

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning 09/01/20, and ending 08/31/21**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>THE BRIDGE</b>	<b>D</b> Employer identification number <b>75-1995807</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>806-372-2873</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>804 QUAIL CREEK DRIVE</b>	<b>G</b> Gross receipts\$ <b>1,439,738</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>AMARILLO TX 79124</b>	
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>SHELLY BOHANNON</b> <b>804 QUAIL CREEK</b> <b>AMARILLO TX 79124</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<input type="checkbox"/> Amended return	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number
<input type="checkbox"/> Application pending	<b>J</b> Website: <b>WWW.BRIDGECAC.ORG</b>	<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>TX</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CHILDREN'S ADVOCACY CENTER PROVIDING INTERVIEW SITES FOR CHILD ABUSE VICTIMS AND CHILD WITNESSES. THE BRIDGE PROVIDES "A CHILD'S PATH TO HEALING AND JUSTICE".</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>65</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,178,814	1,196,855
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,163	79,590
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,298	122,956
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-22,250	-33,712
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	770,431	781,291
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	102,528	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,254	303,462
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,097,685	1,084,753
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	136,340	280,936
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	3,351,030	3,888,720
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	15,183	12,128
			3,335,847	3,876,592

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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.

<b>Sign Here</b>	Signature of officer <b>SHELLY BOHANNON</b>	Date <b>EXECUTIVE DIRECTOR</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD W. BLANKENSHIP, CPA</b>	Preparer's signature	Date <b>06/30/22</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <b>JOHNSON &amp; SHELDON, PLLC</b>	Firm's address <b>PO BOX 509 AMARILLO, TX 79105-0509</b>	Firm's EIN	Phone no. <b>806-371-7661</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**CHILDREN'S ADVOCACY CENTER PROVIDING INTERVIEW SITES FOR CHILD ABUSE VICTIMS AND CHILD WITNESSES. THE BRIDGE PROVIDES "A CHILD'S PATH TO HEALING AND JUSTICE".**

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  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **697,239** including grants of \$ ) (Revenue \$ **79,590** )

**CASE MANAGEMENT - COORDINATED EFFORTS WITH CHILD RELATED AGENCIES TO REDUCE THE TRAUMA OF CHILD ABUSE VICTIMS AND CHILD WITNESSES DURING INVESTIGATIVE AND REHABILITATIVE PROCESS. DURING THE YEAR WE PROVIDED OVER 1,557 FORENSIC INTERVIEWS FOR CHILDREN BETWEEN THE AGES OF 2 THROUGH 17.**

4b (Code: ) (Expenses \$ **112,500** including grants of \$ ) (Revenue \$ )

**EDUCATION/PREVENTION - PROGRAMS PROVIDING TRAINING AND EDUCATION RELATED TO CHILD ABUSE PREVENTION TO PROFESSIONALS AND THE GENERAL PUBLIC.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **809,739**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	17
1b	0

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>14</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>	

**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 to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**SHELLY BOHANNON**  
**AMARILLO**

**804 QUAIL CREEK DR.**

**TX 79124**

**806-372-2873**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLY BOHANNON EXECUTIVE DIRECTOR	40.00 0.00			X			76,086	0	11,462	
(2) RACHEL ANDERSON DIRECTOR	1.00 0.00	X					0	0	0	
(3) QUINN ALEXANDER DIRECTOR	1.00 0.00	X					0	0	0	
(4) HELEN BURTON PAST PRESIDENT	1.00 0.00	X		X			0	0	0	
(5) MARVIN BENDER DIRECTOR	1.00 0.00	X					0	0	0	
(6) DEADRA CARVER DIRECTOR	1.00 0.00	X					0	0	0	
(7) KEN FUNTEK DIRECTOR	1.00 0.00	X					0	0	0	
(8) KARA GAUT DIRECTOR	1.00 0.00	X					0	0	0	
(9) JOHN VAN GELDEREN DIRECTOR	1.00 0.00	X					0	0	0	
(10) RANDY GRAY PRESIDENT ELECT	1.00 0.00	X		X			0	0	0	
(11) SUE HUDSON SECRETARY	1.00 0.00	X		X			0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BRAD JOHNSON</b>	1.00									
TREASURER	0.00	X		X			0	0	0	
(13) <b>TRACEY MORAN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>ROB PARKER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>AMY RHOADES</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>KAREN ROBERTS</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(17) <b>JUSTIN SANDERS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) <b>MIKE SMILEY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) <b>TIM WILLIAMS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>76,086</b>		<b>11,462</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>76,086</b>		<b>11,462</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	39,024					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	175,300					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	762,631					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	219,900					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			1,196,855				
	<b>Program Service Revenue</b>	<b>2a</b> FINES/PROBATION/SA EXAMS	Business Code	624100	37,914	37,914		
<b>b</b> THRIFT SHOP			624100	35,076	35,076			
<b>c</b> CACTX FACULTY TRAINER FEE			624100	6,600	6,600			
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				79,590				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			33,123			33,123
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	6,000				
		(ii) Personal	<b>6b</b>					
			<b>6c</b>	6,000				
	<b>d</b> Net rental income or (loss)			6,000			6,000	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	99,670				
		(ii) Other	<b>7b</b>			9,837		
			<b>7c</b>	99,670	-9,837			
	<b>d</b> Net gain or (loss)			89,833	-9,837		99,670	
	<b>8a</b> Gross income from fundraising events (not including \$ 175,300 of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>	24,500				
		<b>b</b> Less: direct expenses	<b>8b</b>	64,212				
		<b>c</b> Net income or (loss) from fundraising events			-39,712			-39,712
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>					
<b>b</b> Less: direct expenses		<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
	<b>12 Total revenue.</b> See instructions				1,365,689	69,753	0	99,081

**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).

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

Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,900	15,380	53,830	7,690
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 Other salaries and wages	572,178	477,919	37,041	57,218
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,752	9,692	1,785	1,275
9 Other employee benefits	69,699	52,971	9,758	6,970
10 Payroll taxes	49,762	37,819	6,967	4,976
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,872		25,872	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	994		994	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,200	19,200		
12 Advertising and promotion				
13 Office expenses	4,880	3,708	684	488
14 Information technology				
15 Royalties				
16 Occupancy	71,975	54,701	10,077	7,197
17 Travel	2,297	1,745	322	230
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,106	53,280	9,815	7,011
23 Insurance	34,075	25,896	4,771	3,408
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 O.)				
a <b>SUPPLIES</b>	20,498	15,578	2,870	2,050
b <b>OUTREACH</b>	11,344	11,344		
c <b>DIRECTORS EXPENSE</b>	7,694	5,848	1,077	769
d <b>MEMBERSHIP DUES</b>	6,293	6,293		
e All other expenses	28,234	18,365	6,623	3,246
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,084,753</b>	<b>809,739</b>	<b>172,486</b>	<b>102,528</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	152,331	2 233,947
	3	Pledges and grants receivable, net	156,623	3 128,145
	4	Accounts receivable, net		4
	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	10,664	9 11,762
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,508,947	
	b	Less: accumulated depreciation	10b 1,202,929	10c 1,306,018
	11	Investments—publicly traded securities	1,522,117	11 2,074,900
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	126,818	15 133,948
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,351,030	16 3,888,720	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	15,183	17 12,128
	18	Grants payable		18
	19	Deferred revenue		19
	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		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	15,183	26 12,128
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	3,235,847	27 3,776,592
	28	Net assets with donor restrictions	100,000	28 100,000
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	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		31	
32	<b>Total net assets or fund balances</b>	3,335,847	32 3,876,592	
33	<b>Total liabilities and net assets/fund balances</b>	3,351,030	33 3,888,720	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,365,689</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,084,753</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>280,936</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,335,847</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>259,809</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,876,592</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2020**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE BRIDGE**

Employer identification number

**75-1995807**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	970,525	1,074,702	995,258	1,178,814	1,196,855	5,416,154
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	970,525	1,074,702	995,258	1,178,814	1,196,855	5,416,154
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						5,416,154

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	970,525	1,074,702	995,258	1,178,814	1,196,855	5,416,154
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,383	116,501	88,334	67,665	39,123	357,006
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						5,773,160

**12** Gross receipts from related activities, etc. (see instructions) 12 166,771

**13 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** ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.82 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	93.49 %

**16a 33 1/3% support test—2020.** 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 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in 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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 .....		
b	From 2016 .....		
c	From 2017 .....		
d	From 2018 .....		
e	From 2019 .....		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 .....		
b	Excess from 2017 .....		
c	Excess from 2018 .....		
d	Excess from 2019 .....		
e	Excess from 2020 .....		



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE BRIDGE

Employer identification number

75-1995807

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold 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 IV, line 9, or 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?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	210,894	193,000	168,414	156,016	144,123
<b>b</b> Contributions .....			25,000		
<b>c</b> Net investment earnings, gains, and losses .....	48,455	21,019	2,497	14,754	14,659
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	3,857	3,126	2,851	2,356	2,766
<b>f</b> Administrative expenses .....	208		60		
<b>g</b> End of year balance .....	255,285	210,893	193,000	168,414	156,016

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **52.47 %**
- b** Permanent endowment **47.53 %**
- 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 .....

	Yes	No
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(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.**

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
<b>1a</b> Land .....		208,934		208,934
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		2,300,013	1,202,929	1,097,084
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,306,018**

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	1,698,553
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	259,809	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	64,212	
e	Add lines 2a through 2d	2e		324,021
3	Subtract line 2e from line 1	3		1,374,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-8,843	
c	Add lines 4a and 4b	4c		-8,843
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,365,689

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,157,808
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	64,212	
e	Add lines 2a through 2d	2e		64,212
3	Subtract line 2e from line 1	3		1,093,596
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-8,843	
c	Add lines 4a and 4b	4c		-8,843
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,084,753

**Part 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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE BRIDGE'S ENDOWMENT FUND IS MADE UP OF DONOR RESTRICTED FUNDS WITH THE STIPULATION THAT ONLY THE NET INCOME MAY BE USED TO DEFER COSTS AND EXPENSES AND TO FUND THE PROGRAMS AND PURPOSES OF THE BRIDGE.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE ORGANIZATION UNDER SECTION 509(A) OF THE CODE. AS A RESULT, INCOME TAXES ARE NOT INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.



**Part XIII Supplemental Information** (continued)

THE ORGANIZATION COMPLIES WITH FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL TAX AUTHORITIES FOR YEARS ENDING BEFORE AUGUST 31, 2018.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ 64,212

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER  
ENDOWMENT FEES NETTED AGAINST REVENUE ON FINANCIAL STATEME \$ 994  
LOSS ON DISPOSAL OF ASSETS NETTED AGAINST REVENUE ON RETUR \$ -9,837

**Part XIII Supplemental Information** *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990 \$ 64,212

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

ENDOWMENT FEES NETTED AGAINST REVENUE ON FINANCIAL STATEME \$ 994

LOSS ON DISPOSAL OF ASSETS NETTED AGAINST REVENUE ON RETUR \$ -9,837

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**THE BRIDGE**

Employer identification number

**75-1995807**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>HEROES/LEGENDS</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	199,800		199,800
	2	Less: Contributions	175,300		175,300
	3	Gross income (line 1 minus line 2)	24,500		24,500
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,799		1,799
	7	Food and beverages	17,106		17,106
	8	Entertainment	38,370		38,370
	9	Other direct expenses	6,937		6,937
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-39,712

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**THE BRIDGE**

Employer identification number

**75-1995807****FORM 990, PART I, LINE 6**

ALL BOARD MEMBERS ARE VOLUNTARY POSITIONS. THERE ARE ALSO VOLUNTEERS THAT HELP WITH FILING AND OTHER CLERICAL DUTIES IN THE OFFICE, THOSE THAT WORK SPECIAL EVENTS AND OTHERS WHO WORK WITH FAMILIES AND PROVIDE PERSONAL SAFETY EDUCATION PROGRAMS FOR CHILDREN.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

A DRAFT OF THE 990 IS PROVIDED VIA EMAIL TO ALL BOARD MEMBERS PRIOR TO THE FILING DEADLINE. A TIME LIMIT OF ONE WEEK IS SET FOR QUESTIONS OR COMMENTS REGARDING THE 990. ALL QUESTIONS/COMMENTS RECEIVED ARE ADDRESSED AND THE 990 IS FINALIZED AFTER THE SPECIFIED TIME PERIOD HAS LAPSED.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

BOARD MEMBERS ARE REQUIRED BY THE POLICY TO REPORT ANY CONFLICTS OF INTEREST IMMEDIATELY. SUCH CONFLICTS ARE HANDLED BASED ON THE FACTS AND CIRCUMSTANCES. THIS MOST OFTEN RESULTS IN THE BOARD MEMBER ABSTAINING FROM VOTING ON CERTAIN MATTERS THAT MAY PERTAIN TO THE CONFLICT.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

COMPENSATION FOR THE EXECUTIVE DIRECTOR, AS WELL AS THE REST OF THE STAFF, IS DECIDED UPON AS PART OF THE BUDGET PROCESS PERFORMED BY THE FINANCE COMMITTEE. GENERALLY, RAISES ARE GIVEN ANNUALLY AT APPROXIMATELY A 3 - 4 % RATE. THE ENTIRE BUDGET, AND THEREFORE THE COMPENSATION, IS DRIVEN BY THE GRANTS RECEIVED AND MONIES RAISED.

Name of the organization

Employer identification number

THE BRIDGE

75-1995807

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ENTIRE STAFF'S COMPENSATION IS PART OF THE BUDGET PROCESS, AS DESCRIBED IN QUESTION 15A. THERE ARE NO COMPENSATED OFFICERS OTHER THAN THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE BRIDGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990	\$	64,212
ENDOWMENT FEES NETTED AGAINST REVENUE ON FINANCIAL STATEME	\$	-994
LOSS ON DISPOSAL OF ASSETS NETTED AGAINST REVENUE ON RETUR	\$	9,837
SPECIAL FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON 990	\$	-64,212
ENDOWMENT FEES NETTED AGAINST REVENUE ON FINANCIAL STATEME	\$	994
LOSS ON DISPOSAL OF ASSETS NETTED AGAINST REVENUE ON RETUR	\$	-9,837

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Identifying number  
**75-1995807**

**THE BRIDGE**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	64,193

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	9,600
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	73,793
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
<b>2018</b>	<b>TOYOTA CAMRY-REC</b>	<b>IN TRADE FOR</b>	<b>ASSET #82</b>						
	10/19/17	100.00 %	24,500	24,500	5.0	S/L-	4,900		
<b>2018</b>	<b>TOYOAT CAMRY-RECD</b>	<b>IN TRADE FOR</b>	<b>ASSET #90</b>						
	10/19/17	100.00 %	23,500	23,500	5.0	S/L-	4,700		
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	<b>9,600</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<b>X</b>	
<b>39</b> Do you treat all use of vehicles by employees as personal use?		<b>X</b>
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		<b>X</b>
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		<b>X</b>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
89	Dell PowerEdge T410	6/01/10	3,700		X	1,850	5 HY 200DB	3,700	0
			<u>3,700</u>			<u>1,850</u>		<u>3,700</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	Land @ 804 Quail Creek Drive	9/30/00	200,291			200,291	0 -- Land	0	0
2	Building - 804 Quail Creek Drive	11/15/01	851,080			851,080	40 MO S/L	400,715	21,277
3	HVAC System	11/15/01	17,883			17,883	10 MO S/L	17,883	0
4	Shutters	11/15/01	8,410			8,410	10 MO S/L	8,410	0
5	Desks, 4 Credenzas, File Cabinet	11/15/01	11,400			11,400	10 MO S/L	11,400	0
6	Parking Lot/Striping	11/15/01	7,609			7,609	10 MO S/L	7,609	0
7	Carpet & Tile	11/15/01	22,946			22,946	7 MO S/L	22,946	0
8	Landscaping/Irrigations System	11/15/01	59,100			59,100	7 MO S/L	59,100	0
9	Sidewalks	11/15/01	20,571			20,571	15 MO S/L	20,571	0
10	Fencing (Dividing)	4/01/02	3,719			3,719	7 MO S/L	3,719	0
11	Sign 6'x8'	4/01/02	2,685			2,685	7 MO S/L	2,685	0
28	Refrigerator	4/15/99	889			889	10 MO S/L	889	0
34	Table & Chairs	6/30/00	850			850	7 MO S/L	850	0
37	SAE Equipment - Pampa	11/15/01	30,376			30,376	5 MO S/L	30,376	0
38	Illuminator, Exam Tables (McKesson)	11/15/01	6,232			6,232	5 MO S/L	6,232	0
42	IR-2200 Copier (rural now)	11/15/01	8,418			8,418	5 MO S/L	8,418	0
43	Camio Bench	11/15/01	1,188			1,188	5 MO S/L	1,188	0
44	Fire & Burgular Alarm System	11/15/01	6,885			6,885	5 MO S/L	6,885	0
45	Sofa's	11/15/01	1,620			1,620	5 MO S/L	1,620	0
46	Broyhill Entertainment Unit	11/15/01	1,995			1,995	5 MO S/L	1,995	0
47	Table & 6 Chairs	11/15/01	1,407			1,407	5 MO S/L	1,407	0
49	Compact Refrigerators	11/15/01	1,290			1,290	5 MO S/L	1,290	0
51	Anthlon PC's	10/01/02	1,798			1,798	5 MO S/L	1,798	0
52	Backup Exec Software	4/10/02	810			810	3 MO S/L	810	0
56	Toshiba Laptop (for Presentations)	12/01/04	1,556			1,556	3 MO S/L	1,556	0
57	LP600DLP Projector	12/01/04	1,515			1,515	5 MO S/L	1,515	0
58	7 1/2 ton heat pump	10/15/06	8,986			8,986	7 MO S/L	8,986	0
59	Paints, vintage funk, right angle	10/15/06	2,983			2,983	7 MO S/L	2,983	0
60	Awning	10/15/06	2,375			2,375	7 MO S/L	2,375	0
61	Copier	10/15/06	8,868			8,868	7 MO S/L	8,868	0
62	Harddrive, Server, Processor (Amarillo)	10/15/06	4,023			4,023	7 MO S/L	4,023	0
63	Cabinet, Countertop (Pampa)	10/15/06	13,175			13,175	7 MO S/L	13,175	0
64	Communication System (Pampa)	10/15/06	5,615			5,615	5 MO S/L	5,615	0
65	Armoire, Sofa, Desk, etc (Pampa)	10/15/06	9,340			9,340	7 MO S/L	9,340	0
67	Table, Chairs, Anchormat (Pampa)	10/15/06	4,527			4,527	7 MO S/L	4,527	0
69	Hutch and Desk (Pampa)	10/15/06	2,450			2,450	7 MO S/L	2,450	0
70	Land - 315 N. Ballard, Pampa, TX	10/15/06	8,643			8,643	0 -- Land	0	0
71	Building - 315 N. Ballard Pampa Tx	10/15/06	182,409			182,409	40 MO S/L	63,463	4,560
72	Color CCTV System (Pampa)	1/23/07	2,165			2,165	7 MO S/L	2,165	0
73	Security System (Pampa)	1/23/07	1,165			1,165	7 MO S/L	1,165	0
76	Papermaster Pro Software	9/01/07	1,592			1,592	5 MO S/L	1,592	0
79	Digital Camera (Pampa colposcope)	1/01/09	1,820			1,820	3 MO S/L	1,820	0
81	Concrete slab	3/27/08	1,650			1,650	15 MO S/L	1,366	110
83	Chairs 2	4/09/08	1,198			1,198	5 MO S/L	1,198	0
85	Concrete parking lot	1/15/09	42,364			42,364	15 MO S/L	32,950	2,824
88	Couch, Chair, 2 tables, tv stand (Hereford)	9/10/09	1,879			1,879	5 MO S/L	1,879	0
92	Leasehold improvements Dumas	5/15/11	5,486			5,486	3 MO S/L	5,486	0
93	Stove	12/15/11	1,524			1,524	7 MO S/L	1,524	0
95	A/V Conference Equipment	2/08/11	4,474			4,474	5 MO S/L	4,474	0
96	Love Seat (Dumas)	5/18/11	1,116			1,116	7 MO S/L	1,116	0
97	Wall Desk and Hutch Amarillo	4/13/12	2,396			2,396	7 MO S/L	2,396	0
98	Compressor Pampa	9/10/12	2,105			2,105	7 MO S/L	2,105	0
99	2 Digital Interview equipment Amarillo	11/14/13	6,639			6,639	5 MO S/L	6,639	0
100	3 Digital Interview Equipment Rural	11/17/13	9,959			9,959	5 MO S/L	9,959	0
101	Hall of Justice Letters	12/12/13	1,450			1,450	7 MO S/L	1,398	52
102	Subsurface Irrigation Amarillo	7/01/13	40,198			40,198	7 MO S/L	40,198	0
103	Phone System	12/12/13	12,229			12,229	7 MO S/L	11,792	437
104	Desks Cabinets	12/12/13	12,315			12,315	7 MO S/L	11,875	440
105	Conference Tables Chairs	12/12/13	10,816			10,816	7 MO S/L	10,430	386
106	Garage	12/12/13	65,380			65,380	39 MO S/L	11,316	1,676
107	Training Center Addition	12/12/13	489,187			489,187	39 MO S/L	84,676	12,543
108	Mobile Interview Equipment CACTX	8/15/13	13,990			13,990	7 MO S/L	13,990	0
109	South Parking Lot	12/12/13	7,885			7,885	15 MO S/L	3,548	526

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
110	West parking lot	12/12/13	23,678			23,678	15	MO S/L	10,655	1,579
111	Interview Equipment - Clarendon	9/24/14	5,878			5,878	5	MO S/L	5,878	0
112	Bathroom remodel -TAS	10/01/14	2,325			2,325	39	MO S/L	353	59
113	Brick work	9/26/14	3,600			3,600	39	MO S/L	546	92
114	Leasehold Improvements - Clarendon	10/01/14	22,460			22,460	5	MO S/L	22,460	0
115	Window Coverings - Clarendon	10/01/14	1,244			1,244	5	MO S/L	1,244	0
116	Clarendon furniture	10/01/14	4,541			4,541	5	MO S/L	4,541	0
117	Light/Insulation - Pampa	12/22/14	4,483			4,483	15	MO S/L	1,693	299
119	Alarm/Access Control Sys w/ Security Camer	8/26/16	9,755			9,755	10	MO S/L	3,902	976
120	6 Tables (conference room)	11/20/15	2,955			2,955	7	MO S/L	2,005	422
121	Colposcope - Amarillo	12/07/15	22,700			22,700	10	MO S/L	10,783	2,080
	Sold/Scrapped: 8/01/21									
122	Computers - 4	6/28/16	2,164			2,164	5	MO S/L	1,803	361
123	Ice Maker	7/20/16	1,799			1,799	5	MO S/L	1,469	330
124	Mac Air 13"	12/16/16	1,199			1,199	3	MO S/L	1,199	0
127	Awning in Pampa	10/18/17	2,086			2,086	7	MO S/L	844	298
128	Awning in Pampa	11/17/17	2,086			2,086	7	MO S/L	820	298
129	HVAC	6/14/18	13,532			13,532	10	MO S/L	3,045	1,353
130	Brick	11/09/17	1,320			1,320	39	MO S/L	96	34
131	Tile, Vinyl plank	12/13/17	14,269			14,269	7	MO S/L	5,606	2,038
132	Dell PowerEdge R230 Rack Server	1/05/18	1,529			1,529	5	MO S/L	816	305
133	Equipment for interview room	5/01/18	8,256			8,256	5	MO S/L	3,853	1,651
134	Front door lock and intercom system	3/13/19	2,058			2,058	7	MO S/L	441	294
135	Sofa and loveseat	3/25/19	1,604			1,604	7	MO S/L	325	229
136	2 computers, 2 monitors	7/22/19	2,714			2,714	5	MO S/L	588	543
137	Colposcope	7/19/19	17,750			17,750	7	MO S/L	2,747	2,536
138	Steel door with frame - Pampa	12/18/19	1,831			1,831	15	MO S/L	81	122
139	Parking Lot Lights	4/14/20	3,865			3,865	7	MO S/L	230	552
140	Dumas Office Modifications	11/06/19	2,847			2,847	10	MO S/L	237	285
141	Fire Alarm System - Pampa	2/01/20	14,060			14,060	15	MO S/L	547	937
142	Canon EOS Rebel & 2 DSLR Foot Pedals	8/19/21	2,263			2,263	5	MO S/L	0	0
143	Security Access System - Pampa	12/08/20	3,300			3,300	7	MO S/L	0	354
144	Sharp Color Copier	11/30/20	8,898			8,898	5	MO S/L	0	1,335
	<b>Total Other Depreciation</b>		<u>2,479,948</u>			<u>2,479,948</u>			<u>1,103,536</u>	<u>64,193</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,479,948</u>			<u>2,479,948</u>			<u>1,103,536</u>	<u>64,193</u>
<b>Listed Property:</b>										
125	2018 Toyota Camry-Rec in trade for asset #8: 10/19/17		24,500			24,500	5	MO S/L	13,883	4,900
126	2018 Toyota Camry-Recd in trade for asset #10/19/17		23,500			23,500	5	MO S/L	13,317	4,700
			<u>48,000</u>			<u>48,000</u>			<u>27,200</u>	<u>9,600</u>
	<b>Grand Totals</b>		2,531,648			2,529,798			1,134,436	73,793
	<b>Less: Dispositions and Transfers</b>		22,700			22,700			10,783	2,080
	<b>Less: Start-up/Org Expense</b>		0			0			0	0
	<b>Net Grand Totals</b>		<u>2,508,948</u>			<u>2,507,098</u>			<u>1,123,653</u>	<u>71,713</u>

**Bonus Depreciation Report**  
**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
89	Dell PowerEdge T410	6/01/10	3,700		0	0	1,850	1,850
101	Hall of Justice Letters	12/12/13	1,450		0	0	0	1,450
	<b>Grand Total</b>		<u>5,150</u>		<u>0</u>	<u>0</u>	<u>1,850</u>	<u>3,300</u>

9280 The Bridge  
 75-1995807  
 FYE: 8/31/2021

06/30/2022 8:36 AM

## Federal Aggregate Report

Asset	Description	Date In Service	Cost	179	Salvage	Prior	Current	Total	Net Book Value	Method	Life
	Honda Civic (rural)	5/24/10	0	0	0	0	0	0	0	200DB	5
	2018 Toyoat Camry-Recd in trade for asset #9	10/19/17	23,500	0	0	13,317	4,700	18,017	5,483	S/L	5
126	2018 Toyoat Camry-Recd in trade for asset #9	10/19/17	23,500	0	0	13,317	4,700	18,017	5,483	S/L	5
<b>Grand Totals</b>			23,500	0	0	13,317	4,700	18,017	5,483		
<b>Less: Dispositions</b>			0	0	0	0	0	0	0		
<b>Net Grand Totals</b>			<u>23,500</u>	<u>0</u>	<u>0</u>	<u>13,317</u>	<u>4,700</u>	<u>18,017</u>	<u>5,483</u>		



9280 The Bridge  
75-1995807  
FYE: 8/31/2021

06/30/2022 8:36 AM

## Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

## Future Depreciation Report FYE: 8/31/22

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
89	Dell PowerEdge T410	6/01/10	3,700	0	0
			<u>3,700</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	Land @ 804 Quail Creek Drive	9/30/00	200,291	0	0
2	Building - 804 Quail Creek Drive	11/15/01	851,080	21,277	0
3	HVAC System	11/15/01	17,883	0	0
4	Shutters	11/15/01	8,410	0	0
5	Desks, 4 Credenzas, File Cabinet	11/15/01	11,400	0	0
6	Parking Lot/Striping	11/15/01	7,609	0	0
7	Carpet & Tile	11/15/01	22,946	0	0
8	Landscaping/Irrigations System	11/15/01	59,100	0	0
9	Sidewalks	11/15/01	20,571	0	0
10	Fencing (Dividing)	4/01/02	3,719	0	0
11	Sign 6'x8'	4/01/02	2,685	0	0
28	Refrigerator	4/15/99	889	0	0
34	Table & Chairs	6/30/00	850	0	0
37	SAE Equipment - Pampa	11/15/01	30,376	0	0
38	Illuminator, Exam Tables (McKesson)	11/15/01	6,232	0	0
42	IR-2200 Copier (rural now)	11/15/01	8,418	0	0
43	Camio Bench	11/15/01	1,188	0	0
44	Fire & Burgular Alarm System	11/15/01	6,885	0	0
45	Sofa's	11/15/01	1,620	0	0
46	Broyhill Entertainment Unit	11/15/01	1,995	0	0
47	Table & 6 Chairs	11/15/01	1,407	0	0
49	Compact Refrigerators	11/15/01	1,290	0	0
51	Anthlon PC's	10/01/02	1,798	0	0
52	Backup Exec Software	4/10/02	810	0	0
56	Toshiba Laptop (for Presentations)	12/01/04	1,556	0	0
57	LP600DLP Projector	12/01/04	1,515	0	0
58	7 1/2 ton heat pump	10/15/06	8,986	0	0
59	Paints, vintage funk, right angle	10/15/06	2,983	0	0
60	Awning	10/15/06	2,375	0	0
61	Copier	10/15/06	8,868	0	0
62	Harddrive, Server, Processor (Amarillo)	10/15/06	4,023	0	0
63	Cabinet, Countertop (Pampa)	10/15/06	13,175	0	0
64	Communication System (Pampa)	10/15/06	5,615	0	0
65	Armoire, Sofa, Desk, etc (Pampa)	10/15/06	9,340	0	0
67	Table, Chairs, Anchormat (Pampa)	10/15/06	4,527	0	0
69	Hutch and Desk (Pampa)	10/15/06	2,450	0	0
70	Land - 315 N. Ballard, Pampa, TX	10/15/06	8,643	0	0
71	Building - 315 N. Ballard Pampa Tx	10/15/06	182,409	4,561	0
72	Color CCTV System (Pampa)	1/23/07	2,165	0	0
73	Security System (Pampa)	1/23/07	1,165	0	0
76	Papermaster Pro Software	9/01/07	1,592	0	0
79	Digital Camera (Pampa colposcope)	1/01/09	1,820	0	0
81	Concrete slab	3/27/08	1,650	110	0
83	Chairs 2	4/09/08	1,198	0	0
85	Concrete parking lot	1/15/09	42,364	2,824	0
88	Couch, Chair, 2 tables, tv stand (Hereford)	9/10/09	1,879	0	0
92	Leasehold improvements Dumas	5/15/11	5,486	0	0
93	Stove	12/15/11	1,524	0	0
95	A/V Conference Equipment	2/08/11	4,474	0	0
96	Love Seat (Dumas)	5/18/11	1,116	0	0
97	Wall Desk and Hutch Amarillo	4/13/12	2,396	0	0
98	Compressor Pampa	9/10/12	2,105	0	0
99	2 Digital Interview equipment Amarillo	11/14/13	6,639	0	0
100	3 Digital Interview Equipment Rural	11/17/13	9,959	0	0
101	Hall of Justice Letters	12/12/13	1,450	0	0
102	Subsurface Irrigation Amarillo	7/01/13	40,198	0	0
103	Phone System	12/12/13	12,229	0	0
104	Desks Cabinets	12/12/13	12,315	0	0
105	Conference Tables Chairs	12/12/13	10,816	0	0
106	Garage	12/12/13	65,380	1,677	0



**Future Depreciation Report** **FYE: 8/31/22****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
107	Training Center Addition	12/12/13	489,187	12,543	0
108	Mobile Interview Equipment CACTX	8/15/13	13,990	0	0
109	South Parking Lot	12/12/13	7,885	526	0
110	West parking lot	12/12/13	23,678	1,578	0
111	Interview Equipment - Clarendon	9/24/14	5,878	0	0
112	Bathroom remodel -TAS	10/01/14	2,325	60	0
113	Brick work	9/26/14	3,600	93	0
114	Leasehold Improvements - Clarendon	10/01/14	22,460	0	0
115	Window Coverings - Clarendon	10/01/14	1,244	0	0
116	Clarendon furniture	10/01/14	4,541	0	0
117	Light/Insulation - Pampa	12/22/14	4,483	299	0
119	Alarm/Access Control Sys w/ Security Cameras	8/26/16	9,755	975	0
120	6 Tables (conference room)	11/20/15	2,955	422	0
122	Computers - 4	6/28/16	2,164	0	0
123	Ice Maker	7/20/16	1,799	0	0
124	Mac Air 13"	12/16/16	1,199	0	0
127	Awning in Pampa	10/18/17	2,086	299	0
128	Awning in Pampa	11/17/17	2,086	298	0
129	HVAC	6/14/18	13,532	1,353	0
130	Brick	11/09/17	1,320	34	0
131	Tile, Vinyl plank	12/13/17	14,269	2,039	0
132	Dell PowerEdge R230Rack Server	1/05/18	1,529	306	0
133	Equipment for interview room	5/01/18	8,256	1,651	0
134	Front door lock and intercom system	3/13/19	2,058	294	0
135	Sofa and loveseat	3/25/19	1,604	229	0
136	2 computers, 2 monitors	7/22/19	2,714	543	0
137	Colposcope	7/19/19	17,750	2,535	0
138	Steel door with frame - Pampa	12/18/19	1,831	122	0
139	Parking Lot Lights	4/14/20	3,865	552	0
140	Dumas Office Modifications	11/06/19	2,847	285	0
141	Fire Alarm System - Pampa	2/01/20	14,060	937	0
142	Canon EOS Rebel & 2 DSLR Foot Pedals	8/19/21	2,263	453	0
143	Security Access System - Pampa	12/08/20	3,300	471	0
144	Sharp Color Copier	11/30/20	8,898	1,779	0
	<b>Total Other Depreciation</b>		<u>2,457,248</u>	<u>61,125</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,457,248</u>	<u>61,125</u>	<u>0</u>
<b>Listed Property:</b>					
125	2018 Toyota Camry-Rec in trade for asset #82	10/19/17	24,500	4,900	0
126	2018 Toyoat Camry-Recd in trade for asset #90	10/19/17	23,500	4,700	0
			<u>48,000</u>	<u>9,600</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,508,948</u>	<u>70,725</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2020</b>
Name <b>THE BRIDGE</b>		Taxpayer Identification Number <b>75-1995807</b>
Description <b>HEROES/LEGENDS</b>		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>24,500</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>175,300</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>199,800</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>64,212</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>64,212</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>135,588</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<b>1,799</b>
Food & beverages (Part II only)	<b>17,106</b>
Entertainment (Part II only)	<b>38,370</b>
Other direct expenses	<b>6,937</b>
<b>Total Fundraising Expense</b>	<b>64,212</b>

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Information is indicated for use on Form 990-T, Schedule A:**

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b>	<b>2020</b>
Description <b>RENT</b>		

Name <b>THE BRIDGE</b>	Taxpayer Identification Number <b>75-1995807</b>
---------------------------	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	<b>6,000</b>
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	
4. Direct Expense .....	4.	
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<b>6,000</b>

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	

**Expense Details - Direct Expense:**

Interest .....	
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	
<b>Total Direct Expense</b> .....	

**Information is indicated for use on Form 990-T, Schedule A:**

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

First .....	
Second .....	
Third .....	
All other .....	

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning <b>09/01/20</b> , ending <b>08/31/21</b>		

Name

Taxpayer Identification Number

**THE BRIDGE****75-1995807**

		2019	2020	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Contributions, gifts, grants	1. 353,851	434,224	80,373
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 824,963	762,631	-62,332
	4. Program service revenue	4. 30,163	79,590	49,427
	5. Investment income	5. 33,280	33,123	-157
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 14,018	89,833	75,815
	8. Net income or (loss) from fundraising events	8. -56,635	-39,712	16,923
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 34,385	6,000	-28,385
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,234,025	1,365,689	131,664
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 77,150	76,900	-250
	16. Salaries, other compensation, and employee benefits	16. 693,281	704,391	11,110
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 41,802	46,066	4,264
	19. Occupancy, rent, utilities, and maintenance	19. 87,606	71,975	-15,631
	20. Depreciation and Depletion	20. 86,734	70,106	-16,628
	21. Other expenses	21. 111,112	115,315	4,203
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 1,097,685	1,084,753	-12,932
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 136,340	280,936	144,596
<b>O</b> <b>t</b> <b>h</b> <b>e</b> <b>r</b> <b>I</b> <b>n</b> <b>f</b> <b>o</b> <b>r</b> <b>m</b> <b>a</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	24. Total exempt revenue	24. 1,234,025	1,365,689	131,664
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 55,211	168,834	113,623
	27. Total assets	27. 3,351,030	3,888,720	537,690
	28. Total liabilities	28. 15,183	12,128	-3,055
	29. Retained earnings	29. 3,335,847	3,876,592	540,745
	30. Number of voting members of governing body	30. 22	18	
	31. Number of independent voting members of governing body	31. 22	18	
	32. Number of employees	32. 15	14	
	33. Number of volunteers	33. 65	65	

Form **990****Tax Return History****2020**

Name

**THE BRIDGE**

Employer Identification Number

**75-1995807**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	970,525	1,074,702	995,258	1,178,814	1,196,855	
Membership dues						
Program service revenue	9,288	33,372	23,646	30,163	79,590	
Capital gain or loss	95	103,412	35,961	14,018	89,833	
Investment income	20,281	92,280	56,261	33,280	33,123	
Fundraising revenue (income/loss)	-4,353	-59,579	-65,031	-56,635	-39,712	
Gaming revenue (income/loss)						
Other revenue	25,102	24,221	32,073	34,385	6,000	
<b>Total revenue</b>	<b>1,020,938</b>	<b>1,268,408</b>	<b>1,078,168</b>	<b>1,234,025</b>	<b>1,365,689</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	79,000	62,500	73,000	77,150	76,900	
Other compensation	553,003	601,781	606,005	693,281	704,391	
Professional fees	19,838	21,198	45,807	41,802	46,066	
Occupancy costs	71,046	86,895	79,987	87,606	71,975	
Depreciation and depletion	76,015	87,000	88,931	86,734	70,106	
Other expenses	137,911	126,877	120,576	111,112	115,315	
<b>Total expenses</b>	<b>936,813</b>	<b>986,251</b>	<b>1,014,306</b>	<b>1,097,685</b>	<b>1,084,753</b>	
<b>Excess or (Deficit)</b>	<b>84,125</b>	<b>282,157</b>	<b>63,862</b>	<b>136,340</b>	<b>280,936</b>	
Total exempt revenue	1,020,938	1,268,408	1,078,168	1,234,025	1,365,689	
Total unrelated revenue						
Total excludable revenue	50,413	193,706	82,910	55,211	168,834	
Total Assets	2,886,929	3,086,632	3,089,553	3,351,030	3,888,720	
Total Liabilities	26,725	13,573	14,711	15,183	12,128	
Net Fund Balances	2,860,204	3,073,059	3,074,842	3,335,847	3,876,592	

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
ANB MMIA	\$ 33,123		14			
AAF INCOME			14			
TOTAL	<u>\$ 33,123</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 19,200	\$ 19,200	\$	\$
TOTAL	<u>\$ 19,200</u>	<u>\$ 19,200</u>	<u>\$ 0</u>	<u>\$ 0</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK AND CREDIT CARD FEES	\$ 5,255	\$ 5,255	\$	\$
BANK CREDIT CARD FEES	5,051	2,577	1,443	1,031
TELEPHONE	5,026	5,026		
TRANSLATION FEES	2,653	2,653		
TRANSLATION FEES	2,548	1,300	728	520
MEMBERSHIP DUES	2,423	331	1,220	872
TELEPHONE	2,322	558	1,029	735
DISPOSAL OF ASSETS	2,080		2,080	
TRAINING AND EDUCATION	632	632		
TRAINING AND EDUCATION	244	33	123	88
TOTAL	<u>\$ 28,234</u>	<u>\$ 18,365</u>	<u>\$ 6,623</u>	<u>\$ 3,246</u>

9280 The Bridge  
75-1995807  
FYE: 8/31/2021

## Federal Statements

6/30/2022 8:36 AM

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
FEDERATED CAMPAIGNS	\$ 39,024
GOVERNMENT GRANTS OR CONTRIBUTIONS	762,631
CONTRIBUTIONS	219,900
HEROES/LEGENDS	
CASH CONTRIBUTION	175,300
TOTAL	<u>\$ 1,196,855</u>



# Federal Statements

## Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
AMERICA'S BEST THRIFT	\$ 35,076	\$
TOTAL	\$ 35,076	\$ 0

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
ANB MMIA	\$ 33,123
AAF INCOME	
THRIFT SHOP ROYALTY	
RENT	6,000
TOTAL	<u>\$ 39,123</u>

### Schedule A, Part II, Line 9(e)

Description	Amount
HEROES/LEGENDS	\$ -39,712
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -40,712</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
FINES/PROBATION/SA EXAMS	\$ 37,914
THRIFT SHOP	35,076
CACTX FACULTY TRAINER FEE	6,600
TOTAL	<u>\$ 79,590</u>