		
	6	Loans and other receivables from other disquali						
	_	under section 4958(f)(1)), and persons describe			6			
Assets	7	Notes and loans receivable, net				7		
Ass	8	Inventories for sale or use			1,600.	8	1,600.	
	9	Prepaid expenses and deferred charges		······ _	1,000.	9	1,000.	
	10a	Land, buildings, and equipment: cost or other	10-	1 901 139				
		basis. Complete Part VI of Schedule D	10a	563 057	1,380,654.	10-	1 3/1 382	
			1,300,034.	10c	1,341,382.			
	11	Investments - publicly traded securities			38,202.	11	35,449.	
	12	Investments - other securities. See Part IV, line -		50,202.	12	55,445.		
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	2,198,352.	15	2,728,222.			
	16	Total assets. Add lines 1 through 15 (must equ	50,347.	16 17	96,767.			
	17 18	Accounts payable and accrued expenses			50,547.	18	50,707.	
	19	Grants payable				19		
	20	Deferred revenue				20		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20		
	22	Loans and other payables to any current or form				21		
Liabilities	22	trustee, key employee, creator or founder, subs						
llidi		controlled entity or family member of any of the				22		
Lia	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelate		F		24		
	25	Other liabilities (including federal income tax, pa				27		
	20	parties, and other liabilities not included on lines						
		of Schedule D		19,667.	25	13,669.		
	26	T I I I I I I I I I I			70,014.	26	13,669. 110,436.	
		Organizations that follow FASB ASC 958, che			- , -			
ses		and complete lines 27, 28, 32, and 33.						
anc	27			2,066,149.	27	2,564,721.		
Bal	28	Net assets with donor restrictions	F	62,189.	28	2,564,721. 53,065.		
pu		Organizations that do not follow FASB ASC 9			•		,	
ЪЧ		and complete lines 29 through 33.	······································					
s or	29	Capital stock or trust principal, or current funds				29		
set	30	Paid-in or capital surplus, or land, building, or ec				30		
As	31	Retained earnings, endowment, accumulated in				31		
Net Assets or Fund Balances	32	Total net assets or fund balances		F	2,128,338.	32	2,617,786.	
~	33	Total liabilities and net assets/fund balances			2,198,352.	33	2,728,222.	

Form 990 (2021)

21000314 152674 BRID0645

Form	BRIDGING THE GAP, INC.	<u>43</u> -	161064	D Pa	ige 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,20				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,81				
3	Revenue less expenses. Subtract line 2 from line 1	3			937.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,12				
5	Net unrealized gains (losses) on investments	5		-4,1			
6	Donated services and use of facilities	6			00.		
7	Investment expenses	7		-3	868.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,63	L7,7	86.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	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 on Schedul						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	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				x		
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit				
	Act and OMB Circular A-133?		3a	1	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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			
	2021			
	Open to Public Inspection			
Employer identification number				

Name of the organization

			GING THE G							3-1610645		
Pa	rt I	Reason for Public (Charity Status.	All organ	izations must c	omplete th	nis part.) S	see instruction	S.			
The o	organ	ization is not a private found	lation because it is: (For lines	1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of chu	rches describe	d in sectio	n 170(b)(*	1)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach So	chedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization	described in se	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction	with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or u	iniversity owned	d or operat	ted by a g	overnmental u	nit descrik	bed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	८। 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		A community trust describe	ed in section 170(b)(1)(A)(vi).	(Complete Par	t II.)						
9		An agricultural research org	ganization described	in sectio	on 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (se	ee instructions).	Enter the	name, city	, and state of	the colleg	e or		
		university:										
10		An organization that norma	lly receives (1) more	than 33 ⁻	1/3% of its sup	port from o	contributio	ons, membersł	nip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certa	ain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment		
		income and unrelated busin	ness taxable income	(less sec	ction 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusion	vely to te	est for public sa	afety. See s	section 50)9(a)(4).				
12		An organization organized a	and operated exclusion	vely for t	the benefit of, to	o perform t	the function	ons of, or to ca	rry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in sect	tion 509(a)(1) o	r section (509(a)(2).	See section 5	09(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	f suppor	ting organizatio	n and corr	nplete lines	s 12e, 12f, and	l 12g.			
а		Type I. A supporting orga	anization operated, s	upervise	d, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving		
		the supported organization	on(s) the power to re	gularly ap	ppoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting		
		organization. You must c	complete Part IV, Se	ctions A	and B.							
b		Type II. A supporting org	-					-		-		
		control or management o				ame perso	ons that co	ontrol or mana	ge the sup	pported		
	_	organization(s). You mus										
С		Type III functionally inte			-				ly integrat	ed with,		
		its supported organizatio		,	-			-				
d		Type III non-functionally		-	-				-			
		that is not functionally int	с с	•		•		•	an attent	iveness		
		requirement (see instruct		-								
е		Check this box if the orga						a Type I, Type	II, Type III			
	- .	functionally integrated, or										
		er the number of supported o										
g		vide the following informatior i) Name of supported	(ii) EIN		of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	``	organization	(.,	(describe	ed on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
				above (se	ee instructions))	100						
Tota												

Schedule A	(Form	aan	202
Scriedule A		990	202

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 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,415,681.	596,639.	742,538.	830,579.	925,284.	4,510,721.
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 \dots						
4	Total. Add lines 1 through 3	1,415,681.	596,639.	742,538.	830,579.	925,284.	4,510,721.
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)						224,002.
6	Public support. Subtract line 5 from line 4.						4,286,719.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020 830, 579.	(e) 2021	(f) Total
7	Amounts from line 4	1,415,681.	596,639.	742,538.	830,579.	925,284.	4,510,721.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots		1,094.	2,468.	8,478.	2,193.	14,233.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,524,954.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,639,809.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publ					r	<u> </u>
	Public support percentage for 2021 (14	94.74 %
	Public support percentage from 2020					15	99.75 %
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17t	b, check this box a		s ▶ └── (Form 990) 2021
						Scriedule A	1 202 1

132022 01-04-22

Schedule A (Form 990) 2021

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.)

	ction A. Public Support	(a) 2017	(h) 0010	(a) 2010	(4) 0000	(a) 0000	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and	1					
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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.)						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is						
2	regularly carried on Other income. Do not include gain						
2	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		irot occord the	fourth or fittle too		501(c)(0)	
4	First 5 years. If the Form 990 is for the	•					·
) e	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2021 (column (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves						//
	Investment income percentage for 20					17	%
						18	%
	Investment income percentage from 2						
98	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						/20/ and
D	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a		ea, or isp, check t	mis box and see in		
3202	23 01-04-22			16		Sched	dule A (Form 990) 2021
0)314 152674 BRID0645	5 20 <i>1</i>	21 05060		THE GAP,	TNC	BRID0641
	, DUTDAAA	/ 20/			· · ·	•	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

132024 01-04-21

2021.05060 BRIDGING THE GAP, INC.

17

chedule A (Form 990) 2021 BRIDGING THE GAP,	INC.
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Ра	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	ction 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).
- **3** By reason of the relationship described on line 2, above, 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.*

Section 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 yea(see instructions).
- a L 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 L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.

3b | | Schedule A (Form 990) 2021

2

3

2a

2b

За

Yes No

18

21000314 152674 BRID0645

2021.05060 BRIDGING THE GAP, INC.

BRID0641

BRIDGING THE GAP, INC. Schedule A (Form 990) 2021 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.

on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
Distributable Amount. Subtract line 5 norm line 4, unless subject to			
	Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (fro	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount 8 Ayerage monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Act and the for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (<i>explain in detail in Part V</i>); 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from li

instructions).

Schedule A (Form 990) 2021

BRID0641

21000314 152674 BRID0645

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ıs 3	
4	Amounts paid to acquire exempt-use assets	·· · ·	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2021 distributable amount			
-	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

	Section D, lines 5, (See instructions.)	6, and 8; and Part	V, Section E, lines 2, 5	c, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, an , and 6. Also complet	e this part for any a	dditional informatio	on.
	. ,						
32028 01-04-22	2					Schedule	A (Form 990)
				21			,

123171 04-01-21

Identification of Excess Contributions Included on Part II, Line 5

43-1610645

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BANK OF AMERICA	255,000.	164,501
DAVID K SMOOT SUSTAINABILITY OF LIFE ON EARTH TUND	150,000.	59,501
otal Excess Contributions to Schedule A, Part II, Line 5		224,002

SCHEDULE C Political Campaign and Lobbying Activities		OMB No. 1545-0047				
(Form 990)			-	•		2021
		anizations Exempt From Incom				
Department of the Treasury	-	if the organization is described			990-EZ.	Open to Public
Internal Revenue Service		to to www.irs.gov/Form990 for				Inspection
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Cam	paign Ac	tivities), then
	-	plete Parts I-A and B. Do not co	•	. De met eenmelete De		
 Section 501(c) (other Section 527 organization 		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	Irt I-B.	
-	-	Form 990, Part IV, line 4, or Fo	vrm 000-E7 Dort VI li	ino 47 (Lobhying Act	tivitios) t	hon
		have filed Form 5768 (election ur				
	-	have NOT filed Form 5768 (election di		•	•	
		Form 990, Part IV, line 5 (Prox				-
Tax) (See separate inst			, , (,,		,,
 Section 501(c)(4), (5)), or (6) organizat	tions: Complete Part III.				
Name of organization						er identification number
		G THE GAP, INC.				43-1610645
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 5	527 org	anization.
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities i	in Part IV.		
		ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
		· · · · · · · · · · · · · · · · · · ·		(0)		
•	•	anization is exempt und	· /	、 <i>)</i>	•	
		incurred by the organization und				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720				
						Ves No
b If "Yes," describe in Part I-C Complete		anization is exempt und	er section 501(c)	except section	501(c)((3)
	-	by the filing organization for sec			► \$	
		ization's funds contributed to oth			· • •	
exempt function ac			-		▶\$	
		. Add lines 1 and 2. Enter here a			·····	
•	•				▶\$	
		1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and en	nployer identification number (EII	N) of all section 527 pc	olitical organizations to	o which t	he filing organization
	•	tion listed, enter the amount paid				
		omptly and directly delivered to a			separates	segregated fund or a
political action com	imittee (PAC). If a	additional space is needed, prov	ide information in Part	IV.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid t		(e) Amount of political
				filing organizatio		ontributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter -0
						Il none, enter -0
				1		
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sch	edule C (Form 990) 2021
LHA						

132041 11-03-21

			E GAP, INC.			1610645 Page 2
Part II-A Complete if the org	ganization	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).						
A Check 🕨 🛄 if the filing organiza	tion belongs	s to an affi	liated group (and list ir	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and shar		, 0	, ,			
B Check ▶ if the filing organiza	tion checke	d box A ar	nd "limited control" pro	ovisions apply.		
	ts on Lobby ditures" me	• •	nditures Ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ			arassroots lobbying)			
 b Total lobbying expenditures to influ 	•					
c Total lobbying expenditures (add li	-		• • • •			
d Other exempt purpose expenditures						
e Total exempt purpose expenditure			n			
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	, (0) 10.		the amount on line 1e			
Over \$500,000 but not over \$1,000	0 000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,0	•			
		<i><i><i></i></i></i>				
g Grassroots nontaxable amount (en	nter 25% of	ine 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze						
reporting section 4911 tax for this						Yes No
	4	-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations the second s			01(h) election do not ate instructions for li		of the five columns	below.
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)18	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount		259.				259.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						389.
c Total lobbying expenditures	1	,296.				1,296.
d Grassroots nontaxable amount		65.				65.
e Grassroots ceiling amount (150% of line 2d, column (e))						98.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

21000314 152674 BRID0645

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	ō), or se	ection	
	501(c)(6).				-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

00		Supplement	al Einanoial Statomonto		OMB No. 1545-0047
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		2021
(FOIL	11 990)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n.	Open to Public Inspection
Nam	e of the organizati	ion			ployer identification number
Da	t I Organiz	BRIDGING THE GAP,	ENC . ed Funds or Other Similar Funds or	<u> </u>	<u>43-1610645</u>
Par		on answered "Yes" on Form 990, Part IV, lir		ACCO	Ints. Complete if the
	0.9424.0		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year		. ,	
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a	it end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds	
			exclusive legal control?		Yes No
6	•	e	advisors in writing that grant funds can be used	•	
			or donor advisor, or for any other purpose conf	•	
Par	impermissible priv		ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organizat	-	v, iii e <i>i</i>	
•		n of land for public use (for example, recrea		storically	important land area
		of natural habitat	Preservation of a ce	-	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	conserv	ation easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а					
b					
С			ructure included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
2			logged autigational or terminated by the era		n during the tax
3	year	vation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anizatio	n duning the tax
4		where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe			
	•	forcement of the conservation easements			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva		
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easeme	nts during the year
	▶\$				
8			ve satisfy the requirements of section 170(h)(4)		
•			· · · · · · · · · · · · · · · · · · ·		
9		•	ion easements in its revenue and expense stat note to the organization's financial statements		
		counting for conservation easements.	note to the organization's infancial statements	inai ue	
Par		0	of Art, Historical Treasures, or Othe	r Simi	lar Assets.
		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance	sheet works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furthe	rance of	fpublic
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items.		
b	-		58, to report in its revenue statement and balar		
			c exhibition, education, or research in furtherar	nce of p	ublic service,
	-	ing amounts relating to these items:		•	¢
				•	\$
2			easures, or other similar assets for financial gai		\$
2		unts required to be reported under FASB A		, provid	
а	-			►	\$
					·
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.
132051	1 10-28-21	
		30

21000314 152674 BRID0645

2021.05060 BRIDGING THE GAP, INC.

Sche	dule D (Form 990) 2021 BRIDGIN	G THE GAP,	INC	•				43-16	1064	5 ра	age 2		
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contir	nued)			
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	t make s	ignificant	use of its					
	collection items (check all that apply):												
а	Public exhibition	d		Loan or excl	nange progra	m							
b	Scholarly research	е		Other									
с	5												
4	Provide a description of the organization's co	ollections and explair	n how t	hey further th	ne organizatio	on's exer	npt purpo	ose in Par	t XIII.				
5	During the year, did the organization solicit o								-		_		
	to be sold to raise funds rather than to be ma								Yes		No		
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or				
	reported an amount on Form 990, Pa												
1a	Is the organization an agent, trustee, custodi								-		٦		
	on Form 990, Part X?							L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:					A				
									Amoun	C			
	Beginning balance												
	Additions during the year												
-	Distributions during the year												
f	Ending balance								1				
	Did the organization include an amount on F							L	Yes	-	_ No		
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it							<u></u>					
Fai	Lindowment i dinds. Complete i	(a) Current year		Prior year	(c) Two years			/ears back	(e) Four	Vears	hack		
4		32,482.	(0)	28,578.		,687.		26,382.	(e) i oui		723.		
	Beginning of year balance	52,402.		20,570.	27	,007.		20,302.		2J,	725.		
	Contributions	-1,971.		4,214.	1	,174.		1,572.			923.		
	Net investment earnings, gains, and losses	1,5,11.		4,214.	1	, _ ,		1,372.			525.		
	Grants or scholarships												
e	Other expenditures for facilities												
	and programs	325.		310.		283.		267.			264.		
	Administrative expenses	30,186.		32,482.	28	,578.		27,687.		26	382.		
-	End of year balance	,	o (lino f	,		, , , , , , , ,		27,007.		20,	502.		
2	Provide the estimated percentage of the curr	51.0000	e (iine i %	rg, column (a	l)) heid as.								
	Board designated or quasi-endowment ► Permanent endowment ► 49.0000	%	_%										
		%%											
С		<i>,</i> -											
0-	The percentages on lines 2a, 2b, and 2c sho			at ava balal a	a al a alvasivai a kas								
Ja	Are there endowment funds not in the posse	ssion of the organiza	alion in	at are neiù a	nu auminister	reator tr	ie organiz	zation	Г	Yes	No		
	by:								20(1)	103	X		
	(i) Unrelated organizations										X		
h	(ii) Related organizations	tiona listad os roquir		Sobodulo P2					3a(ii) 3b		- 23		
4	Describe in Part XIII the intended uses of the								30				
_	t VI Land, Buildings, and Equipm		witterit	iunus.									
	Complete if the organization answere). Part l'	V. line 11a. S	ee Form 990.	Part X.	line 10.						
	Description of property	(a) Cost or ot		(b) Cost			cumulate	he	(d) Boo	k valu			
	Description of property	basis (investm		basis		• •	reciation		(u) Boo	it valu	0		
1a	Land		,		9,281.				84	9,2	81.		
					5,719.	4	54,9	90.		0,7			
	Buildings Leasehold improvements			+ <u>,</u>						- , ,			
	Equipment			13	2,999.	1	.01,6	27.	3	1,3	72.		
	Other				6,440.	-	6,4			-,-	0.		
	Add lines 1a through 1e. (Column (d) must e		X colu		-		-,-		1,34	1,3	• •		
			.,					Schedule	-	-			
									- (,			

132052 10-28-21

(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)			
otal. (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		
(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) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
L'AMPIATA IT TRA ARAPIZATION ANEWARAd "VAC"	on Form 000 Part IV line	11d Soo Form 000 Part V line 15	
		11d. See Form 990, Part X, line 15.	(b) Book value
(a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4) (5)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4) (5) (6)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4) (5) (6) (7)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) UNEARNED INCOME (3) (4) (5) (6) (7)	Description		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BRIDGING THE GAP, INC.			43-	1610645 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,365,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-4,121.		
b	Donated services and use of facilities		37,000.		
с	Recoveries of prior year grants				
d			63,789.		
е	Add lines 2a through 2d			2e	96,668.
3	Subtract line 2e from line 1			3	2,269,144.
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	368.		
b	Other (Describe in Part XIII.)	4b			
с				4c	368.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,269,512.
D -					
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	ırn.
Ра	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1		n Expenses per	Retu	
1		12a.		Retu	ırn. 1,876,364.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. 2 a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 2a 2b 2c			1,876,364.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c 2d	63,789.		<u>1,876,364</u> . 63,789.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	63,789.	1	1,876,364.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	63,789.	1 2e	<u>1,876,364</u> . 63,789.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a. 2a 2b 2c 2d	63,789.	1 2e	<u>1,876,364</u> . 63,789.
1 2 b c d 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d 4a	63,789.	1 2e	<u>1,876,364</u> . 63,789.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 4a 4b	63,789.	1 2e	1,876,364. 63,789. 1,812,575. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	12a. 2a 2b 2c 2d 4a 4b	63,789.	1 2e 3	1,876,364. 63,789. 1,812,575.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	12a. 2a 2b 2c 2d 4a 4b	63,789.	1 2e 3 4c	1,876,364. 63,789. 1,812,575. 0.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT

132054 10-28-21

SCHEDULE G (Form 990)	Suppleme		OMB No. 1545-0047					
(1 0111 000)		e organization answered "Yes" on organization entered more than \$1						2U2 I
Department of the Treasury Internal Revenue Service	► Go		Open to Public Inspection					
Name of the organization		G THE GAP, INC.					Employer ide	entification number
	complete this par	Complete if the organization answe +	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special pr oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		on is registered or licensed to solicit		outions	I s or has been notified	l it is	exempt from r	l egistration
	aduation Ast Not	ion one the Instructions for Form	000	000	E7		Calcaded	G (Earm 000) 0001
	eduction Act NOT	ice, see the Instructions for Form	990 OL	aan-1	E2 .		Schedule	e G (Form 990) 2021

43-1610645 Page 2

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5.00

		(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	coi. (c))
1	Gross receipts	80,840.			80,840
2	Less: Contributions	22,500.			22,500
3	Gross income (line 1 minus line 2)	58,340.			58,340
4	Cash prizes				
5	Noncash prizes	9,436.			9,436
6	Rent/facility costs	33,225.			33,225
6	Food and beverages				
8	Entertainment				
9					21,128
10 11 art	,	n line 3, column (d)	n 990, Part IV, line 19, or i	►	-5,449
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio	n line 3, column (d)		>	-5,449
11	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d)n n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant	reported more than	-5,449
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant	reported more than	-5,449
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant	reported more than	-5,449
11 art 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n line 3, column (d)	n 990, Part IV, line 19, or n (b) Pull tabs/instant	reported more than	-5,449
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n line 3, column (d) n answered "Yes" on Form (a) Bingo 	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than	-5,449
11 art 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant	reported more than	63,789 -5,449 (d) Total gaming (add col. (a) through col. (c
11 art 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (b) Column (c) Column (c	990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	-5,449
11 art 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throut	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo . </td <td>1990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo</td> <td>reported more than (c) Other gaming</td> <td>-5,449</td>	1990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	-5,449

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Ves

 b If "Yes," explain:
 Ves

132082 10-21-21

Schedule G (Form 990) 2021

35 2021.05060 BRIDGING THE GAP, INC.

Scheo	dule G (Form 990) 2021	BRIDGIN	G THE GAP,	INC.	4:	3-1610645	D Page
11 C	Does the organization condu					Yes	
	s the organization a grantor,						
t	o administer charitable gami	ng?				Yes	
I3 li	ndicate the percentage of ga	aming activity condu	cted in:				
a T	The organization's facility					13a	
	An outside facility						
14 E	Enter the name and address	of the person who p	repares the organizat	ion's gaming/special	events books and records:		
Ν	Name 🕨						
	Address 🕨						
15a [Does the organization have a	contract with a third	I party from whom the	e organization receive	s gaming revenue?	Yes	
b li	f "Yes," enter the amount of	gaming revenue rece	eived by the organiza	tion 🕨 \$	and the amount	:	
	of gaming revenue retained b						
c li	f "Yes," enter name and add	ress of the third part	y:				
Ν	Name 🕨						
	Address 🕨						
	Gaming manager information						
	Nama N						
r	Name 🕨						
C	Gaming manager compensat	ion 🕨 \$					
	Description of services provid						
		Employee		ependent contractor			
	Mandatory distributions: s the organization required u	nder state law to ma	ike charitable distribu	tions from the gamin	a proceeds to		
	retain the state gaming licens	se?				Yes	
	Enter the amount of distributi	ions required under s	state law to be distrib	uted to other exempt	organizations or spent in t	he	
с	organization's own exempt a				-		
Part			-		2b, columns (iii) and (v); an	id Part III, lines 9	, 9b, 10
	15b, 15c, 16, and 17	b, as applicable. Also	o provide any addition	nal information. See ii	nstructions.		
	10.01.01					bodulo O (Form	00014
32083	10-21-21			36	Sc	hedule G (Form	1990)2
003	314 152674 BRII	0645	2021.05060	BRIDGING 7	THE GAP, INC.	BRI	D064

Schedule G	(Form	99

 Schedule G (Form 990)
 BRIDGING THE GAP, INC.
 43-1610645 Page 4

 Part IV
 Supplemental Information (continued)
 43-1610645 Page 4

	,	
		Schedule G (Form 990)
32084 11-18-21		. ,
00314 152674 BRID0645	2021.05060 BRIDGING THE GAP,	INC. BRID0641

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		mation.		Open to Public Inspection	
Name of the organization BRIDGING	THE GAP,		5				Employer identification number 43-1610645	
Part I General Information on Grants a	nd Assistance							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?							
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domesti	c Governments. C	Complete if the org	anization answered "	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
SHADOWCLIFF PO BOX 658 GRAND LAKE, CO 80447	75-3008627	501 (C) (3)	0.	37,000.	FMV	FACILITY USE	FREE RENT	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	ne line 1 table				Schedule I (Form 990) 2021	

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DONATION OF ENERGY EFFICIENT KITS TO INDIVIDUALS					DONATION OF ENERGY EFFICIENT
HOMES	194	0.	15,995.	FMV	KITS TO INDIVIDUALS HOMES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ

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

BRIDGING THE GAP, INC.

43-1610645

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

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

ENCOURAGING INDIVIDUALS, BUSINESSES, INSTITUTIONS, ORGANIZATIONS AND

GOVERNMENTS TO TAKE ACTION.

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

THE FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD. IT IS

THEN PRESENTED TO THE ENTIRE BOARD FOR REVIEW.

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

DIRECTORS MUST ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. DIRECTORS MUST

RECUSE THEMSELVES FROM ANY DISCUSSION AND DECISION-MAKING RELATED TO

CONFLICTS OF INTEREST.

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

THE ORGANIZATION USES COMPARABILITY DATA OF SIMILAR ORGANIZATIONS WHEN

DETERMINING THE SALARY FOR THE CEO. THE SALARY IS DETERMINED BY THE BOARD

OF DIRECTORS AND THEY DOCUMENT THEIR DECISION PROCESS.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY,

ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON REQUEST. IN

ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990) 2021

132211 11-11-21

21000314 152674 BRID0645

40 2021.05060 BRIDGING THE GAP, INC.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organiza							nployer ident 43-161(
Part I Identifica	ation of Disregarded Entities. Com	plete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.							
	(a) Idress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) Dome End-of-year	assets	Direc	(f) et controlling entity	g		
	ation of Related Tax-Exempt Orga ions during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more	e related tax-e	exempt			
	(a) ame, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?		
					501(c)(3))			Yes	No		
SHADOWCLIFF - 7 PO BOX 658 GRAND LAKE, CO	80447	ENVIRONMENT PRESERVATION	COLORADO	501(C)(3)	LINE 12A, I	N/A			x		

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

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Т

Schedule R (Form 990) 2021 BRIDGING THE GAP, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	Predomin	(e) nant income unrelated.	Share	(f) of total come	Sha	(g) are of of-year	(† Disprop	ortionate	(i) Code V-UE amount in b	3 G	(j) ieneral o nanaging partner?	Perce	k) enta
		(state or foreign country)		excluded fr sections	unrelated, om tax under 512-514)				sets	alloca Yes		amount in b 20 of Sched K-1 (Form 10				
	-															
	-															
				+										_		
	_															
	-															
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IV Identification of Related Or	 rganizations Taxable ;	as a Corpo	pration or Trust. C	 omplete if t	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990. Pa	art IV.	line 34	l 1. because it h	nad on	le or n	nore re	lat
IV argonizations treated as a s	orporation or trust durir	ig the tax	year.		J					,		·, · · · · · · · · · · · · · · · · · ·				
-	<u> </u>		<i>a</i> >										1 .			
(a) Name, address, and B	EIN	Prima	(b) ary activity	(c) Legal domicile	(d) Direct cont		(e) Type of	entitv	(f) Share o			(g) Share of	Perce	h) entage	Sec 512(1) ction b)(13
(a)	EIN	Prim		Legal domicile (state or foreign			(e) Type of (C corp, S or tru	entity S corp,		f total	e		Perce	h) entage ership	e 512(cont ent	b)(13 rolle tity?
(a) Name, address, and B	EIN	Prim		Legal domicile (state or	Direct cont		Type of (C corp, S	entity S corp,	Share o	f total	6	Share of end-of-year	Perce	entage	512(cont	b)(1 rolle tity?
(a) Name, address, and B	EIN	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	f total		Share of end-of-year	Perce	entage	e 512(cont ent	(b)(1 rolle tity?
(a) Name, address, and B	EIN	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	f total		Share of end-of-year	Perce	entage	e 512(cont ent	(b)(1 rolle tity?
(a) Name, address, and B	EIN	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	f total	6	Share of end-of-year	Perce	entage	e 512(cont ent	(b)(1 rolle tity?
(a) Name, address, and B	EIN	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	f total		Share of end-of-year	Perce	entage	e 512(cont ent	(b)(1 rolle tity?

Schedule R (Form 990) 2021 BRIDGING THE GAP, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organiza	ition Tra	(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
(5)				
<u>(6)</u>		4.2		

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging ier?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
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Schedule R (Form 990) 2021

Part VII	Supplemental Information
	Supplemental information

Provide additional information for responses to questions on Schedule R. See instructions.

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