Form	990
Form	<b>990</b>

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



Α	For th	e 2023 calendar year, or tax year beginning and	l ending									
	Check if applicab	c Name of organization		D Employer identit	fication number							
	Addre											
	Name changeDoing business as45-5422195											
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone numb	er								
	Final return	4445 EASTGATE MALL	858-812-315	0								
	termin ated	· · · · · · · · · · · · · · · · · · ·		<b>G</b> Gross receipts \$	536,824.							
	Amen	SAN DIEGO, CA 92121		H(a) Is this a group								
	Applie tion pendi	F Name and address of principal officer: MTCHAEL NAME		for subordinate	es? Yes X No							
	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates								
		empt status: $X = 501(c)(3) = 501(c) ( ) (insert no.) = 4947(a)(1)$	or 527		a list. See instructions							
_	Websi -			H(c) Group exempti								
	Form of art I	organization: X Corporation Trust Association Other	L Year	of formation: 2012	M State of legal domicile: CA							
	1	Briefly describe the organization's mission or most significant activities: TO BUI										
e	1	FUTURES FOR TEENAGERS WHO HAVE BIG ASPIRATIONS BUT FACE BAR		10 DRIGHTER								
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo		than 25% of its net a	esote							
verr	3			3	1							
Ő	4	Number of independent voting members of the governing body (Part VI, line 1b)										
80 00	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)										
itie	6	Total number of volunteers (estimate if necessary)			15							
cti∨	7a			78	a 0.							
Ā	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			o.							
				Prior Year	Current Year							
đ	8	Contributions and grants (Part VIII, line 1h)		450,791	. 496,182.							
nue	9	Program service revenue (Part VIII, line 2g)		0	. 0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		99								
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-90,149	· · · · ·							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		360,741	/ /							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		174,625	· · · · ·							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0								
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		91,253	· · · · ·							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.							
ă	b		,350.	100 215	04.204							
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,315	· · · · ·							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		372,193 -11,452	/							
	19 a	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year								
ts or		Tatel assate (Dart V. line 16)		329,485								
Assets		Total assets (Part X, line 16)		21,278								
let ∕	-	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		308,207	/							
		Signature Block		500,207	•1 555,050.							

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.

Sign	Signature of officer			Dat	е
Here	MICHAEL NANCE, CEO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	E	Date	Check PTIN
Paid	BRIAN YACKER	BRIAN YACKER	04	4/29/24	self-employed P00401346
Preparer	Firm's name BAKER TILLY US, LLP			Firr	n's EIN 39-0859910
Use Only	Firm's address 18500 VON KARMAN AVE, 10T	H FLOOR			
	IRVINE, CA 92612			Ph	one no.949.222.2999
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 33	2001 12-21-23		Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) A BRIDGE FOR KIDS		45-5422195 Page <b>2</b>
Par	t III Statement of Program Service Accomp	lishments	
	Check if Schedule O contains a response or note to	any line in this Part III	X
1	Briefly describe the organization's mission:		
	TO BUILD BRIDGES TO BRIGHTER FUTURES FOR TE		
	ASPIRATIONS BUT FACE BARRIERS TO ACHIEVING	THEIR FULL POTENTIAL.	
	PROVIDES FINANCIAL BENEFITS TO TEENAGERS BA	ASED ON APPLICATIONS	
2	Did the organization undertake any significant program ser		
-			Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant	t changes in how it conducts, any program services? $_{}$	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishme	ents for each of its three largest program services, as m	leasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required t	to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	221.416	
4a	(Code:) (Expenses \$	including grants of \$ 201,146. ) (Revenue	≥\$)
	TEENAGERS INTO PROSPEROUS ADULTS THROUGH A		
	INCLUDE TUTORING, CAREER DISCOVERY, INTERNS		
	ACCESS TO TECHNOLOGY, WELLNESS INITIATIVES,	· · · · · · · · · · · · · · · · · · ·	
	OTHER PROGRAMS AIMED AT TEACHING LIFE SKILL		
	CREATIVITY AND OFFER TRANSFORMATIVE EXPERIE	INCES THAT PROPEL TEENAGERS	
	TO EVOLVE INTO FLOURISHING ADULTS.		
4b	(Code:) (Expenses \$	including grants of \$ ) (Revenue	≥\$)
4c	(Code:) (Expenses \$	including grants of \$ ) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)		,
	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses	310,693.	Form <b>990</b> (2023)
330000	10.01.03		Form <b>330</b> (2023)
332002	12-21-23	2	

Form	990 (2023) A BRIDGE FOR KIDS 45-5422	195	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- Ŭ		
0		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		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	1.12		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			<u> </u>
u		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX			x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
.,		17		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions			<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	3 12-21-23	Form	990	(2023)

Form **990** (2023)

## 08540429 144198 206521

Form 990 (2023)	
-----------------	--

Par	t IV Checklist of Required Schedules (continued)			uge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
<b>2</b> 4 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C		24c		
<b>ا</b> م	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		А
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
	Schedule L, Part I	25b		
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			w
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			w
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
<b>.</b> .	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		А
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U		35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	550		
55		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		
	• • • • • • •	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
332004	12-21-23	Form	990 (	(2023)

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax: Statements.         2a         Statements         2a         X           b         If a teast one is reported on line 2a, did the organization file all required decal employment tax returns?         2a         X         X           b         If a teast one is reported on line 2a, did the organization have an interest in ora signature or other authority over, a         3a         X           b         If Y*xs, 'Insta filed A form 980-T for this yary?         If an interployment tax returns?         3a         X           b         If Y*xs, 'Insta filed A form 980-T for this yary?         If an interployment tax returns?         5a         X           b         If Y*xs, 'Insta filed A form 990-T for this yary?         5a         X         X           b         If Y*xs, 'Insta filed A provide tax and the M instance A formacid A cocurd, if AN instance A cocurd, if AN instance A cocurd, if AN instance A instance A cocurd, if AN instance A cocurd, if AN instance A instanc	Form	990 (2023) A BRIDGE FOR KIDS	45-542219	5	Р	age <b>5</b>						
2a         Earth the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,         3           b         If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?         3a         X           b         If at least one is reported on line 2a, dd the organization file an interaction one Schedule 0         3b         X           b         If Yes, 'Itasi lifed a form 990 Tior line year, dd the organization have an interactin or a signature or other subhority over, a financial accountly served the organization have an interactin or a signature or other subhority over, a financial accountly set instructions for filing equipments for FinCeIN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), 5a         X           6         Was the organization have an interaction at any time during the tax year?         5a         X           c         If Yes, 'Instructions for filing equipments for FinCeIN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), 5a         X           5a         Was the organization have an inclusity interaction at any time during the tax year?         5a         X           6a         Does the organization have an inclusity interaction at any time during the tax year?         5a         X           6b         Vest in the organization near during that are normally greater than \$100.000, and did the organization solicit any contributions and services proved of the payoff 7         A           6b         Vest in the organization neave as	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Interface     Image: Imag					Yes	No						
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       20       X         30       Did the organization have unrelated basines gross income of 3,000 or mos objectule 0       3a       X         41       At any time during the calendar year, did the organization have an interest in, or a signature or other mathority over, a financial account in a foreign country (luch na s have have count succents a succent or textering of the financial accounts (EBAR).       4a       X         54       Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?       5a       X         55       Did any taxable party only the granization that was or is a party to a prohibited tax shalter transaction at any time during the tax year?       5a       X         64       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 a charitable contributions and party to goods and services provided?       5a       X         9       If ***: 1 differ organization number of forms 8282 filed during the year       7a       X       7a       X         9       If ***: 1 differ organization number of the value of the goods or services provided?       7a       X       7a       X         9       If ***: 1 differ organization number of the value of the good or services provided?       7a       X       7a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
Sa       Differs 'nasi field a Form 590 Tor this year? If 'No' to ins 8, provide an explanation on Schedule 0       30       32         A Hary the during the calendary year, id the organization have an interest in, or a signature or other authority over, a financial account?       43       32         J I' Yes, 'Institute The name of the forgin country 'Guth is a bank account, securities account, or other financial account?       43       2         J I' Yes, 'Institute The name of the forgin country 'Guth is a bank account, securities account, or other financial account?       43       2         J I' Yes, 'Institute The name of the forgin country 'Guth is a park to a prohibited tax sheller transaction and ray time during the sayear?       56       2         J I' Yes, 'I due to ganization in EP m386617       56       56       5       2         J I' Yes, 'I due to ganization in EP m386617       56       5       5       2         J I' Yes, 'I due the organization in EP m386617       56       5       5       2         J I' Yes, 'I due the organization include with every solicitation an express statement that such contributions contributions and park for goods and services provided to the pary?       7       7       X         J I' Yes, 'I due the organization include with every contributions and park for goods and services provided to the pary?       7       X       X         J I' Yes, 'I due to organization include with every contrune to a personal beneft contract?		filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 3									
b     If "Yes," has it litid a Form 990 Tor this year? if "No" to line 3b, provide an explanation on Schedule 0     30       4     At any time during the calendar year. do the organization have an interest in, or a signature or other autionity over, a transcel al accurit, security schem sa bank account, securities account, or other framacula accounts (FEAR),       5     If "Yes," enter the name of the foreign country schem sa bank account, securities account, or other framacula accounts (FEAR),     5a       5     With the organization that a prombible tax base transaction at any time during the tax year?     5b       5     Did any taxability and grass receipts that are normally graster than \$100,000, and did the organization solid tax and that are normally graster than \$100,000, and did the organization solid any contributions that any creative doubtibies contributions or gifts were not tax deductible accharitable contributions and parts for groups and services provided to the payor?       7     Organization schem any receive deductibie contributions under section 170(c).     7a       8     Hit ways, 'indicate the number of Forms 8282 field during the year     7d       7     7a     7a       8     Hit ways, 'indicate the number of Forms 8282 field during the year     7d       9     Did the organization needwe at obsess of targitible personal property for which it was required?     7d       7     7a     7a       7     7a     7a       8     11 "Wes,' indite organization file organization file form 1000000000000000000000000000000000000	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х							
4a       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a timaned accountly (such as a bank account, securities account, or other financial accounts (FBAR).         b       If Yes, 'enter the name of the toreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a       X         b       If Yes, 'enter the name of the toreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a       X         b       If Yes, 'in the organization bare annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that was no tax deductibles contrabutions?       5a       X         c       If Yes,'' (dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).       6b       7a       X         1       If Yes,'' (dd the organization notify the donor of the value of the goods or services provided?       7a       X       7b       X         1       If Yes,'' (dd the organization notify the donor of the value of the goods or services provide?       7a       X       7b       X         1       If Yes,'' (dd the organization notify the donor of the value of the goods or services provide?       7a       X       7b       X       7b       X       7b       X       7b       X       7c       X	3a											
intractal account in a foreign country (such as a bank account, securities account, or other financial account)?     4g     X       b If "Yes," reter the name of the foreign country.     5g     5g     X       5a Was the organization a party to a prohibited tax shafter transaction at any time during the tax year?     5g     X       5b D Car y taxes be party notify the organization that twas or is a party to a prohibited tax shafter transaction?     5g     X       5b D Car y taxes be party notify the organization that twas or is a party to a prohibited tax shafter transaction?     5g     X       5b D If "Yes," to line 5a or 5b, did the organization that twas or is a party to a prohibited tax shafter transaction?     5g     X       5b D If "Yes," to line 5a or 5b, did the organization tax that transaction?     5g     X       5c D If "Yes," to line 5a or 5b, did the organization include with very solicitation an express statement that such contributions or gifts     6g     X       7 Organizations that may receive deductible contributions under section 170(c).     7g     X     Z       7 D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     7g     X       7 Organizations sele, cather wear, pay permiting, cather wear, pay taxites and pay permiting or a pay particitation receiv	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       If "Yes," enter the name of the foreign county"       Image: the foreign county is a period to the foreign county is a period to the section of any time during the tax year?       Image: the foreign county is a period to the foreign county is a period to the section of any time during the tax year?       Image: the foreign county is a period to the foreign county is a period to the section of any time during the tax year?       Image: the foreign county is a period to the foreign count is a period to the foreign count is a period to the foreign count is the organization is a charable contributions or gifts or the organization netw deductible contributions and era charable contributions or gifts organization that a gene to tax deductible?       Image: the organization is that any contributions that many create deductible contributions and period for goods and services provided to the payor?       Image: the organization receive a payment in eccess of 35 made parity as contribution and parity for goods and services provided to the payor?       Image: the organization receive any lunds, directly or indirectly, to pay prenums on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly, to pay prenums on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly, to pay prenums on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly, to pay prenums on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly, on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly, to pay prenums on a personal benefit contract?       Image: the organization receive any lunds, directly or indirectly any paresonal benefit contract?       Image	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a									
See instructions for fling requirements for FindEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).     Image: Comparison of the comp		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X						
5a     Was the organization a party to a prohibited tax sheft transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or this device a charable contributions?     5a     X       7b     TY'se," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7c     Organization rocke a payment in necess of \$75 mde party as a contribution and party for goods and services provided to the payo?     7a     X       7c     Did the organization necker way funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       7c     V     Ty'se," indicate the number of Forms 8282? filed during the year     7d     7d     X       7d     Did the organization necever a contribution of cas, basta, aripanes, or other vehicles, did the organization file a Form 1089C?     7a     X       7d     If the organization necever a excess business holding at any time during the year?     7a     7a     7a       7d     Did the organization necever a contribution of cas, basta, aripanes, or ther vehicles, did the organization file a Form 1089C?     7b       8     Sponsoring organization nec	b	If "Yes," enter the name of the foreign country										
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?       56         c       H*Yes' to line Sa or 5b, did the organization the Form 8896-17?       56         a       Desc the organization have annual gross recipits that are normally greater than \$100,000, and did the organization second annual gross recipits that are normally greater than \$100,000, and did the organization second annual gross recipits that are normally greater than \$100,000, and did the organization second annual gross recipits that are normally greater than \$100,000, and did the organization include with every solicitations an express statement that such contributions or gifts         b       H*Yes, 'id the organization notify the donor of the value of the goods or services provided?       76         b       Did the organization notify the donor of the value of the goods or services provided?       76         c       I*Yes, 'id dite organization notify the donor of the value of the goods or services provided?       76         b       Did the organization network of thermise dispose of tangible personal property for which it was required       76         d       I*Yes, 'indicate the number of Forms 2822 lied during the year.       7d       7         f       Did the organization network or any premiums, on a personal benefit contract?       77       7         f       Did the organization network or any during directly or indirectly, on a personal benefit contract?       76       7         f		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).									
c       If "Yes" to line 5a of 5b, did the organization file Form 8886 T?       5c         6a       Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         b       If "Yes," did the organization neale symmet in eccss of 5fs" made parts as contribution and party for goods and services provided to the part of the form 8827?       7a       X         c       Did the organization neale any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       Te       X         f       Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file of a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098/C?       7n       X         g       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098/C?       7a       X         g       If the organizat	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
Ga       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 chartable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       Gb       Gb       K         a       Did the organization stat may receive deductible contributions under section 170(c).       To       To       X       X         b       If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contributions on a personal benefit contract?       76       X       X         c       Did the organization neceive any termines, directly or indirectly, on a personal benefit contract?       76       X       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       X       X         d       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1086 C?       X       X       X         g       Hord the sponsoring organization make any taxable distributions under section 4966?       9a       X       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X       X         g       Sponsoring organiz	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X						
any contributions that were not tax deductible as charable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b     X     7c     X       b If the organization neetixe payment in excess of \$75 made party as a contribution and party for goods and services provided to the pay?     7c     X       c Did the organization neetixe payment in excess of \$75 made party as a contribution and party for goods and services provided to the pay?     7c     X       c Did the organization neetixe as contributions under section 170(c).     7cd     X       c Did the organization neetixe as contribution of the payment in excess     7cd     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     X       g If the organization neeview a contribution of cars, boats, anjoinees, or other vehicles, did the organization file Form 8892 as required?     7d     X       g If the organization neeview a contribution of cars, boats, anjoinees, or other vehicles, did the organization file Form 8892 as required?     7d     X       g If the organization neeview a contribution of cars, boats, anjoine granization file Form 8893 as required?     7d     X       g If the organization eceive a contribution of cars, boats, anjoine form antibaring donor advised funds.     9a     9a	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       20         7       Organizations that may receive deductible contributions under section 170(c).       80         8       16 the organization receive a payment in excess of \$25 made partly as a contribution and partly for goods and services provided?       7a       X         9       16 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7a       X         16 If 'Yes,' did the organization secleve apyment in excess of \$25 made partly as a contribution of the value of the goods or services provided?       7a       X         16 If 'Yes,' did the organization neceive a payment in excess of tangible personal property for which it was required?       7a       X         17       16 'Yes,' did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7a       X         17       17       17       17       17       17       17         18       b organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7b       17       17         2       Sponsoring organization maintaining donor advised funds.       10a       10a       10a       10a         3       Socion 501(c)(12) organizations. Enter:       <	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit									
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     70       8     Did the organization nective a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payne?     7a     X       b     If "Yes," did the organization nective apayment in excess of \$75 made parity as a contribution and parity for which it was required to the payne?     7a     X       c     Did the organization nective apayment in excess of \$75 made parity as a contribution and parity for which it was required to the form \$282?     7c     X       c     Did the organization nective apayment in excess of \$75 made parity as a contribution on a personal benefit contract?     7c     X       c     Did the organization neceive apay tonds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file orm 8098 as required?     7h     X       h     If the organization make any taxable distributions under section 4096?     9a     9a     9a       9     Dorden sponsoring organization make ary taxable distributions under section 4096?     9a     9a     9a       10     Did the sponsoring organizations included on Part VIII, line 12     10a     10a     10a       11     Section 501(c)(7) organizations. Enter:     10a     1		any contributions that were not tax deductible as charitable contributions?		6a		X						
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization netwise a payment in excess 01%5 made parity as a contribution and parity for goods and services provided to the payment in excess 01%5 made parity as a contribution and parity for goods and services provided to the payment of the value of the goods or services provided?       7a       X         c) bid the organization netwise apayment in excess 01%5 made parity as a contribution and parity for goods and services provided?       7d       X         c) bid the organization netwise apayment in excess 01%5 made parity as a contribution on a personal benefit contract?       7d       X         d) th' ves, 'i indicate the number of Forms 8282 filed during the year       7d       X       X         g) the organization receive any tunds, directly or indirectly, or appresonal benefit contract?       7f       X         g) if the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098C7       7n       X         g) if the organization materiang doors advised funds. Did a doorn advised funds.       10a       10a       10a         g) Sponsoring organization male a distribution to a doorn advised funds.       10a       10a       10a       10a         g) Socientical contributions included on Part VIII, line 12.       10a       10	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," and the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization excerts exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization matching have excess business holdings at any time during the year?       7d       X         9 Sponsoring organization have excess business holdings at any time during the year?       8       8         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       10b       10b       10b       10c       10c         13 Secton 501(c)(2) organizations. Enter:       10b<		were not tax deductible?		6b								
b       If Yes,* did the organization netify the donor of the value of the goods or services provided?       To       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       Tc       X         d       If Yes,* indicate the number of Forms 8282? field during the year       Zd       Tc       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Tr       X         f       Did the organization network a contribution of qualified intellectual property, did the organization flow flow data contradived a contribution of cast, boats, anjplanes, or other vehicles, did the organization flow flow data contradived a contribution of cast, boats, anjplanes, or other vehicles, did the organization flow flow data contradived a contribution of cast, boats, anjplanes, or other vehicles, did the organization flow flow flow data contradived funds.       Tn       X         a       Sponsoring organization make any taxable distribution sunder section 4966?       9a       9a       9a         b       Did the sponsoring organization.       Fto term       10a       10a       10a         f       Section 501(c)(7) organizations. Enter:       10a       10a       11a       10a       11a         f       Gross income from other sources.       11a       10a       11a       12a       12a       12a	7	Organizations that may receive deductible contributions under section 170(c).										
b       Did the organization selie exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       [7d]       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds.       1Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 de sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         11 section 501(c)(7) organizations. Enter:       10a       10b       10b       10c       10c       10c         12 Section 501(c)(22) organizations. Enter:       11a       10b       10c       10c       10c       10c       10c       10c       10c       10c       <	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х							
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization files Form 8898 as required?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1088-C?       8       7d       X         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       8       8         g Did the sponsoring organizations. Enter:       a       10a       10a       9a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	х							
dif 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premouns on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g Sponsoring organizations maintaining door advised funds.       a donor advised funds.       8       8         9 Sponsoring organization nake a distribution to a donor, advised funds.       9d       9b       9b         10 the sponsoring organization make a distribution to a donor, advisor, or related person?       9b       9b       9b         10 section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b       10c       10c       10c	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required									
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization during the year, pay premiums, of pay premiums, of a personal benefit contract?       7d       X         f If the organization during the year, pay premiums, of itercity or indirectly, on a personal benefit contract?       7d       X         g If the organization during the year, pay premiums, of adons advised fund maintained by the sponsoring organization maintaining door advised funds.       7d       X         Sponsoring organization name any taxable distributions under section 4966?       9a       9       9a       9a       9a       9a       9a       9a       9b       9a       9a       9a       9b       9a				7c		x						
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       0         10 di the sponsoring organization make any taxable distributions under section 4966?       9a       9b       0         10 Section 501(c)(7) organization make any taxable distributions under section 4966?       9a       0       0         10 Section 501(c)(12) organizations. Enter:       10a       10b       0       0         11 Section 501(c)(12) organization. Enter:       10a       10b       10b       10c       12a         12 Section 501(c)(12) organization interest received or accrued during the year       12a       12a </td <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td>	d											
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7n       7n         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       the sponsoring organization make a distribution to a donor, donor advised funds.       9a       9         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       <			ontract?	7e		x						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h   8 Sponsoring organizations maintaining door advised fund. 8   9 Did the sponsoring organization make any taxable distributions under section 4966? 9a   9 Did the sponsoring organization make a distribution to a donor, door advisor, or related person? 9a   9 Section 501(c)(7) organizations. Enter: 10a   10 Section 501(c)(7) organizations. Enter: 10a   11 Section 501(c)(12) organizations. Enter: 10b   12 Gross income from members or shareholders 11a   13 Section 501(c)(12) organizations. Enter: 11a   14 amounts due or received from them.) 11b   12a Section 501(c)(12) organizations. Enter: 11a   13 Section 501(c)(12) organization make intervent received or accrued during the year 12a   14 B Gross income from members or shareholders 11a   15 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a   13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a   a is the organization licensed to issue qualified health plans in more than one state? 13a   14a Did the sponized to receives the organization is required to maintain by the states in which the organization subject to the section 4968 excise tax on net investment increas?   15 Is the organization increase to issue qualified health plans 13b   15 Is the organizat	f			7f		X						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8a         9       Sponsoring organizations maintaining donor advised funds.       8a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       9b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       11a       11a       12a         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 5042((2)2) qualified nonprofit health insurance issuers.       13a       13a       13a         c       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 in more than one state?       13a       14a       X	g			7g								
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross income from members or shareholders       11a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(12) organization filing Form 990 in lieu of Form 1041?       12a         14       If Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a         a       Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Did the amount of reserves the organization must report on Schedule 0.       13a         15       Is the organization is required to maintain by the states in which t	h			7h								
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(22) organization interest received or accrued during the year       12b         13       Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a         vote: See the instructions for additional information is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         s the organization necive any dilexit on payments for indoor tanning services during the tax year?       14a	-											
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       15         s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?<		sponsoring organization have excess business holdings at any time during the year?		8								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a       10b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         144       Did the organization receive any payments for indoor tanning services during the xyear?       14a       X         145       If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation or Schedule O       14b       14b       14b         146       If "Yes," see the instructions and file Form 4720, Schedule N.       Is the organization subject t	9	Sponsoring organizations maintaining donor advised funds.										
10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation for facilities       Initiation facin facilities	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Gross income from members or shareholders       11a       11b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the yea??       15       X         14       Is the organization an educational institution	b			9b								
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves on hand       13a       13a         c       Enter the amount of reserves on hand       13a       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       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?       15       X         if "Yes," see the instructions												
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         4       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b       15         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?       15       X       15       X			10b	1								
a Gross income from members or shareholders       11a       11a       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c Enter the amount of reserves on hand       13b       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       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?       14b       15       X         16       Is the organization and file Form 4720, Schedule N.       16       X       16       X         17       If "Yes," complete Form 4720, Schedule O.				1								
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       14a       14a       14b       14b       14a       14b       14a       14a       X         b       Enter the amount of reserves on hand       13c       14a       X       14b       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b       14b       14b       15       15 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?       15       X       15       X         if "Yes," complete Form 4720, Schedule N.       16       16       X       16       16       X	а		11a									
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution 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?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization. Did the trus				1								
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14a       X         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         c       Is the organization an educational institution 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?       15       X         lf "Yes," see the instructions and file Form 4720, Schedule N.       16       X         l6       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         lf "Yes," complete Form 4720, Schedule N.       16       X       17 <td></td> <td></td> <td>11b</td> <td></td> <td></td> <td></td>			11b									
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a       13c         b       Enter the amount of reserves on hand       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution 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?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17	12a		1041?	12a								
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       <												
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is icensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       17				1								
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       X         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       10       10       10	а			13a								
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       X         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       10       10       10		Note: See the instructions for additional information the organization must report on Schedule O.										
organization is licensed to issue qualified health plans       13b       13b       13b         c Enter the amount of reserves on hand       13c       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       X         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17	b											
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       X         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17			13b									
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       10       10	с		13c	1								
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       16       X         If "Yes," complete Form 4720, Schedule O.       16       16       17       16       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10				14a		x						
15       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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17       17	b			14b								
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10												
If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.  Id I				15		x						
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Complete Form 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       Image: Complete Form 501(c)(21) organizations of an excise tax under section 4951, 4952 or 4953?       Image: Complete Form 6069.       Ima												
If "Yes," complete Form 4720, Schedule O.       If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       If "It is a section 4951, 4952 or 4953?         If "Yes," complete Form 6069.       If "Yes," complete Form 6069.       If "It is a section 4951, 4952 or 4953?	16		income?	16		x						
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       17         17       If "Yes," complete Form 6069.       17												
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       0	17		tivities									
If "Yes," complete Form 6069.				17								
	332005			Form	990	(2023)						

08540429 144198 206521

Form	990 (2023) A BRIDGE FOR KIDS		45-54	22195	Р	age 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	ugh 7	below, and	for a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith ar	ly other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the d					
	of officers, directors, trustees, or key employees to a management company or other person?		-	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets					X
6	Did the organization have members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b					
а	The governing body?	-	•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven					
		100 0	0		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chap					
			, ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b				х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_{es}$					
	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?				х	
14	Did the organization have a written document retention and destruction policy?					X
15	Did the process for determining compensation of the following persons include a review and approval b					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization					x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt witl	na			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					·
17	List the states with which a copy of this Form 990 is required to be filedCA					
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 onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		((	-/(-/···)/		
	Own website Another's website X Upon request Other (explain or	n Sch	edule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl		,	, and finan	cial	
	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			
	MICHAEL NANCE - 858-812-3150	2.10				
	4445 EASTGATE MALL, 200, SAN DIEGO, CA 92121					
332006	12-21-23			Form	1 <b>990</b>	(2023)
	6					(_020)
404	29 144198 206521 2023.03040 A BRIDGE H	FOR	KIDS		20	652

085

Form 990 (2	2023) A BRIDGE FOR KIDS	45-5422195	Page 1								
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										
	<ul> <li>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.</li> <li>I ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation</li> </ul>										

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer ar	and a director/trustee)				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL NANCE	50.00	Ē	Ë	4	ξe	1 <u>7</u> 5	ß			
CEO		x		x				50,000.	0.	0.
(2) THAD MEYER	2.00							,		
CFO		х		x				0.	0.	0.
(3) RANDI SHANKEN	10.00									
SECRETARY		х		х				0.	0.	0.
(4) BETH DAVIDSON	1.00									
DIRECTOR		х						0.	0.	0.
(5) MANUEL HERNANDEZ	5.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRIS ROGERS	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
							L			
		1								
332007 12-21-23	1			I		I	1	1		Form <b>990</b> (2023)

7

Form 9	90 (2023) A BRIDGE FOR	KIDS								45-542	2219	5	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	hours per week			not c , unle:	Pos heck i ss per id a di	more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensation from the organization and related organization		e ion ed
									50.000		0			
с 1	Subtotal Fotal from continuation sheets to Part VI Fotal (add lines 1b and 1c)								50,000. 0. 50,000.		0. 0. 0.			0. 0. 0.
2 1	otal number of individuals (including but n compensation from the organization									000 of reportable				0
	Did the organization list any <b>former</b> officer,										[	3	Yes	No X
4 F	ine 1a? <i>If "Yes," complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		x
5 [ r	Did any person listed on line 1a receive or a endered to the organization? <i>If</i> "Yes." corr	accrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
1 (	on <b>B. Independent Contractors</b> Complete this table for your five highest co he organization. Report compensation for										ensat	ion fro	om	
	(A) Name and business		NO		0				(B) Description of s		С	(C ompe	<b>;)</b> nsatio	n
								_						
	otal number of independent contractors (i 6100,000 of compensation from the organi	•	ot lin	niteo	d to f		se lis D	ted	above) who received mo	ore than		Form	990 (j	2023)

Form	990	0 (2		E FOR KID	S				45-542219	5 Page <b>9</b>
Par	rt V	/111	Statement of Reven	ue						
			Check if Schedule O conta	ains a respoi	nse d	or note to any line	e in this Part VIII	(B)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ς, s	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
ອີຍີ			Fundraising events			284,863.				
ífts,			Related organizations			,				
, Gi			Government grants (contributi			28,928.				
Sin			All other contributions, gifts, grant			,				
utio		•	similar amounts not included abov			182,391.				
Otl		g	Noncash contributions included in lines 1			,				
Con		-	Total. Add lines 1a-1f				496,182.			
0.0						Business Code	, -			
6	2	а								
, vic		b								
Ser										
am evel		d								
Program Service Revenue		е								
Pro		f	All other program service reven	nue						
			Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)				10,642.			10,642.
	4		Income from investment of tax							
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents 6a							
		b	Less: rental expenses 6b							
		с	Rental income or (loss) 6c							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other				
			assets other than inventory <b>7a</b>							
		b	Less: cost or other basis							
an			and sales expenses 7b							
evenue		с	Gain or (loss) 7c							
		d	Net gain or (loss)		·····					
Other R	8		Gross income from fundraising ev including \$284 ,							
			contributions reported on line	-						
			Part IV, line 18		8a	30,000.				
			Less: direct expenses		8b	88,000.				F0 00-
			Net income or (loss) from fund		ts		-58,000.			-58,000.
	9	а	Gross income from gaming ac							
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from gam		;	I				
	υr	а	Gross sales of inventory, less i							
		<b>k</b>	and allowances		10a 10b					
			Less: cost of goods sold							
$\rightarrow$		С	Net income or (loss) from sales	s of inventor	у	Business Code				
sn		_				Dusiness Code				
neo ue	11									
Miscellaneous Revenue		b								
Sce		с С								
ž			All other revenue			I				
	12		Total. Add lines 11a-11d Total revenue. See instructions				448,824.	0.	0.	-47,358.
		21-2							1 2.	Form <b>990</b> (2023)

			r organizations must con		
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,600.	3,600.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	197,546.	197,546.		
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	50,000.	16,500.	16,500.	17,00
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	53,750.	43,000.	5,375.	5,37
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,502.	11,602.	1,450.	1,45
0	Payroll taxes	8,371.	6,697.	837.	83
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,097.		1,097.	
2	Advertising and promotion	35,765.			35,76
3	Office expenses	1,299.	1,039.	130.	13
4	Information technology				
5	Royalties				
6	Occupancy	3,999.	3,199.	400.	40
7	Travel	806.	806.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,133.	2,507.	313.	31
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				

24,197.

4,339.

2,741.

421,973.

443.

332010 12-21-23

Check here

24

а

b

С

d е

25 26

08540429 144198 206521

COLLEGE TOURS

EVENT EXPENSE

All other expenses

DONOR RECOGNITION

TAXES & LICENSES

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

10 2023.03040 A BRIDGE FOR KIDS

24,197.

310,693

206521\_1

4,339.

2,741.

68,350.

443.

42,930.

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	42,481.	1	24,357
2		281,731.	2	343,668
3			3	
4			4	
5				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
o   7			7	
			8	
Ê 9		5,273.	9	9,22
	a Land, buildings, and equipment: cost or other			,
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11			11	
12			12	
13			13	
14			14	
15			15	
16		329,485.	16	377,24
17		21,278.	17	42,18
18		1	18	,
19			19	
20			20	
21	Fearen en evetediel esservet liebility. Complete Dayt IV of Cabadyle D		21	
00			21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	a sector list of a section of a sector of the sector se		22	
			22	
23			23	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
		21,278.	25	42,18
26		21,270.	26	42,10
0	Organizations that follow FASB ASC 958, check here			
5   o7	and complete lines 27, 28, 32, and 33.		07	
			27	
<u>8</u>   28			28	
5				
5	and complete lines 29 through 33.	0.	00	
29		0.	29	
30			30	
27 28 28 29 29 30 31 32		308,207.	31	335,05
		308,207.	32	335,05
33	Total liabilities and net assets/fund balances	329,485.	33	377 , 24 Form <b>990</b> (202

332011 12-21-23

Form	990 (2023) A BRIDGE FOR KIDS	45-542219	5	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		448,	824.
2	Total expenses (must equal Part IX, column (A), line 25)	2		421,	973.
3	Revenue less expenses. Subtract line 2 from line 1	3		26,	851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		308,	207.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		335,	058.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
------------	---

(Form 990)

Total

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

		f the Treasury nue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
Nam	ne of t	the organizati	on						Employer	r identification number
				GE FOR KIDS						45-5422195
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	his part.) S	See instruction	าร.	
The	organ	ization is not a	a private found	lation because it is: (l	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in <b>sectio</b>	on 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	ion that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general i	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	complete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:								
10		An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersł	nip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
		organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	/ing
		control or r	management c	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	Ily integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rea	quirement and	d an attentiv	veness
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g			-	n about the supporte						
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount c	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

	A (Form 990) 2023	A BRIDGE FOR KIDS	45-5422195
Part II	Support Schedule	for Organizations Described i	n Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	255,046.	352,610.	378,875.	450,791.	496,182.	1,933,504.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	255,046.	352,610.	378,875.	450,791.	496,182.	1,933,504.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						370,436.
6	Public support. Subtract line 5 from line 4.						1,563,068.
	ction B. Total Support						_/ //
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	255,046.	352,610.	378,875.	450,791.	496,182.	1,933,504.
8		,	, -	, -	1	, -	, , ,
0	dividends, payments received on						
	securities loans, rents, royalties,	122.	57.	92.	99.	10,642.	11,012.
~	and income from similar sources	122.	57.	52.		10,042.	11,012.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				50.		50.
11	Total support. Add lines 7 through 10						1,944,566.
12	,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•			14	80.38 %
	Public support percentage from 2022					15	80.54 %
<b>16</b> a	33 1/3% support test - 2023. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	<b>33 1/3% support test - 2022.</b> If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization		•		•		
			'				Earm 000\ 2022

Schedule A (Form 990) 2023

332022 12-21-23

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

Sectio	on A. Public Support						
Calenda	r year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
<b>1</b> Gi	fts, grants, contributions, and						
me	embership fees received. (Do not						
ind	clude any "unusual grants.")						
me for an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
	ross receipts from activities that						
are	e not an unrelated trade or bus-						
	ax revenues levied for the organ-						
iza	ation's benefit and either paid to expended on its behalf						
	• • • • • • • • • • • • • • • • • • • •						
fui	ne value of services or facilities rnished by a governmental unit to						
the	e organization without charge						
6 To	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fror	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	on B. Total Support	<u>.</u>	•		•	•	
Calenda	ır year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
<b>9</b> An	mounts from line 6						
<b>10a</b> Gr div se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, ad income from similar sources						
<b>b</b> Un	related business taxable income						
(le	ess section 511 taxes) from businesses						
ac	quired after June 30, 1975						
<b>c</b> Ac	dd lines 10a and 10b						
11 Ne ac wł	et income from unrelated business stivities not included on line 10b, nether or not the business is gularly carried on						
or	ther income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	tal support. (Add lines 9, 10c, 11, and 12.)						
14 Fii	<b>rst 5 years.</b> If the Form 990 is for tl	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
ch	neck this box and <b>stop here</b>						
	on C. Computation of Publ						
	ublic support percentage for 2023 (	, , , , , , , , , , , , , , , , , , , ,	,	column (f))		15	%
	ublic support percentage from 2022 on D. Computation of Invest					16	%
17 Inv	vestment income percentage for 2	023 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Inv	vestment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	3 1/3% support tests - 2023. If the					33 1/3%, and I	ine 17 is not
	ore than 33 1/3%, check this box a						
	8 1/3% support tests - 2022. If the						
	e 18 is not more than 33 1/3%, che	-					
	ivate foundation. If the organization						
332023 1							dule A (Form 990) 2023
			15				. ,

1

2

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Pai	t IV Supporting Organizations (continued)			
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	
I	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers acting in the organization of the organiza			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
c	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
_			Yes	
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	ľ
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
ec.	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	ľ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	0		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
}	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
ec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		uctions)		
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. Complete line 2 below.	uctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instruction		Γ.
2	Activities Test. Answer lines 2a and 2b below.		Yes	Ľ
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

17

3b Schedule A (Form 990) 2023

2b

3a

#### 08540429 144198 206521

hedule A (Form 990) 2023 A BRIDGE FOR KIDS			45-5422195 Page
art V Type III Non-Functionally Integrated 509(a)(3) Supporti			
Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions
All other Type III non-functionally integrated supporting organizations mu	<u>st complete S</u>	Sections A through E.	
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
B Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Sche	dule A (Form 990) 2023 A BRIDGE FOR KIDS				45-5422195	Page 7
_	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)		
Sect	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
Ŭ	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 A BRIDGE FOR KID		45-5422195	Page <b>8</b>
Part VI Supplemental Information. Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, S Section D, lines 5, 6, and 8; and Part V, Section E	i, 9a, 9b, 9c, 11a, 11b, and 11c; Part ection E, lines 1c, 2a, 2b, 3a, and 3b	: IV, Section B, lines 1 and 2; Part IV, Section C ); Part V, line 1; Part V, Section B, line 1e; Part	C, V,
(See instructions.)			
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR	OTHER INCOME:		
TAX REFUND			
2022 MOTINE. 6 E0			
2022 AMOUNT: \$ 50.			
			<b>a</b> ) <b>a</b> -
332028 12-21-23	20	Schedule A (Form 99	10) 2023

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

45-5422195

A BRIDGE FOR KIDS

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2023)		Page 2
Name of or	rganization		Employer identification number
A BRIDGE	FOR KIDS		45-5422195
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$ <u>55,</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$50,	000.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
3			Person     X       928.     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
4		\$25,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
5		\$10,	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

08540429 144198 206521

	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
A BRIDGE	E FOR KIDS		45-5422195
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		   \$	
323453 12-26	-23		Schedule B (Form 990) (2023)

24 2023.03040 A BRIDGE FOR KIDS

206521\_1

Schedule B	(Form	990)	(2023)
Ochequie D	(10111	550)	(2020)

Page 4

ime of organi	zation		Employer identification number		
BRIDGE FOR	R KIDS		45-5422195		
art III Exc	clusively religious, charitable, etc., contribution		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
com	m any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, c	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)		
us: a) No.	e duplicate copies of Part III if additional s	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No.		[			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
—					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No.		[			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
454 12-26-23		25	Schedule B (Form 990) (2		

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury	U	Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatior	า.		Inspection
Name of the organizatior	A BRIDGE FO	DR KIDS					45-54221	entification number 95
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
	complete this part							
a 📃 Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants			
•		r oral agreement with any individual		Ũ		tees,		<b>—</b>
	highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursu- organization.			<b>U</b>	ne fur	draiser is to b	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	otal							
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.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1 Gross receipts	314,863.			314,863.
	2 Less: Contributions	284,863.			284,863.
	3 Gross income (line 1 minus line 2)	30,000.			30,000.
	4 Cash prizes				
	5 Noncash prizes	13,500.			13,500.
penses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	36,500.			36,500.
ā	8 Entertainment	27,500.			27,500.
	9 Other direct expenses	10,500.			10,500.
	10 Direct expense summary. Add lines 4 through	n 9 in column (d)			88,000.
	11 Net income summary. Subtract line 10 from I	ine 3, column (d)			-58,000.

\$15,000 on Form 990-EZ, line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	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 conduc	cts gaming activities:			
а	Is the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these s	states?		Yes No
	Were any of the organization's gaming licenses re-			/ear?	Yes No
b	If "Yes," explain:				

332082 09-13-23

Schedu	ıle G (Form 990) 2023	A BRIDGE FOR KIDS	45-54	422195	Page 3
<b>11</b> Do	pes the organization conduct ga	ming activities with nonmembers?		Yes	No No
<b>12</b> Is	the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
to	administer charitable gaming?			Yes	No No
<b>13</b> Inc	dicate the percentage of gaming	activity conducted in:			
<b>a</b> Th	e organization's facility			13a	%
<b>b</b> Ar	n outside facility			13b	%
<b>14</b> En	nter the name and address of the	e person who prepares the organization's gaming/special events books and record	s:		
Na	ame				
Ac	ddress				
<b>15a</b> Do	pes the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
		ing revenue received by the organization \$ and the am	ount		
	gaming revenue retained by the				
C IT	"Yes," enter name and address	of the third party:			
Nic					
INE	ame				
٨	ddress				
AC					
<b>16</b> Ga	aming manager information:				
10 0.0					
Na	ame				
Ga	aming manager compensation	\$			
De	escription of services provided				
_					
_					
l	Director/officer	Employee Independent contractor			
	andatory distributions:				
		state law to make charitable distributions from the gaming proceeds to		Yes	
				L Yes	L No
		required under state law to be distributed to other exempt organizations or spent in	1 the		
Part	ganization's own exempt activit	ies during the tax year   \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	III lines Q	9h 10h
		applicable. Also provide any additional information. See instructions.	anuran	. 111, 111103 3,	30, 100,
	100, 100, 10, and 170, as				
_					
			<u> </u>		000) 000-
332083 0	9-13-23	28	Schedu	lie G (Form	990) 2023
		20			

art IV Supplemental Information (continued)	
	Schedule G (Form 9

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047	
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
		Compi	ete if the organizatio	n answered "Yes" Attach to Forn		rt IV, line 21 or 22.		Open to Public	
Department of the Treasury Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection	
Name of the organization	on			0				Employer identification number	
	A BRIDGE FOR H	KIDS						45-5422195	
Part I General In	formation on Grants a	nd Assistance							
-	ation maintain records t ward the grants or assis		-			-			
	IV the organization's pro								
	d Other Assistance to I					anization answered "Y	es" on Form 990, Par	IV, line 21, for any	
	nat received more than \$			1		(f) Method of	1	T	
<b>1 (a)</b> Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	

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

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	109	0.	197,546.	соѕт	SCHOOL SUPPLIES

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

PART I, LINE 2:

FOR ANY GRANTS MADE BY A BRIDGE FOR KIDS, WE CONDUCT THE PROPER PRE-GRANT

DUE DILIGENCE TO ENSURE THAT THE GRANT RECIPIENT IS TRULY

CHARITABLE/OR/EXEMPT. GRANTS ARE AWARDED BASED ON APPLICATIONS SUBMITTED

AND REVIEWED FOR NEED.

FOR ANY SCHOLARSHIPS MADE BY A BRIDGE FOR KIDS, WE IDENTIFY HIGH ACHIEVING,

LOW INCOME TEENS WHO HAVE DEMONSTRATED POTENTIAL IN ACADEMICS, ATHLETICS,

AND/OR THE ARTS AND WHO HAVE BEEN NOMINATED BY SCHOOL FACULTY OR

ADMINISTRATION, OUTSIDE PROGRAM LEADERS, OR PARENTS. EACH TEEN IS INTERVIEWED BY AN ABFK VOLUNTEER AND ASSESSED FOR SPONSORSHIP BASED ON THEIR ACADEMICS, EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE INVOLVEMENT,

AND OVERALL NEED.

Schedule I (Form 990)

332291 04-01-23 SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-5422195

A BRIDGE FOR KIDS

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

ACHIEVING THEIR FULL POTENTIAL,

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

DEMONSTRATING NEED AND A WORTHY ACTIVITY THAT NEEDS ASSISTANCE WHICH

CAN'T BE FOUND FROM OTHER SERVICE AND FINANCIAL PROVIDERS

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

THE FORM 990 IS REVIEWED WITH THE CFO AND CEO AND THEN PRESENTED TO THE

BOARD.

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

NON-COMPLIANCE WITH THIS POLICY MAY RESULT IN DISCIPLINARY ACTION. UP TO

AND INCLUDING DISMISSAL OR REMOVAL FROM THE BOARD. BY ADHERING TO THIS

CONFLICT OF INTEREST POLICY. THE ORGANIZATION IS COMMITTED TO UPHOLDING THE

HIGHEST STANDARDS OF INTEGRITY AND ETHICAL CONDUCT AMONG ITS LEADERSHIP AND

STAKEHOLDERS .

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

WAGE DATA FOR SIMILAR POSITIONS WAS REVIEWED BY INDEPENDENT BOARD MEMBERS

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23