CAUTION

- Form 990. Page 9, Part VIII, Line 1f. One or more entries have been made on the Form 990 worksheet, Contributions, Gifts and Grants, etc section without a code in the Type field. These have been included as "all other contributions" on line 1f. This should be reviewed and corrected if necessary. (20001)
- Form 990, Part IX, Line 1. Grants and other assistance to governments and organizations in the U.S. have been reported on line 1. The corresponding amount of \$ 1,323,530 reported on Schedule I, Part II exceeds the amount of \$ 37,000 that is reported on Form 990, Part IX, line 1a. There is a difference of \$ 1,286,530. This should be reviewed and corrected as necessary. (22737)
- . Schedule D, Page 4, Part XI, lines 2d and 4b. If an amount is present on line 2d and/or line 4b it will also be necessary to include a description of the adjustment(s) on Schedule D, Part XIII. If an entry of "1" is made in the corresponding field on the Schedule D worksheet, Reconciliation of Revenues and Expenses section the corresponding description(s) and amounts will be included on Part XIII. A code of "2" will suppress the descriptions in which case the Schedule D worksheet, Supplemental Information section may be used to describe the adjustments. (20062)
- . Schedule D, Page 4, Part XII, lines 2d and 4b. If an amount is present on line 2d and/or line 4b it will also be necessary to include a description of the adjustment(s) on Schedule D, Part XIII. If an entry of "1" is made in the corresponding field on the Schedule D worksheet, Reconciliation of Revenues and Expenses section the corresponding description(s) and amounts will be included on Part XIII. A code of "2" will suppress the descriptions in which case the Schedule D worksheet, Supplemental Information section may be used to describe the adjustments. (20063)
- Electronic Filing. Per IRS business rule R0000-230, IRS regulations require any entity with an EIN to update the Responsible party information within 60 days of any change by filing Form 8822-B. The program will default to No for all returns. For a entity that has had an update or change to the responsible party information, please select an option on Form 8822-B - Change of address or responsible party - business worksheet, General section, The IRS has the current responsible party information field. (29412)

INFORMATIONAL

. Form 8868 Extension Information. The extended due date has been printed at the top of Form 990. This may be suppressed by making an entry on the Return Options worksheet, Miscellaneous Print Options section, Suppress "Extended to" messages at top of form field. (35202)

- . Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on Part X, line 10 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35932)
- Form 990. Page 3, Part IV, Line 11e. The question on line 11e has calculated an answer of "Yes" based on the corresponding data on line 25 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35936)
- Form 990. Page 5, Part V, line 4a. The question regarding a financial account in a foreign country has defaulted to an answer of "No". This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes", make an entry on the Form 990 worksheet, Tax Filings and Compliance section and recalculate the return. (31002)
- . Form 990. Page 6, Part VI, line 17. No information has been entered on the Basic Data worksheet, List of States and Other Information section, List of states fields, to complete line 17 regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 17. If this is not correct, use the Basic Data worksheet, List of States and Other Information section, List of states fields, to enter the appropriate information. (30080)
- Form 990. Page 9, Part VIII, line 12, Column B. The total Related or Exempt Function Revenue amount on Part VIII, line 12, Column B does not match the corresponding amounts on Form 990, Page 2, Part III. This should be reviewed. (33422)
- . Form 990. Page 12, Part XII, line 2b. This question has been answered as "Yes," to indicate that the organization's financial statements were audited by an independent accountant. If these financial statements contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIV providing the text of this footnote. Use the corresponding field on the Form 990 worksheet, Liabilities section to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34659)
- . Schedule A. Page 2, Part II. The entries to identify excess contributions on the Schedule A worksheet, Support Schedule section, Identification of Excess Contributors fields, contained 1 individual(s) whose contributions were not in excess of the amount calculated for line 5 and consequently has/have been excluded from the amount on line 5. (30002)

- Electronic Filing. The ERO signature has been printed on Form 8879-TE for Form 990. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)
- . Schedule B, Page 2. The Contribution Type Code is missing for one or more contributors. This item has defaulted to a contribution type of 'Person'. Please review the contributor information on the Schedule B Schedule of Contributors worksheet and verify that this code and all other necessary data has been properly entered. (30275)
- . Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before September 15, 2023. (34477)
- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$23,362 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 2 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
- . Electronic Filing. Form 8868 has been prepared for Form 990 for electronic filing. The filing due date (09/15/23) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (36358)
- . Electronic Filing. The signing officer's social security number has not been entered. Nothing is required to be entered. If nothing is entered, "999009999" will be sent in the electronic file. If the signing partner or member is foreign and does not have a SSN/ITIN, please enter "888008888". The signing officer's ID can be entered on the Electronic Filing worksheet; Electronic Signatures section; Signing Officer's ID field. (36255)
- . Electronic Filing. The following EFIN 431643 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

- . Electronic Filing. The name control indicated in the electronic filing for this return is BRID. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)
 - . Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. Since there is no balance due with the electronically filed automatic extension, Form 8879-TE is not required for signature authorization. The preparation of Form 8879-TE for Form 8868 will be suppressed. (39480)
- . Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. (39485)
- . Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)

2022 Return Summary

BRIDGING THE GAP, INC.	43-1610645
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS (1) BALANCE SHEET ANALYSIS</deficit>	2,307,792. 1,992,414. 315,378. 2,617,786. -1,248,872. 1,684,292.
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	3,156,085. 1,471,793. 1,684,292.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0. 0.

			EXTENDED TO MARCH 15, 2	2024 rom Ir		OMB No. 1545-0047
-	_ Q	90	Return of Organization Exempt Fi			0000
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C Do not enter social security numbers on this form as i	•	• • •	
Depa	artment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	-	•	Open to Public Inspection
			-		PR 30, 2023	
В	Check if	C Name o	f organization		D Employer identificat	ion number
	applicab					
	Addre	ge BRID	GING THE GAP, INC.			
	Doing business as 43-16					j
	return	Number		Room/suite	E Telephone number	
	return termi	n	W 9TH ST, STE 201		816-561-10	
_	ated ☐Amer		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,364,437.
	returr Appli		AS CITY, MO 64101 nd address of principal officer: KRISTIN RIOTT		H(a) Is this a group retur	
	tion pend		AS C ABOVE		for subordinates? H(b) Are all subordinates include	
<u> </u>	Tax-ex	empt status:		r 527		
	Websi		GINGTHEGAP.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other	L Year of	of formation: 1992 M S	
	art I					
_	1	Briefly describ	e the organization's mission or most significant activities: $[] THE] O$	RGANI	ZATION WORKS	TO MAKE
nce		THE GRE	ATER KANSAS CITY REGION SUSTAINABLE	E FOR	THE FUTURE BY	[
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net assets	
ove	3					13
ي م	4		lependent voting members of the governing body (Part VI, line 1b) \dots			13
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)			<u>39</u> 0
tivit	6		of volunteers (estimate if necessary)			0.
Ac	/a		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated		<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		925,284.	1,168,082.
Revenue	9		ce revenue (Part VIII, line 2g)		1,347,484.	1,154,845.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,193.	8,901.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,449.	-24,036.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,269,512.	2,307,792.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		52,995.	59,591.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		1,237,301.	1,330,438.
ens	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)50 , 99		0.	0.
Expenses	b				E22 270	602,385.
_	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)		522,279. 1,812,575.	1,992,414.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		456,937.	315,378.
7	3	Revenue less		Bee	ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		2,728,222.	3,156,085.
Ass	21		(Part X, line 26)		110,436.	1,471,793.
Net	22		fund balances. Subtract line 21 from line 20		2,617,786.	1,684,292.
P	art II	Signature				
Unc	ler pen	alties of periury.	I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my kn	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		I	Date			
-	<u>KRISTIN RIOTT, EXECUTIVE I</u>	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	DAVID EMERICK		03/14/		P00621487		
Preparer	Firm's name EMERICK AND COMPAI	NY PC		Firm's EIN $43-$	1855764		
Use Only	Firm's address 4520 MADISON AVE,	STE G					
	KANSAS CITY, MO 6	4111		Phone no. (816) 531-2822		
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE ORGANIZATION WORKS TO MAKE THE GREATER KANSAS CITY REGION		
	SUSTAINABLE FOR THE FUTURE BY ENCOURAGING INDIVIDUALS, BUSINESSI	ES	
	INSTITUTIONS, ORGANIZATIONS AND GOVERNMENTS TO TAKE ACTION.	<u> </u>	
	INSTITUTIONS, ORGANIZATIONS AND GOVERNMENTS TO TAKE ACTION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3		Yes	XN
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xnenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp		nd
	revenue, if any, for each program service reported.	oonooo, a	
12	(Code:) (Expenses \$ 559,508 · including grants of \$) (Revenue \$	347,	224.
та	HEARTLAND TREE ALLIANCE (HTA) - IS A PROGRAM TO ENGAGE CITIZENS		
	BUSINESSES, AND GOVERNMENTS IN COMMUNITY FORESTRY. SUPPORTED BY		
	CITY OF KANSAS CITY, MISSOURI, OTHER MUNICIPALITIES, AND GRANTS		псн
	THE ARBOR DAY FOUNDATION, HTA PLANTS AND MAINTAINS UP TO 4000 TH		0011
	ANNUALLY IN THE NEIGHBORHOODS, PARKS, AND RIPARIAN BUFFERS OF G		D
	KANSAS CITY.		n
		4.4	
4b	(Code:) (Expenses \$180,978. including grants of \$) (Revenue \$)	147,	783.
	KCMO GREEN STEWARDS (GS) - A CONTRACT WITH THE CITY OF KANSAS C		
	MISSOURI WATER DEPARTMENT PROVIDED FUNDING TO HIRE SEVEN NEW EMP		
	TO MAINTAIN THE CITY'S MORE THAN 200 GREEN INFRASTRUCTURE INSTAI		ONS
	(RAINGARDENS, BIOSWALES AND OTHER METHODS OF ABSORBING RAIN WATH		
	THE SURFACE TO REDUCE THE VOLUME IN PIPES). THE PROGRAM IS DESIG	CNFD 2	AS
	A WORKFORCE DEVELOPMENT, 1-2 YEAR TRAINING PROGRAM, WITH THE INT		ON
	A WORKFORCE DEVELOPMENT, 1-2 YEAR TRAINING PROGRAM, WITH THE IN OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.		ON
			ON
			ON
			NC
			NC
4	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	TENTI	
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:) (Expenses \$227,407. including grants of \$) (Revenue \$)	253, 2	983.
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 AP, II	983.
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 AP, II NSAS	983. NC.
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253, AP, II NSAS AD-BAS	983. NC. SED
	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253, AP, II NSAS AD-BAS FEE F(983. NC. SED OR
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253, 253, AP, II NSAS AD-BA; FEE F(KANS)	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:)(Expenses \$227,407. including grants of \$) (Revenue \$) KANSAS CITY COMMUNITY RECYCLING CENTERS (KCDO) - BRIDGING THE GA CONTRACTED TO COORDINATE THREE RECYCLING DROP-OFF CENTERS IN KAN CITY, MISSOURI, PROVIDING STAFF, VOLUNTEER SUPERVISION, AND BROA COMMUNITY EDUCATION ON SUSTAINABILITY. THIS IS A LONG-STANDING IN SERVICE CONTRACT WITH THE SOLID WASTE DEPARTMENT OF THE CITY OF CITY, MISSOURI. BRIDGING THE GAP, INC. PARTNERED WITH THE KANSAS	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
4c	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY.	253,2 253,2 AP, II NSAS AD-BAS FEE F(KANS2 S CIT	983. NC. SED OR AS
	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:)(Expenses \$ 227,407. including grants of \$) (Revenue \$ KANSAS CITY COMMUNITY RECYCLING CENTERS (KCDO) - BRIDGING THE GA CONTRACTED TO COORDINATE THREE RECYCLING DROP-OFF CENTERS IN KAN CITY, MISSOURI, PROVIDING STAFF, VOLUNTEER SUPERVISION, AND BROA COMMUNITY EDUCATION ON SUSTAINABILITY. THIS IS A LONG-STANDING I SERVICE CONTRACT WITH THE SOLID WASTE DEPARTMENT OF THE CITY OF CITY, MISSOURI. BRIDGING THE GAP, INC. PARTNERED WITH THE KANSAS AREA TRANSPORTATION AUTHORITY TO RE-OPEN A CLOSED CENTER AT ONE THEIR PARK AND RIDE LOTS ALONG THE BUS ROUTE. Other program services (Describe on Schedule O.)	253,2 AP, II NSAS AD-BA; FEE F(KANS) S CITY OF	983. NC. SED OR AS
	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:)(Expenses \$227,407. including grants of \$)(Revenue \$	253,2 AP, II NSAS AD-BA; FEE F(KANS) S CITY OF	983. NC. SED OR AS
	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:)(Expenses \$ 227,407. including grants of \$) (Revenue \$ KANSAS CITY COMMUNITY RECYCLING CENTERS (KCDO) - BRIDGING THE GA CONTRACTED TO COORDINATE THREE RECYCLING DROP-OFF CENTERS IN KAN CITY, MISSOURI, PROVIDING STAFF, VOLUNTEER SUPERVISION, AND BROA COMMUNITY EDUCATION ON SUSTAINABILITY. THIS IS A LONG-STANDING I SERVICE CONTRACT WITH THE SOLID WASTE DEPARTMENT OF THE CITY OF CITY, MISSOURI. BRIDGING THE GAP, INC. PARTNERED WITH THE KANSAS AREA TRANSPORTATION AUTHORITY TO RE-OPEN A CLOSED CENTER AT ONE THEIR PARK AND RIDE LOTS ALONG THE BUS ROUTE. Other program services (Describe on Schedule O.)	253, AP, II NSAS AD-BAS FEE F(KANSZ S CIT OF	983. NC. SED OR AS Y
4d 4e	OF EVENTUAL EMPLOYMENT WITH THE CITY OR LANDSCAPING COMPANY. (Code:)(Expenses \$227,407. including grants of \$)(Revenue \$	253,2 AP, II NSAS AD-BA; FEE F(KANS) S CITY OF	983. NC. SED OR AS Y

Form	990	(2022)

 Form 990 (2022)
 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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9				
	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	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	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, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	X	
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		<u>X</u>
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			v
45	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			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1/		
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	-10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232003	12-13-22			(2022)

232003 12-13-22

3

Form	ggn	(2022)

 Form 990 (2022)
 BRIDGING THE GAP, INC.
 43-1610645
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		77	
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	23		x
42	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
та	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		
	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		
	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
6	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
7	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	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
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~ ~	v	
_	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
6	within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
6		36		x
7	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
		37		x
8	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		
0	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	V Statements Regarding Other IRS Filings and Tax Compliance	00		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	х	
С	(gambling) winnings to prize winners?			

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	990 (2022) BRIDGING THE GAP, INC.	43-1610	645	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Zđ	filed for the calendar year ending with or within the year covered by this return	2a 39			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Av	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			37
_	•		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
-	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c). Did the arganization receive a payment in average of $$75$ mode path as a particular and path for goods and part	vises provided to the power?	70	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	- 10		<u> </u>
U	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · · ·	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	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:	11a			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
D	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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			
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	· · · · · · · · · · · · · · · · · · ·	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	5				,/

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Section A. Governing Body and Management

BRIDGING	THE	GAP,	INC
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X

Yes No

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.

Check if Schedule (O contains a response or note t	o any line in this Part VI	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	3			
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1:	3			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision				
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a							
	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 vi						
а	The governing body?		0	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					1	
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				<u>.</u>		
	(This Section B requests mornation about policies not required by the memain	evenue	<u>000e.</u> /		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100		<u> </u>	
		•		10b			
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X X	<u> </u>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.0		+	
U		,		12c	х		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	+	
14				14	X	-	
15	Did the organization have a written document retention and destruction policy?			14			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		lependent				
а	The organization's CEO, Executive Director, or top management official			15a	x		
				15a		X	
D	Other officers or key employees of the organization			155			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont wi	th a				
104	toychic entity during the year?			16a		x	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue			10a			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu						
				164			
Sec	exempt status with respect to such arrangements?			16b		<u> </u>	
17		and 000	T (agation E01(a)/2				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	anu 990-		is only)	avalla	DIE	
	for public inspection. Indicate how you made these available. Check all that apply.						
40	X Own website Another's website X Upon request Other (expla		,	- 1 C	-:-!		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict o	i interest policy, ar	u finan	cial		
00	statements available to the public during the tax year.		l ve e e vele				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and	records				

REBECCA DERUSSEAU - 816-561-1087

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232006 12-13-22

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Form **990** (2022)

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2022.05060 BRIDGING THE GAP, INC.

Form 990 (20	D22) BRIDGING THE GAP, INC.	43-1610645	Page 7				
	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated					
	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						
 List all 	e this table for all persons required to be listed. Report compensation for the calendar year ending of the organization's current officers, directors, trustees (whether individuals or organizations), re olumns (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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 Average Position		(D) Reportable	(E) Reportable	(F) Estimated					
Name and the	hours per week	box	, unle	heck i ss per id a di	son i	s both	an	compensation	compensation from related	amount of other
	(list any hours for related file file file file file file file file		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	32.00							F2 1F2	0	
EXECUTIVE DIRECTOR	1 0 0			X				53,153.	0.	0.
(2) BRAD NIES	1.00	77							0	0
CHAIR	1 00	Х		X				0.	0.	0.
(3) MARY RAMM SECRETARY/TREASURER	1.00	x		x				0.	0.	0.
(4) BOB BERKEBILE	1.00	~		<u> </u>				0.	0.	0.
DIRECTOR	1.00	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									
DIRECTOR		Х						0.	0.	0.
(8) CARI FERRARA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DR. MARVIA JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JASON PARSON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) ERIC ZIEGENHORN	1.00								0	
DIRECTOR	1 00	Х						0.	0.	0.
(12) BERT GAWTHORP DIRECTOR	1.00	x						0.	0.	0
(13) JASMIN MOORE	1.00	~	-			-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) TOM GEREND	1.00		-					0.	0.	<u>0 </u>
DIRECTOR		x						0.	0.	0.
		-								
										<u> </u>
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232007 12-13-22

Form 990 (2022)

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2022.05060 BRIDGING THE GAP, INC.

	990 (2022) BRIDGING		-							43-1610	645	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Emp (B)	oloy		(0	C)		t Co	ompensated Employee (D)	s <u>(continued)</u> (E)		(F)	
	Name and title	Average hours per week	box offic	not cł , unles cer an	heck i ss per	son is	than c s both	an	Reportable compensation from	Reportable compensation from related	an	timateo nount o other	f
		(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	SC/ from the		on d
			u	Ē	Ó	Ke	H e	н					
	Quiktantal								53,153.	0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>	0.			0.0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer,										3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services	5		X
Sec [®]	Complete this table for your five highest con										ition fro	m	
	the organization. Report compensation for 1 (A) Name and business			ondin		<u>ith c</u>	or wi	<u>hin</u>	the organization's tax y (B) Description of s		(C Comper		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to	thos 0	se lis [.]	ted	above) who received mo	pre than			
	,										F a	990 (2)	000)

		(2022) BRIDGING THE	GAP, INC.	•		43-1610	645 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s o	1 a	Federated campaigns 1a					
ant	b		1,950.				
٦Ğ	c	Fundraising events	<u>1,950.</u> 83,215.				
ifts ar A	d		•				
Contributions, Gifts, Grants and Other Similar Amounts	е		256,383.				
i Si	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	826,534.				
d Tri	g	Noncash contributions included in lines 1a-1f	22,591.				
<u> </u>	h	Total. Add lines 1a-1f		1,168,082.			
			Business Code				
Ce	2 a		900099	1,146,706.	1,146,706.		
er vi	b		900099	4,231.	4,231.		
n Si	С	WORKSHOP INCOME	900099	3,908.	3,908.		
Program Service Revenue	d						
roç	e						
-	f			1,154,845.			
	3	Investment income (including dividends, inter-					
	•	other similar amounts)		8,901.			8,901.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	(, , , , , , , , , , , , , , , , , , ,					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
evenue		and sales expenses 7b					
		Gain or (loss)					
Other R		Net gain or (loss) Gross income from fundraising events (not					
)the	0 4	including \$ 83,215. of					
0		contributions reported on line 1c). See					
			32,609.				
	b						
	с			-24,036.			-24,036.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9t					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory _					
sn	44		Business Code				
Jeo(11 а ь						
illar. ven	b						
Miscellaneous Revenue	с С	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,307,792.	1,154,845.	0.	-15,135.
23200	9 12-13				· - •	•	Form 990 (2022)

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2022.05060 BRIDGING THE GAP, INC. BRDGTHE1

BRIDGING THE GAP, 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).

INC.

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,000.	37,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,591.	22,591.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	53,153.	23,919.	13,288.	15,946.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include	988,337.	835,033.	129,728.	23,576.
9	section 401(k) and 403(b) employer contributions) Other employee benefits	208,237.	186,982.	12,864.	8,391. 3,084.
10 11	Payroll taxes Fees for services (nonemployees):	80,711.	66,352.	11,275.	3,084.
a b	Management				
	Accounting	26,768.	21,726.	5,042.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	<u>92,128.</u> 2,712.	67,251. 2,637.	24,877. 75.	
13 14	Office expenses	4,896. 51,189.	2,627. 43,051.	2,269. 8,138.	
15 16	Royalties Occupancy	55,904.	47,885.	8,019.	
17 18	Travel Payments of travel or entertainment expenses	39,302.	33,662.	5,640.	
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22 23	Depreciation, depletion, and amortization	38,808. 29,459.	34,988. 15,782.	3,820. 13,677.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a b	PROGRAM SUPPLIES TELEPHONE	241,175. 11,183.	237,314. 9,590.	3,861. 1,593.	
c d	MISCELLANEOUS EXPENSE VOLUNTEER APPRECIATION	5,922. 2,939.	2,272.	5,922. 667.	
25	All other expenses	1,992,414.	1,690,662.	250,755.	50,997.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
23201	0 12-13-22	10			Form 990 (2022

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2022.05060 BRIDGING THE GAP, INC.

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BRIDGING THE GAP, INC. Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	203,174.	1	45,155.
2	Cash - non-interest-bearing Savings and temporary cash investments	364,495.	2	1,064,364.
3	Pledges and grants receivable, net	,	3	
4	Accounts receivable, net	782,122.	4	622,721.
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,600.	9	1,600.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a1,904,439.Less: accumulated depreciation10b601,865.			
b		1,341,382.	10c	1,302,574.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	35,449.	12	35,481.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	04.100
15	Other assets. See Part IV, line 11	0 800 000	15	84,190.
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,728,222.	16	3,156,085.
17	Accounts payable and accrued expenses	96,767.	17	85,821.
18	Grants payable	12 660	18	1,286,530.
19	Deferred revenue	13,669.	19	15,252.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other 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		22	
23	Secured mortgages and notes payable to unrelated third parties		22	
23	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		~ 1	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	84,190.
26	Total liabilities. Add lines 17 through 25	110,436.	26	1,471,793.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,564,721.	27	<u>1,581,519.</u> 102,773.
28	Net assets with donor restrictions	53,065.	28	102,773.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	0 615 505	31	1 604 000
32	Total net assets or fund balances	2,617,786.	32	1,684,292. 3,156,085.
33	Total liabilities and net assets/fund balances	2,728,222.	33	3,156,085

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Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	BRIDGING THE GAP, INC.	43-1	1610645	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,307	',7	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,992	42	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	315	5,3'	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,617	78	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	37	,6!	58.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,286	, 53	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,684	, 29	92.
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 Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	١
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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		
	2022		
	Open to Public Inspection		
Employer identification number			

Name of the organization

		BRID	GING THE G	AP, INC.				4	3-1610645
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 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 university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete 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 section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem		•					U U
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con					O(-)(4)		
11 12	\square	An organization organized a An organization organized a	•		•			m out the	numpeose of one or
12		more publicly supported or			•		-	•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	nivina
u	L	the supported organization	-		• • •	-			
		organization. You must c			indjointy o				pporting
b		Type II. A supporting org	-		tion with its	s supporte	ed organization	n(s), by hav	ina
		control or management o	-				-		-
		organization(s). You mus			•			, ii	
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	reness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)
		•		above (see instructions))	Yes	No			
Tota									
I UL	41								

BRIDGING THE GAP, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	596,639.	742,538.	830,579.	925,284.	1168082.	4263122.	
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	506 620		020 570	005 004	110000	4060100	
	Total. Add lines 1 through 3	596,639.	742,538.	830,579.	925,284.	1168082.	4263122.	
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,						712 724	
~	column (f)						<u>713,734.</u> 3549388.	
	Public support. Subtract line 5 from line 4.						5549500.	
		(a) 2019	(b) 2010	(c) 2020	(d) 2021	(a) 2022		
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 596,639.	(b) 2019 742,538.	830,579.	925,284.	(e) 2022 1168082.	(f) Total 4263122.	
	Gross income from interest,	550,055.	742,550.	000,070.	525,2010	1100002.	12051220	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,094.	2,468.	8,478.	2,193.	8,901.	23,134.	
a	Net income from unrelated business		2,1000	0,1,00	2,2500	0,5011		
Ŭ	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						4286256.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,794,654.	
	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
	organization, check this box and stop here							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	82.81 %	
15	5 Public support percentage from 2021 Schedule A, Part II, line 14 15 94.74 %							
16a	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	-		• • • •	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circu		•					
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2022	

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	20 F	Private foundation.	If the o
2	232023	12-09-22	

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Schedule A (Form 990) 2022	BRIDGING I	HE GAP,	INC.
Part III Support Schedu	le 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.) ation

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord thind	fourth or fifth to a		01/c\/2\	
14	First 5 years. If the Form 990 is for the	0		-	-		·
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2022 (I			olumn (f))		15	04
	Public support percentage for 2022 (Public support percentage from 2021			.,,		15 16	<u> </u>
<u>16</u> Se	ction D. Computation of Invest					10	%
	Investment income percentage for 20			no 13 column (f)		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the					<u> </u>	
196	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						1/3% and
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22	and hot offerra	20/ 01/11/0 14, 190				edule A (Form 990) 2022

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2022.05060 BRIDGING THE GAP, INC.

BRIDGING THE GAP, INC.

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 on line 12 of 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.)

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Part IV	Supporting Orga	nizations (continue	ad)	
Schedule A	(Form 990) 2022	BRIDGING	THE	GAP,

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
á	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		
ł	A family member of a person described on line 11a above?	11b		
c	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		
Se	ction 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? <i>If "No," describe in</i> Part VI <i>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</i>			
	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			

INC.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>l. or controlled the</u>	supporting orga	anization.
Section C. T	pe II Support	ting Organiz	ations

 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
 Image: Control of the organization of the supported organization(s)

 the supported organization(s).
 Image: Control of the organization of the same persons that controlled or managed
 Image: Control of the organization of the same persons that controlled or managed

	Section D.	All Typ	e III Sup	porting	Organizations
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			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).	2		
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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- a ____ 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 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---------------------------------------------------	---------------------------------------------------------------------------------

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- 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.*

232025 12-09-22

Schedule A (Form 990) 2022

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2022.05060 BRIDGING THE GAP, INC.

BRDGTHE1

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BRDGTHE1

Schedule A (Form 990) 2022

3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orgar	nization (see

BRIDGING THE GAP, INC. Schedule A (Form 990) 2022 Part V Type III Organizations

Check here rust on Nov. 20, 1970 (explain in Part VI). See instructions. mplete Sections A through E. All other Ty

(A) Prior Year

1

2

(B) Current Year

(optional)

Non-Functionally Integrated 509(a)(3) Supporting (
e if the organization satisfied the Integral Part Test as a qualifying tr
pe III non-functionally integrated supporting organizations must co

2 Recoveries of prior-year distributions

Section A - Adjusted Net Income

Net short-term capital gain

1

1

232026 12-09-22

instructions).

ble 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years

b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j 7 and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

19

2022.05060 BRIDGING THE GAP, INC.

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 BRIDGING THE			4	3-1610645 _P
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	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 the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				

<u>Schedule A</u>	(Form 990) 2022	BRIDGING	THE	GAP,	INC.		43-1610645 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the exp 5a, 6, 9a IV, Sect	lanations a, 9b, 9c, ion E, line	required 11a, 11b, s 1c, 2a,	by Part II, line 10; Part II, line , and 11c; Part IV, Section B	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, I; Part V, Section B, line 1e; Part V,
	(See instructions.)						
							Cobedula A (Faura 000) 0000
232028 12-09-2				202	20		Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

43-1610645

2022

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

Contributor's Name	Total Contributions	Excess Contributions
BANK OF AMERICA	281,000.	195,275
DAVID K SMOOT SUSTAINABILITY OF LIFE ON EARTH FUND	300,000.	214,275
EVERGY INC	218,459.	132,734
SHUMAKER FAMILY FOUNDATION	202,900.	117,175
LOUETTA M COWDEN FOUNDATION	140,000.	54,275
	_	
	+	
	+	
	+	
otal Excess Contributions to Schedule A, Part II, Line 5		713,734

			al Financial Statements		
SCI	HEDULE D		OMB No. 1545-0047		
(Forn	n 990)		Inization answered "Yes" on Form 990,		2022
Depart	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Internal	Revenue Service		0 for instructions and the latest information.		Inspection
Nam	e of the organizati	on BRIDGING THE GAP,	TNC.	Emp	loyer identification number 43-1610645
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun	
		n answered "Yes" on Form 990, Part IV, lir			
			· · · · · · · · · · · · · · · · · · ·	b) Fund	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fund	s	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used or	nly	
	for charitable purp	ooses and not for the benefit of the donor c	or donor advisor, or for any other purpose conferri	ng	
_	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organizati	· · · · ·		
		n of land for public use (for example, recrea			
		f natural habitat	Preservation of a certif	ied his	toric structure
-		n of open space			
2		c	fied conservation contribution in the form of a con ا	iservat	
	day of the tax year			-	Held at the End of the Tax Year
a				2a	
b	-			2b	
			ucture included in (a)	2c	
d		vation easements included in (c) acquired a	• • •	24	
3			leased, extinguished, or terminated by the organiz	2d	during the tax
3	year	valion easements modified, transferred, re	leased, extinguished, or terminated by the organiz	ation	uning the tax
4	-	where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
•		orcement of the conservation easements in			Yes No
6	,		handling of violations, and enforcing conservation		
					0,
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ement	s during the year
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i	i)	
	and section 170(h))(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, descrit	be how the organization reports conservati	on easements in its revenue and expense stateme	ent and	t
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements tha	t desci	ribes the
D.		ounting for conservation easements.			A 1 -
Par			f Art, Historical Treasures, or Other Si	milar	Assets.
		f the organization answered "Yes" on Form			
1 a	•		58, not to report in its revenue statement and bala		
			blic exhibition, education, or research in furtherand	ce of p	ublic
	· •		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
		· · · · · · · · · · · · ·	c exhibition, education, or research in furtherance	oi pub	nic service,
	•	ing amounts relating to these items:		đ	2
				_	
2	. ,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gain, p		·
2	•	unts required to be reported under FASB A		ovide	
а	-			¢	S
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2022
	09-01-22	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·

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2022.05060	BRIDGING	THE	GAP,	INC.	BRDGTHE1

PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (conditioned) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its conductions of the comparison is obscillation. d Loan or exchange program b Scholarly research d Loan or exchange program b The conduction of the organization is obscillation or other similar assets to be soft or other organization is obscillation. Yes No. Provide acception of the organization is oblicitor receive donations of art, historical ressures, or other similar assets to be soft or other organization answered 'Yes' on Form 980, Part IV, line 9, or reported an anount on form 990, Part X, line 21. The first organization and part of the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an anount on form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Yes No No b If 'Yes,' explain the arrangement in Part XIII and complete the toolowing table. Yes No No c Beginning balance 10 10 10 10 10 10 c Addition during the year. 10 10 10 10 10 10 10	Sche		G THE GAP,					43-16			age 2
collection terms (check all that apply): a b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Art</th> <th>, Historical Tre</th> <th>asures, or C</th> <th>Other</th> <th>Similar</th> <th>Assets</th> <th>contii</th> <th>nued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other	Similar	Assets	contii	nued)	
a Public exhibition d Can or exchange program b Schalary research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	iake sig	nificant u	ise of its			
b Scholary research e Other		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization solict or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained a part of the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 16 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 17 Yes, 'explain the arrangement in Part XIII check here if the scipanization has been provided on Part XIII Yes 28 Dot me organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 29 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 20 Did the organization Index (organization for year 10), Part XIII. Check here if the explanation has been provided on Part XIII Part XIII. Check here if the organization form 990, Part X, line 10. 18 Dorthibutions Gold tor year balance	а	Public exhibition	d	Loan or exc	hange program						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is be organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Distributions during the year Ending balance Distributions during the year Ending balance Jourd Part X! Endowment Funds. Complete if the organization nanowered "Yes" on Form 990, Part X! Part W Endowment Funds. Complete if the organization inschered Part XIII Or hor year balance Jourd Part X! Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X! Beginning of year balance Jourd Part Y and Part Part III. Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Endowment Funds. Combibutions Jourd Part Y and Part Part Part Part III. Det the organization answered "Yes" on Form 990, Part X! So the respenditures for facilities Jourd Part Y and Part Part Part Part Part III. Det the organization include and part All to 20, 2000 So The percentages on the classes Jourd Part Part Part Part Part Part Part Part	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be mantalined as part of the organization is collection? No Part V Escrow and Outstodial Arrangements. Complete if the organization aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21. If a is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included on Form 590, Part X. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It Amount It It It It Amount It	С	Preservation for future generations									
tops old to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance It It Amount It It< It It It It It< It< It< It< It It <t< th=""><th>4</th><th>Provide a description of the organization's co</th><th>ollections and explain</th><th>how they further th</th><th>e organization's</th><th>s exem</th><th>pt purpos</th><th>se in Part</th><th>XIII.</th><th></th><th></th></t<>	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exem	pt purpos	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? Ves No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance if all Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance if all Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance if all One years back (d) Three years back (e) Form year (c) Two years back (e) Form years back (c) Two years back (e) Form years back (e) For	5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other s	similar a	assets		_	_	_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 2 Didt for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 0. (e) Four years back for part IV, line 0. (e) Four years back for part IV, line 0. 1d (a) Current year (b) Phor year (c) Phor years back for port years back for provides back for part Y, line 0. (e) Four years back for part IV, line 0. 1d (a) Current year (b) Phor years back for port years back for part											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount It c Beginning balance It Amount It d Additions during the year It It It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Pert V Fedowment Funds. Complete if the organization answerd 'Yes' or Form 900, Part IX, line 10. Part V Endowment Funds. 30, 186. 32, 482. 28, 578. 27, 687. 26, 382. b Contributions 30, 186. 32, 482. 28, 578. 27, 687. 26, 382. c Not investment eamings, gains, and losses 34.6 -1, 971. 4, 214. 1, 174. 1, 572. g End of year balance 30, 237. 30, 186. 32, 482. 28, 578. 27, 687. g End of year balance 10 295. 3	Par			te if the organizatio	n answered "Ye	es" on F	Form 990	, Part IV,	ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Additions during the year Id d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes B If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Imme 10. Part X Endowment Yes" (a) Our rety ves" (b) Prior year (b) Prior year back (b) Thre years back (b) Four years back if a Beginning of year balance 30, 186. 32, 482. 28, 578. 27, 687. 26, 382. b Ontributions		· · ·									
b If "Yes," explain the arrangement in Part XIII and complete the following table: 	1a							_	-		-
c Beginning balance Image: Construction of uring the year d Additions during the year Image: Construction of uring the year d Ending balance Image: Construction of uring the year d Ending balance Image: Construction of uring the year d Image: Construction of uring the year Image: Construction of uring the year d Image: Construction of uring the year Image: Construction of uring the year d Image: Construction of uring the year Image: Construction of uring the year d Image: Construction of uring the year Image: Construction of uring the year d Image: Construction of uring the year Image: Construction of uring the year d Did the organization include an amount on Form '900, Part X, line 21, for escrew or custocial account liability? Image: Construction of uring the year d Contributions Image: Construction of uring the year Image: Construction of uring the year d Contributions Image: Construction of uring the year Image: Construction of uring the year d Controbutions Image: Construction of uring the year Image: Construction of uring the year e Other expenditures for facilities Image: Construction								∟	Yes		No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1d 1d f Ending balance 1f 1d 1d 2a Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes', verylain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Thre years back (e) Four years back b Contributions and programs 4.0 1.171. 4.214. 1.174. 1.572. c Other expenditures for facilities and programs 2.95. 3.25. 310. 2.83. 2.67. g End of year balance 52.0000 % % % 7.687. c Other expenditures for facilities and programs 2.95. 3.2.32. 3.10. 2.8.578. 27.687. g E	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					A		
d Additions during the year Id e Distributions during the year Id 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered rives' on Form 990, Part IV, line 10. (e) Four years back (e) Fou									Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back b Ontributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities and programs 346 -1.971. 4.214 1.174. 1.572. d Grants or scholarships 295. 325. 310. 283. 267. e Other expenditures for facilities and programs 29.5. 32.482. 28.578. 27.687. g Foxide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment 52.0000 % b Perwide the e											
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. Yes No 1a Beginning of year balance (a) Current year (b) Pror year (c) Two years back. (d) Three years back. (e) Four years back. a Contributions 0.166. 32,482. 28,578. 27,687. 26,382. b Contributions 0.166. 32,482. 28,578. 27,687. 26,382. c Net investment earnings, gains, and losses 346. -1,971. 4,214. 1,174. 1,572. d Grants or scholarships											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State Stat	-										
b. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 300, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 2 Contributions (a) Current year (c) Two years back (e) Four years back 3 Grants or scholarships (a) Current year (c) Two years back (c) Two years back e Other expenditures for facilities (a) Current year (c) Boint years (c) Two years back (c) Two years back a Board designated or quasiendowment 52.0000 % % % (c) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (d) (ii) (ii) Unrelated organizations (d) (iii) (d) (iii) X b If Yes" on line 3a(iii), are the related organizations is endowment funds.									7 ¥22		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 30,186. 32,482. 28,578. 27,687. 26,382. 1a Contributions		-					-	∟	_] NO]
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 30,186. 32,482. 28,578. 27,687. 26,382. b Contributions	_										1
1a Beginning of year balance 30,186. 32,482. 28,578. 27,687. 26,382. b Contributions		Complete						ears back	(e) Fou	vears	back
b Contributions	1a	Reginning of year balance	., ,		., ,						
c Net investment earnings, gains, and losses 346. -1,971. 4,214. 1,174. 1,572. d Grants or scholarships	h		, -	1	, ,			,		,	
d Grants or scholarships	c		346.	-1,971.	4.2	214.		1,174.		1.	572.
e Other expenditures for facilities and programs 295. 325. 310. 283. 267. f Administrative expenses 295. 325. 310. 283. 267. g End of year balance 30,237. 30,186. 32,482. 28,578. 27,687. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 52.0000 % b Permanent endowment	b b			,	,			,		,	
and programs 295. 325. 310. 283. 267. g End of year balance 30,237. 30,186. 32,482. 28,578. 27,687. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 52.0000 % b Permanent endowment 48.0000 % c Term endowment 9 me percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: (i) Unrelated organizations 3a(i) X 3a(ii) X 3a(iii) X 3b 4 Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation b Buildings 915, 719, 579, 380, 336, 339. 36, 339. c Leasehold improvements 132, 999, 16, 045, 116, 954. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>											
f Administrative expenses 295. 325. 310. 283. 267. g End of year balance 30,237. 30,186. 32,482. 28,578. 27,687. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 52.0000 % b Permanent endowment 48.0000 % % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) X (i) Unrelated organizations 3a(ii) X 3a(ii) X ii) Related organizations iisted as required on Schedule R? 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•										
g End of year balance 30,237. 30,186. 32,482. 28,578. 27,687. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 52.0000 % b Permanent endowment 48.0000 % c Term endowment 48.0000 % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations and the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 849, 281. 849, 281. 849, 281. 915, 719, 579, 380. 336, 339. (c) Leasehold improvements (c) Attom in the form in the form	f		295.	325.	:	310.		283.			267.
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment			30,237.	30,186.	32,4	482.		28,578.		27,	687.
a Board designated or quasi-endowment			ent vear end balance	(line 1g. column (a)) held as:						
b Permanent endowment 48.0000 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а										
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Sdiiii (i) (i) Cost or other depreciation Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 849, 281. 849, 281. 849, 281. b Buildings 915, 719. 579, 380. 336, 339. c Leasehold improvements 132, 999. 16, 045. 116, 954. e Other 6, 440. 6, 440. 0.	b	· · · · · · · · · · · · · · · · · · ·	%	_							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Cost or other framework (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (ii) Related improvements (iii) Related improveme	с	Term endowment									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Cost or other framework (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (ii) Related improvements (iii) Related improveme		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4b Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land 849,281. 849,281. 849,281. 849,281. b Buildings 915,719. 579,380. 336,339. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 6,440. 0.	3a			tion that are held ar	nd administered	for the	9				
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 849, 281. 849, 281. b Buildings 915, 719. 579, 380. 336, 339. c Leasehold improvements 132, 999. 16, 045. 116, 954. e Other 6, 440. 6, 440. 0.		organization by:								Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 849,281. 849,281. 849,281. b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 0. 0.		(i) Unrelated organizations							3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 915,719. c Leasehold improvements 132,999. d Equipment 6,440. e Other 6,440.		(ii) Related organizations							3a(ii)		X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 849,281. 849,281. b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 6,440. 0.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 849,281. 849,281. 849,281. b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 0.	4			vment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land849,281.849,281.849,281.b Buildings915,719.579,380.336,339.c Leasehold improvements132,999.16,045.116,954.e Other6,440.6,440.0.	Par										
basis (investment) basis (other) depreciation 1a Land 849,281. 849,281. b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 0. 0.		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, P	-					
b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 6,440. 0.		Description of property	1	• • •				d	(d) Boo	k value	Э
b Buildings 915,719. 579,380. 336,339. c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 6,440. 0.	1a	Land									
c Leasehold improvements 132,999. 16,045. 116,954. e Other 6,440. 0. 0.				91	5,719.	5	79,38	30.	33	6 , 3:	39.
d Equipment 132,999. 16,045. 116,954. e Other 6,440. 6,440. 0.											
e Other									11	6,9	54.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					6,440.		6,44				
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)	<u></u>			1,30	2,5'	74.

Schedule D (Form 990) 2022

(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)		1		
(6)		1		
(7)				
(8)		1		
(9)				
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.	
-	(a) Description	,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
••				
(6)				
(7)				
(8)				
(9)	(
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)			
Complete if the organization answered "Ye	es" on Form 990 Part IV line	11e or 11f See Form	000 Part X line 24	5
(a) Description of lightlity	5 011 0111 330,1 at 17, inte		1990, 1 art A, inte 20	(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILIT	V			0/1
	1			84,1
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B)				84,1
2. Liability for uncertain tax positions. In Part XIII, provi	ide the text of the footnote to	o the organization's fi	nancial statements	that reports the
organization's liability for uncertain tax positions unc	der FASB ASC 740. Check h	ere if the text of the fo	potnote has been p	rovided in Part XIII
			Sc	hedule D (Form 990)
232053 09-01-22				
	24			
50314 152674 BRDGTHEGAP	2022.050	60 BRIDGING	G THE GAP,	INC. BR

BRIDGING THE GAP, INC. Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)		

(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)		
Total (Col (b) must equal Form 000 Part X col (B) line 13.)		

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

D (Form 990) 2022

84,190.

84,190.

Sche	dule D (Form 990) 2022 BRIDGING THE GAP, INC.			43-2	1610645 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,402,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	37,658.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	56,645.		
е	Add lines 2a through 2d			2e	<u>94,303.</u> 2,307,792.
3	Subtract line 2e from line 1			3	2,307,792.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,307,792.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		h Expenses per H	Return	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u>т т</u>	2 225 500
1	Total expenses and losses per audited financial statements			1	3,335,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses		4 949 485	-	
d	Other (Describe in Part XIII.)		1,343,175.		1 242 185
е	Add lines 2a through 2d			2e	1,343,175.
3	Subtract line 2e from line 1			3	1,992,414.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,992,414.
Pa	rt XIII Supplemental Information.				

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

OTHER GRANT EXPENSE

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2022
	C	rganization entered more than \$1 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				າ.		Inspection
Name of the organization								lentification number
Part I Fundrais		G THE GAP, INC.			E 000 D 10/1		43-161	
	complete this part	Complete if the organization answe	ered "Y	es" or	i Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Ye	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		1	I	I				
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from I	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

BRIDGING THE GAP, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ъ			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	115,824.			115,824
1	2	Less: Contributions	83,215.			83,215
	3	Gross income (line 1 minus line 2)	32,609.			32,609
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	9,991.			9,991
	7	Food and beverages	17,991.			17,991
5	8	Entertainment				
		Other direct expenses				28,862
		Direct expense summary. Add lines 4 throug		•		56,844
		Net income summary. Subtract line 10 from				-24,235
200	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
ß		Cash prizes				
Š	3	Noncash prizes				
		Noncash prizes Rent/facility costs				
DILECT EXPENSES	4					
	4 5	Rent/facility costs		Yes% □No	└────────────────────────────────────	
+	4 5 6	Rent/facility costs	└── Yes % └── No		No	
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d)	No	No No	
	4 5 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes% No	─ No	<u>No</u>	
)	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	Yes % No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	─ No	<u>No</u>	
a	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes % No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these s	No No	<u>No</u>	
ab	4 5 7 8 Ent Is ti If "I 	Rent/facility costs	Yes% No	states?	No	YesN
ab	4 5 7 8 Ent Is ti If "I 	Rent/facility costs	Yes% No	states?	No	YesN

Schedule G (Form 990) 2022	BRIDGING	THE	GAP,	INC.	43-10	510645	Page 3
11 Does the organization conduct g						Yes	No
				nber of a partnership or other entity formed			
to administer charitable gaming	?					Yes	No No
13 Indicate the percentage of gamin							
a The organization's facility						13a	%
						13b	%
14 Enter the name and address of t	he person who prepa	res the	organizat	tion's gaming/special events books and recor	rds:		
Name							
Address							
15 Dece the experimetion have a co	atract with a third par	tu fram	whom the			Yes	No
13a Does the organization have a co	intract with a third pai	ty non	i whom u	e organization receives gaming revenue?			
b If "Yes," enter the amount of ga	ming revenue received	d by the	e organiza	ation \$ and the ar	nount		
of gaming revenue retained by t			0				
c If "Yes," enter name and addres				—			
Name							
Address							
16 Gaming manager information:							
Name							
	•						
Gaming manager compensation	\$						
Description of convises provided							
Description of services provided							
Director/officer	Employee		🗌 In	dependent contractor			
17 Mandatory distributions:							
a Is the organization required und	er state law to make o	charitab	ole distribu	utions from the gaming proceeds to			
retain the state gaming license?						Yes	No No
b Enter the amount of distribution	s required under state	e law to	be distrib	outed to other exempt organizations or spent	in the		
organization's own exempt activ			\$				
				required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also pro	ovide a	ny additio	nal information. See instructions.			
					Cabad		000) 0000
232083 10-27-22				28	Scheau	le G (Form	JJU) 2022

 		Schedule G	(Form 990

SCHEDULE I								OMB No. 1545-0047			
(Form 990)								2022			
Department of the Treasury		Comp						Open to Public			
Internal Revenue Service			Go to www.irs			ation.		Inspection			
Name of the organizat								Employer identification number			
(Form 990) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Crants 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. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.											
			amount of the grante	or assistance, the	arantaaa' aligibility	for the grapte or easi	stance, and the colocti				
v			•		• • • •	•					
		-			•	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any			
		(b) EIN			noncash	valuation (book, FMV, appraisal,					
SHADOWCLIFF											
PO BOX 658								FREE RENT AND GRANT OF			
GRAND LAKE, CO 80	447	75-3008627	501 (C) (3)	0.	1,323,530.	FMV	FACILITY USE	PROPERTY			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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.
 Part III can be duplicated if additional space is needed.

(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
274	0.	22,591.	FMV	KITS TO INDIVIDUALS HOMES
	recipients	recipients cash grant	recipients cash grant cash assistance	

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)

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT OF PROPERTY TO RELATED PARTY 501C3

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 -1,286,530. Schedule O (Form 990) 2022

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.

Department of the Treasury Internal Revenue Service

Name of the organization

BRIDGING THE GAP, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

		1	1		1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))	N/A	Yes	No
SHADOWCLIFF - 75-3008627							
PO BOX 658							
GRAND LAKE, CO 80447	ENVIRONMENT PRESERVATION	COLORADO	501(C)(3)	LINE 12A, I	N/A		х

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

Schedule R (Form 990) 2022



Employer identification number

43-1610645

Open to Public Inspection

22

Schedule R (Form 990) 2022 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportio allocation:		s? Code V-UBI amount in box 20 of Schedule		ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
]											
	1											
	-											
	-											
	-											
	{											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2022 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	te: 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	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
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 organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2022 BRIDGING THE GAP, INC.

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)	(b)	(c)	(d)	(a)		(f)	(g)	0	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are al partners 501(c)(orgs.2		Share of			opor-	Code V-LIBI	General o	Percentage
of entity	i mary douring	(state or foreign	(related, unrelated,	501(c)((3)	total	end-of-year	tion alloca	ropor- nate tions?	amount in box 20	managing	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes N		income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		- ·
								103		,		
					+							
					+							
					-							
					+							
				$\left \right $	+				-			
				$\left \right $	+							

Schedule R (Form 990) 2022

Part VII	Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22