Form 990

Department of the Treasury Internal Revenue Service

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.



<u>A</u>	For th	e 2021 calendar year, or tax year beginning and e	ending		
B	Check if applicab	C Name of organization		D Employer identific	ation number
	Addre	BRIDGING FOR TOMORROW			
	Name			46-106536	58
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(281) 203	3-0830
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,678,932.
	Amer	HOUSION, IX //000		H(a) Is this a group re	turn
	Appli tion pendi	F Name and address of principal officer: CIIKISII SERAGOL		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) c$	or 527	- · · ·	list. See instructions
		te: BRIDGINGFORTOMORROW.ORG		H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2012 N	State of legal domicile: TX
	1	Briefly describe the organization's mission or most significant activities: TO ES		קע אום פווססר	פּת
e	'	COMMUNITY DEVELOPMENT INITIATIVES IN UNDE	R-RESC	DIRCED COMMIN	NTTTES.
Governance	2	Check this box			
veri	3			3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0	
/itie	6	Total number of volunteers (estimate if necessary)			250
Activities &	7 a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,328,458.	2,627,198.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,831.	2,105.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,612.	-2,769.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,335,901.	2,626,534.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,875,042.	2,178,014.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l loa	Total fundraising expenses (Part IX, column (A), line 116)			•
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,616.	213,407.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,101,658.	2,391,421.
	19	Revenue less expenses. Subtract line 18 from line 12		234,243.	235,113.
or				ginning of Current Year	End of Year
ets -	20	Total assets (Part X, line 16)		691,227.	881,600.
Net Assets or	21	Total liabilities (Part X, line 26)		183,920.	138,213.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		507,307.	743,387.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTY SPRAGUE, EXECUTIVE Type or print name and title	TIVE DIRECTOR	I	Date
Daid	Print/Type preparer's name RANDY L. WALKER, CPA	Preparer's signature	Date	Check PTIN if self-employed P00963779
Paid				
Preparer	Firm's name 🍗 RANDY WALKER & C	0		Firm's EIN 🕨 20-3992693
Use Only Firm's address 7800 IH 10 WEST, STE. 505				
	SAN ANTONIO, TX		Phone no. 210 - 366 - 9430	
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	B-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)

JUL	BRIDGING FOR TOMORROW 46-1065368 Page 2
a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: <u>TO ESTABLISH AND SUPPORT COMMUNITY DEVELOPMENT INITIATIVES IN</u> <u>UNDER-RESOURCED COMMUNITIES</u> .
	UNDER-RESOURCED COMMONITIES:
_	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,328,331. including grants of \$ 2,178,014.) (Revenue \$)
1	(Code:)(Expenses \$2,328,331. including grants of \$2,178,014.) (Revenue \$) BRIDGING FOR TOMORROW RESOURCES FAMILIES TO BUILD STRONGER COMMUNITIES AND BRIGHTER FUTURES. WE ARE A FOOD PANTRY AND COMMUNITY CENTER,
	OFFERING TANGIBLE RESOURCES AND EDUCATIONAL PROGRAMS THAT GIVE FAMILIES
	TOOLS TO CHANGE THEIR TRAJECTORY FOR GENERATIONS TO COME. RESOURCES FOR
	KIDS INCLUDE AFTER SCHOOL CLUBS, MENTORING AND TUTORING. WE EMPOWER ADULTS THROUGH ESL CLASSES, PARENTING CLASSES AND MENTAL HEALTH
	SUPPORT. WE WORK TOWARDS HOLISTIC HEALTH SO THAT FAMILIES CAN FLOURISH.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

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 Form 990 (2021)
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 FOR
 TOMORROW

 Part IV
 Checklist of Required Schedules
 FOR
 TOMORROW

			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			
	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			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	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	- '		
0		8		x
0	Schedule D, Part III	°		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
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	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
13 14a	Did the superior interaction of the superior of the state	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 -1 a		<u> </u>
U				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X
132003	12-09-21		990	(2021)

Form **990** (2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		2 4 0		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31		31		X
	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
	4			. /

Form	990 (2021) BRIDGING FOR TOMORROW		46-1065	368	Р	_{age} 5
Par)				0
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	ns				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		<u>4a</u>		
b	If "Yes," enter the name of the foreign country	Accounts (Fl				
59	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provid	ed to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7b		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		0111 1096-07	7h		
0	sponsoring organization have excess business holdings at any time during the year?	u by the		8		
9	Sponsoring organization have excess business notings at any time during the year?			-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
F	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand					
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	12-09-21 5			Lewis	990	100041

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Form 990	(2021)
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BRIDGING FOR TOMORROW

46-1065368 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a res	sponse or note to any line in this Par	t VI

Х	

		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2	x	
3	Did the organization delegate control over management duties customarily performed by or under the				
-			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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 ap				
	more members of the governing body?				X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	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 Re	venue Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	/es," describe			
	on Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		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 arrangen	nent with a			
	taxable entity during the year?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	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 filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	1(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	cy, and finar	cial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	• <u> </u>		
20					
20	<u>KATIE SCARBOROUGH - (281) 203-0830</u> 5351 W. RICHEY ROAD, HOUSTON, TX 77066				

Form 990 (202	1) BRIDGING FOR TOMORROW	46-1065368	Page 7								
Part VII Co	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Er	Employees, and Independent Contractors										
Ch	neck if Schedule O contains a response or note to any line in this Part VII										
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete t	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
 List all of 	f the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compens	sation.								

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is		son is both an		compensation	compensation	amount of	
	week		officer and a director/tr		r/trus [.]	tee)	from	from related	other	
	(list any	ector	ector					the	organizations	compensation
	hours for	or di	ee or di			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-INEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAN SLAGLE	10.00		_	0	-	<u> </u>				
BOARD MEMBER		х						0.	0.	0.
(2) SHANE HERZOG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JENNIFER BURTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) TOM HARGROVE	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) HEATHER RAINS	1.00									
VICE PRESIDENT		х		Х				0.	0.	0.
(6) LUANN RILEY	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) BRIAN MCGOWN	1.00									
TREASURER		Х		X				0.	0.	0.
(8) CHRISTY SPRAGUE	10.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0.
100007 10 00 01										Form 990 (0001)

7

132007 12-09-21

Form 990 (2021)

16-1065368

	990 (2021) BRIDGING									46-10)653	868	P	age 8
Pai	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		, ,			(-)	
	(A) Name and title	(B) Average hours per week (list any	Average hours per week			son i	than o s both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org and	om th anizat d relat anizati	e ion ed
											_			
с	Subtotal Total from continuation sheets to Part VII	, Section A							0.		0.0.			0. 0. 0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re		000 of reportable				0.
3	Did the organization list any former officer,	director, truste	ee, k	ev e	empl	ove	e, or	hiq	hest compensated emp	loyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes." comp tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich r	bers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t									, ,	ensati	ion fro	om	
	(A) Name and business :	address	NC	ONE	3				(B) Description of s	ervices	Co)) ompe	;) nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than				
							-					-		0001)

132008 12-09-21

			BRIDGING FOI	R TOMORROW			46-1065	368 Page 9
Pa	rt V		Statement of Revenue					
			Check if Schedule O contains a respon	nse or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue		Revenue excluded from tax under
							business revenue	sections 512 - 514
(0, (0	4	_	Federated campaigns 1a					
ints								
Gra			Membership dues 1b	100 166				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	190,466.				
Gif			Related organizations 1d					
ini, S		е	Government grants (contributions) 1e					
r S	1	f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	2,436,732.				
iti o		g	Noncash contributions included in lines 1a-1f	2,249,190.				
Sor		-	Total. Add lines 1a-1f		2,627,198.			
0.0		<u></u>		Business Code				
	•	_						
ice	2							
er v		b		_				
Su		С		_				
ran Sev		d		_				
Program Service Revenue		е						
P	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f	▲				
	3		Investment income (including dividends, int					
			other similar amounts)		2,105.			2,105.
	4		Income from investment of tax-exempt bon					
	5		•					
	5		Royalties					
	_			(II) Feisonai				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d		🕨				
	7	а	Gross amount from sales of (i) Securitie	es (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Ð			and sales expenses 7b					
venue		~	Gain or (loss)					
d)			· · · · · · · · · · · · · · · · · · ·					
Other R			Net gain or (loss)	····· ►				
the	8	а	Gross income from fundraising events (not					
Ò			including \$190,466. of					
			contributions reported on line 1c). See					
				_{8a} 49,629.				
		b	Less: direct expenses	8b 52,398.				
		с	Net income or (loss) from fundraising event	ts 🕨	-2,769.			-2,769.
	9	а	Gross income from gaming activities. See					
				9a				
		h		9b				
			Net income or (loss) from gaming activities					
	10	a	Gross sales of inventory, less returns	10				
		_	and allowances					
			•	10b				
		С	Net income or (loss) from sales of inventory					
ഗ				Business Code				
ino e	11	а						
ne		b						
Miscellaneous Revenue		с						
ŝč			All other revenue	-				
Σ			Total. Add lines 11a-11d					
	12	U			2,626,534.	0.	0.	-664.
			Total revenue. See instructions		e,020,554.	J 0•	J J •	Form 990 (2021)
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9

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Form 990 (-	TOMORROW
Part IX	Statement	of Functional Exp	enses	;

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,178,014.	2,178,014.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members									
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9 10 11	Other employee benefits Payroll taxes Fees for services (nonemployees):									
a b	Management Legal									
c d	Accounting Lobbying Professional fundraising services. See Part IV, line 17									
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,									
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	17,973.	<u>1,170.</u> 19,677.	16,583.	220.					
13 14 15	Office expenses Information technology Royalties	14,003.	9,310.	2,598.	7,027. 2,095.					
16 17	Occupancy Travel	107,028.	94,456.	10,190.	2,382.					
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	10,969.	6,160.	3,416.	1,393.					
20 21	Interest Payments to affiliates									
22 23 24	Depreciation, depletion, and amortization Insurance	10,939. 7,446.	8,305. 5,040.	2,542. 2,355.	<u>92.</u> 51.					
27	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
a b c	PROGRAM MATERIALS AND S SUPPORT AND GIFTS	8,275. 3,237.	5,587. 612.	<u> 192.</u> 1,443.	2,496. 1,182.					
d e <u>25</u>	All other expenses	2,391,421.	2,328,331.	46,152.	16,938.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Given if following SOP 98-2 (ASC 958-720)									
					Earm 990 (2021)					

132010 12-09-21

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2021.03050 BRIDGING FOR TOMORROW

10

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Form 990 (2021)
Part X Balance Sheet BRIDGING FOR TOMORROW

			ole lo any	Ine in this Part A			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	95,614.	1	149,835.		
	2	Savings and temporary cash investments	494,107.	2	618,459.		
	3	Pledges and grants receivable, net	13,481.	3	5,281.		
	4	Accounts receivable, net	-	4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16,370.	8	42,032.
As	9				1,518.	9	2,426.
		Land, buildings, and equipment: cost or other					•
		basis. Complete Part VI of Schedule D		100,910.			
	b	Less: accumulated depreciation		100,910. 44,613.	62,887.	10c	56,297.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,250.	15	7,270.		
	16	Total assets. Add lines 1 through 15 (must ed	691,227.	16	881,600.		
	17	Accounts payable and accrued expenses			53,620.	17	7,913.
	18	Grants payable				18	<u>/</u>
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
bili		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre	-		130,300.	23	130,300.
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,)					
		parties, and other liabilities not included on lin	-				
		of Schedule D	00 11 <i>L</i> +j.			25	
	26	T • • • • • • • • • • • • • • • • • • •			183,920.	26	138,213.
	20	Organizations that follow FASB ASC 958, cl				20	
es		and complete lines 27, 28, 32, and 33.					
ŭ	27				505,609.	27	729,513.
3ala	28	Net assets with donor restrictions			1,698.	28	13,874.
Б	20	Organizations that do not follow FASB ASC			_,	20	
Ë		and complete lines 29 through 33.	000, 0110				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current func			29		
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			507,307.	32	743,387.
	52	I UTAL HEL ASSELS UL TUTIU DAIALIUES	691,227.	33	881,600.		

Form **990** (2021)

Form	990 (2021) BRIDGING FOR TOMORROW	46-10	65368	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,626		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,391		
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	507		07.
5	Net unrealized gains (losses) on investments	5		9	67.
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	743	3,3	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		. 2 b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	X	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Т

Name of the organization

Nam	ame of the organization Employer identification number											
		BRID	GING FOR TO	OMORROW				4	6-1065368			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only (one box.)						
1		A church, convention of chi					l)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)							
3		A hospital or a cooperative				(b)(1)(A)(ii	i).					
4		A medical research organization						(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general j	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor			
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on			
		lines 12a through 12d that	• •					-				
а		Type I. A supporting orga		-	•	-						
		the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting			
	_	organization. You must o										
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ns that col	ntroi or manag	ge the supp	ροιτέα			
		organization(s). You mus	-		in connoct	ion with a	and functional	lu intograto	od with			
С		J Type III functionally inte its supported organization						ly integrate	eu with,			
d		Type III non-functionally		-				ted organi-	zation(s)			
u	L	that is not functionally int						-				
		requirement (see instructi			•		-	anatonin	Veness			
е		Check this box if the orga		•				I. Type III				
		functionally integrated, or					<i>J</i>	, ,,				
f	Ente	er the number of supported c	organizations	, , ,								
g	Pro	vide the following informatior	about the supporte	d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Tota	I											

Part II

BRIDGING FOR TOMORROW

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	240 600	000 800	205 600	0000450	0.0071.00	
_	include any "unusual grants.")	349,680.	282,798.	397,690.	2328458.	2627198.	5985824.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	349,680.	282,798.	397,690.	2328458.	2627198.	5985824.
	The portion of total contributions	51570001	20277301	55770500	20201001	20272901	
Ŭ	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)						
6	Public support. Subtract line 5 from line 4.						5985824.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	349,680.	282,798.	397,690.	2328458.	2627198.	5985824.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,494.	1,744.	1,718.	1,831.	2,105.	8,892.
9	Net income from unrelated business						
	activities, whether or not the			6 - 64			4 0 0 0 0
	business is regularly carried on			6,591.	5,612.		12,203.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. Add lines 7 through 10						6006919.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th						
Ser	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	99.65 %
	Public support percentage for 2021 (i Public support percentage from 2020					15	98.47 %
	33 1/3% support test - 2021. If the c	,	,	line 13 and line 1			
100	stop here. The organization qualifies						► ▼
b	33 1/3% support test - 2020. If the o		-				······································
	and stop here. The organization gual					,,	
17a	10% -facts-and-circumstances test	, ,					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	Ũ	
b	0 10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

BRIDGING FOR TOMORROW

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.)

Sec	ction A. Public Support				_		-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ald not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
13202	3 01-04-22		15			Schedule	A (Form 990) 2021



BRIDGING FOR TOMORROW

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2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

		anizations (continue	201
Schedule A	(Form 990) 2021	BRIDGING	FOR

1

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No

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

TOMORROW

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Port VI have a station of the state of the s	

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

Superv	ised. Of COL	illoillea litte subi		inzation.
Section C	C. Type II	Supporting	Organiza	ations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations	

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2021

132025 01-04-22

14440524 130509 BRDIGINGFORTOMO

17

	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form

990) 2021		BRI	D	GIN	IG	F	ЭR	
								_

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1

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Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 BRIDGING FOR	TOMORROW		46	5-1065368 _P
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	d)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
		(i)	(ii)		(iii)

	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

46-1065368 Page 7

Schedule A	(Form 990) 2021	BRIDGING				46-1065368 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the exp 5a, 6, 9a IV, Sect	lanations required a, 9b, 9c, 11a, 11b ion E, lines 1c, 2a,	by Part II, line 10; Part II, line 17, , and 11c; Part IV, Section B, lin 2b, 3a, and 3b; Part V, line 1; P so complete this part for any add	a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
	(See Instructions.)					
132028 01-04-2	2					Schedule A (Form 990) 2021
				20		

14440524 130509 BRDIGINGFORTOMO

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Na

Schedule of Contributors

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

202⁻

Employer identification number

46-1065368

me	of the	organization	

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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.

BRIDGING FOR TOMORROW

General Rule

📙 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

X 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

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).

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

Schedule B (Form 990) (2021)

BRIDGING FOR TOMORROW

Name of organization

Employer identification number

46-1065368

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	\$2,065,879.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Occupied Part II for noncash contributions.)

Schedule B (Form 990) (2021)

2021.03050 BRIDGING FOR TOMORROW

BRDIGIN1

BRIDG	ING FOR TOMORROW		46-1065368
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
<u> 1</u>	DISASTER FOOD RELIEF	\$2,065,87	7906/15/21
(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 estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

123453 11-11-21

23

Schedule B (Form 990) (2021)

14440524 130509 BRDIGINGFORTOMO

2021.03050 BRIDGING FOR TOMORROW

BRDIGIN1

Page 3

Name of organization

Schedule I	B (Form 990) (2021)			Page 4		
Name of o	rganization			Employer identification number		
BRTDG	ING FOR TOMORROW			46-1065368		
Part III	Exclusively religious, charitable, etc., contributi					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry. For organizations or less for the year. (Enter this info. o	Ince.) > \$		
	Use duplicate copies of Part III if additional	space is needed.	,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(e) Transfer of g	ift			
	Transforce's name, address, a		Polotionship of tr	anafarar ta transfaraa		
-	Transferee's name, address, a		Relationship of tr	ansferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
-		(e) Transfer of g	ift			
		(0)				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
		(a) T uran (an a (a)				
		(e) Transfer of g	ш			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
-	(a) Transfor of aitt					
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
		[

123454 11-11-21

Schedule B (Form 990) (2021)

2021.03050 BRIDGING FOR TOMORROW

24

BRDIGIN1

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Current of the Treasury ternal Revenue Service Department of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification numb 46 - 1065368 Name of the organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization numb 46 - 1065368 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)		HEDULE D n 990)		emental Financial S			OMB No. 1545-0047
Internal Revenue Service Image Conservation Inspection Name of the organization Employer identification numb 46 - 10 653 68 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes I 1 Purpose(s) of conservation easements. Complete if the organization or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of land for public use (for example, recr	•			, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11			
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value at end of year (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes I Patt II Conservation Easements. Complete if the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easements Preservation of a conservation easements 2a L Total answered Yes I Held at the End of the Tax Ye 2 Comple	Nam	e of the organizati	ion			Em	
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(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year	Pa				Similar Funds or Ac	cour	nts. Complete if the
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes		are the organization	on's property, subject to the orga	anization's exclusive legal control?			Yes 🗌 No
impermissible private benefit? Yes	6	Did the organization	on inform all grantees, donors, a	nd donor advisors in writing that gr	ant funds can be used or	nly	
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c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c	а	Total number of co	onservation easements			2a	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure		Total acreage rest	ricted by conservation easemen	ts		2b	
		Number of concer		historic structure included in (a)		2c	
listed in the National Register2d		Number of conser	vation easements on a certified				
	с						
	с	Number of conser listed in the Natior	rvation easements included in (c) nal Register) acquired after 7/25/06, and not on	a historic structure		during the tax

4	Number of states where property subject to conservation easement is located	

-	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶
_	

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	► \$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	Yes
0	In Dart XIII, departing how the examination reports concernation economics in its revenue and expense statement and	

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

	ization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII. line 1	▶ \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1	►	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X	►	\$
			Ψ

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Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, or	r Othe	r Simila	ar Assets	contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 Loa	an or exc	change progra	am					
b	Scholarly research	e	e 🗌 Oth	ier							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they f	further th	ne organizatio	on's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	-	-		-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							0. Part IV.	line 9. or		-
	reported an amount on Form 990, Pa			5					,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cont	tribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			Ū.						Amount		
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	as been	provided on I	Part XIII]
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" on Fo	orm 990, Part	IV, line	10.		_		
		(a) Current year	(b) Prior	' year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. co	olumn (a)) held as:						
а	Board designated or quasi-endowment	•	%	, i	"						
b	Permanent endowment										
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that are	e held ai	nd administer	ed for th	ne organi	zation			
	by:	5					5		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the									1	
Par	t VI Land, Buildings, and Equipm	<u>u</u>									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) A	ccumula	ted	(d) Bool	< value	e
		basis (investr	nent)	basis	(other)	de	preciatio	n	. ,		
1a	Land										
	Buildings										
	Leasehold improvements			5	51,746.		14,7	/56.	30	5,99	90.
	Equipment			3	31,309.		24,1			7,20	
	Other				7,855.			/53.		2,10	
	. Add lines 1a through 1e. (Column (d) must e		X. column (l		•					5,29	
		·		,				<u> </u>	D /F	-	0004

Schedule D (Form 990) 2021

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Schedule D	(Form 990) 202-	BRIDGING	FOR	TOMORROW
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n nescription (of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial de	rivatives			
Closely held	equity interests			
Other				
(A)				
(B)				
C)				
D)				
E)				
-) =)				
G)				
_/ H)				
	ust equal Form 990, Part X, col. (B) line 12.) 🕨			
rt VIII Inv	vestments - Program Related.			
Coi	mplete if the organization answered "Yes"	on Form 990, Part IV, line [.]	11c. See Form 990, Part X, line 13.	
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1)	,			,
1) 2)				
2) 3)				
<u>3)</u> 4)				
5) 6)				
6)				
7) 0)				
8) 0)				
9)				
I (Oal (h) max	at any al Farma 000 Dart V and (D) line 10 \			
	ust equal Form 990, Part X, col. (B) line 13.) ►			
art IX Ot	her Assets.	on Form 990 Part IV line :	11d See Form 990 Part X line 15	
rt IX Ot	her Assets. mplete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
rt IX Ot Co	her Assets. mplete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X, line 15.	(b) Book value
rt IX Ot Coi	her Assets. mplete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
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It Ot Corr 1) 2) 3) 4) 5) 6) 7)	her Assets. mplete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
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rt IX Ot Con Con 2) 3) 4) 5) 5) 5) 7) 3) 7) 7) 3) 7) 7) 3) 7) 7) 7) 3) 1) Federal 1 2) 3) 4)	her Assets. mplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line her Liabilities. mplete if the organization answered "Yes" ((a) Description of liability	Description		►
rt IX Ot Corr 1) 2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (in the second sec	her Assets. mplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line her Liabilities. mplete if the organization answered "Yes" ((a) Description of liability	Description		►
It Ot Corr Corr 1) Corr 2) 3) 4) 5) 5) 6) 7) 8) 9) Corr al. (Column (corr 1) Federal 2) 3) 4) 5) 5) 6)	her Assets. mplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line her Liabilities. mplete if the organization answered "Yes" ((a) Description of liability	Description		►
rt IX Ot Con Con 1) Con 2) 3) 4) 5) 5) 6) 7) B) 9) Con 11. (Column (interpretion)) Con 12. Ot 3) Ot 4) 55 5) 6) 7) Got	her Assets. mplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line her Liabilities. mplete if the organization answered "Yes" ((a) Description of liability	Description		►
rt IX Ot Con 22 33) 44) 55 55 56) 77 33 39 97 11. (Column (i Con Con Con Con Con Con Con Con Con Con	her Assets. mplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line her Liabilities. mplete if the organization answered "Yes" ((a) Description of liability	Description		►

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BRIDGING FOR TOMORROW			46-2	1065368	Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	3,181,	520.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	967.					
b	Donated services and use of facilities	2b	554,019.					
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	554,	986.		
3	Subtract line 2e from line 1			3	2,626,	534.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,626,	534.		
	(This must be dealed and the second sec		_		, ,			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Retur	n. , ,			
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per l	, ,	n.			
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Returi	n. 2,945,			
	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per I	1	n.			
1	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per l	1	n.			
1 2	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per I	1	n.			
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per I	1	n.			
1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per I	1	n. 2,945,	440.		
1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. <u>2,945,</u> 554,	<u>440.</u> 019.		
1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n. 2,945,	<u>440.</u> 019.		
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	_1 2e	n. <u>2,945,</u> 554,	<u>440.</u> 019.		
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	_1 2e	n. <u>2,945,</u> 554,	<u>440.</u> 019.		
1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	_1 2e	n. <u>2,945,</u> 554,	<u>440.</u> 019.		
1 2 a b c d e 3 4 a	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	_1 2e	n. <u>2,945,</u> <u>554</u> , <u>2,391</u> ,	440. 019. 421. 0.		
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e 3	n. <u>2,945,</u> 554,	440. 019. 421. 0.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

BRDIGIN1

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047			
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2021	
Department of the Treasury Internal Revenue Service		► Attach to Form 990 to www.irs.gov/Form990 for instr				on		Open to Public Inspection	
Name of the organization	ו		uction	s anu		011.		lentification number	
							46-106		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether th a Mail solicitat 		e funds through any of the followin e Solicita			Check all that apply. overnment grants				
	email solicitations				nment grants				
c 🔄 Phone solici		g 🔛 Special	fundra	aising	events				
d In-person so		or oral agreement with any individual	(inclue	ling of	ficore directore true	toos	or		
		art VII) or entity in connection with p				1003,	U Ye	es 🗌 No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which tl	ne fur	ndraiser is to b)e	
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid	(vi) Amount paid	
or entity (fund		(ii) Activity	have c or cor contrib	ustody itrol of	from activity	,	or retained by) fundraiser ted in col. (i)	to (or retained by) organization	
			Yes	No	-				
		n is registered or licensed to solicit (or has been notified	itic	wompt from r		
or licensing.						11.13		egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedu	le G (Form 990) 2021	
132081 10-21-21	132081 10-21-21								

BRIDGING FOR TOMORROW

46-1065368 Page 2

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.

		of fundraising event contributions and gro	bss income on Form 990-	EZ, lines 1 and 60. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 SPECIAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			EVENTS (event type)	(event type)	(total number)	col. (c))
nue			(((,	
Revenue	1	Gross receipts	240,095.			240,095.
-		Less: Contributions	190,466.			190,466.
	3	Gross income (line 1 minus line 2)	49,629.			49,629.
S	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
et E	7	Food and beverages				
Dire						
	8	Entertainment	52,398.			52,398.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	a			52,398.
		Net income summary. Subtract line 10 from lin				-2,769.
Pa	rt	III Gaming. Complete if the organization a				<u> </u>
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) 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				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
					F	1
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls f	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b) If "	'No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	vear?	Yes No
		'Yes," explain:				
	_					
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021	BRIDGING FOR	TOMORROW	46-1065368 Page 3
11 Does the organization conduct	gaming activities with nonm	embers?	
		, or a member of a partnership or other ent	
			Yes No
13 Indicate the percentage of gan			13 a %
		e organization's gaming/special events boo	
Name 🕨			
Address 🕨			
15a Does the organization have a c	contract with a third party from	n whom the organization receives gaming r	evenue? Yes No
b If "Yes," enter the amount of g of gaming revenue retained by		e organization > \$	and the amount
c If "Yes," enter name and addre			
Address <a>			
16 Gaming manager information:			
Name 🕨			
Gaming manager compensation	n 🕨 \$		
Description of some interview	a 🔈		
Description of services provide			
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:	dor stato low to make charita	ble distributions from the gaming proceeds	to
retain the state gaming license	-	ble distributions from the gaming proceeds	
		be distributed to other exempt organization	
organization's own exempt act			
		planations required by Part I, line 2b, column any additional information. See instructions.	
132083 10-21-21		31	Schedule G (Form 990) 2021

Supplemental information (continued)	
	Schedule G (Form 990
132084 11-18-21	32
40524 130509 BRDIGINGFORTOMO	2021.03050 BRIDGING FOR TOMORROW BRDIG

SCHED		C Go	Grants and Other	ner Assistan nd Individua	ce to Organ Is in the Uni	izations, ted States		OMB No. 1545-0047
•	⁰⁹⁰⁾ Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						2021	
Department	Partment of the Treasury ► Attach to Form 990.							
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection
Name of	the organization BRIDGING	FOR TOMOR	ROW					Employer identification number $46 - 1065368$
Part I	General Information on Grants a							
1 Do	bes the organization maintain records	to substantiate the	amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	stance, and the select	ion
	teria used to award the grants or assis		-			-		
2 De	escribe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	d States.			
Part II		Domestic Organi	zations and Domestic	c Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a							
-	an Den anwards De dwatien Ast Nation							

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

Schedule I (Form 990) 2021

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COVID DISASTER RELIEF/HUNGER RELIEF	95199	0.	2,164,594.	WEIGHT	EMERGENCY FOOD DISTRIBUTION
					SHOES FOR STUDENTS RETURNING
CLOTHING ASSISTANCE FOR STUDENTS	295	0.	5,765.	FAIR MARKET VALUE	TO SCHOOL
SCHOLARSHIPS	2	78.	٥.		
EMERGENCY FAMILY ASSISTANCE - RENT AND UTILITIES	7	2 017	0.		
INDRUGENCI FAMILI ASSISTANCE - KENT AND UTILITIES	/	3,017.	U.		
					GIFTS FOR CHILDREN IN BFT
FAMILY ASSISTANCE - HOLIDAY GIFTS	60	Ο.	4,560.	FAIR MARKET VALUE	PROGRAMS

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:

BRIDGING FOR TOMORROW [BFT] HAS A BENEVOLENCE COMMITTEE COMPOSED OF A

MINIMUM OF THREE MEMBERS TO ENSURE A ENSURE A UNANIMOUS VOTE. THE COMMITTEE

REVIEWS EACH BENEVOLENCE APPLICATION AND VOTES TO APPROVE OR DENY IT. BFT

RETAINS THE APPLICATION AND SUBSTANTIATION DOCUMENTS FOR EACH RECIPIENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ſ ΖU L

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name	e of the organization					Employer identification	tion nu	mber
	BRIDGING FOR	TOMOR	ROW			46-106	5368	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of determ noncash contribution	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	100	25,360.	FMV	7		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
15 16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	x	1,222,622	2,219,481.	WET	GHT		
20	Drugs and medical supplies			2,219,1010				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PROGRAM SUPPL)	X	1	4,349.	FMV	7		
26	Other ► ()			,				
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	-						
			C				Yes	No
30a	During the year, did the organization receive by	contributic	n any property rep	orted in Part I, lines 1 throug	h 28,	that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed fo	r		
	exempt purposes for the entire holding period?	?				30a	1	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					ı	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.			_				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule M (Fo	rm 990)) 2021

14440524 130509 BRDIGINGFORTOMO

SCHEDULE M, PART I, COLUMN (B):
BRIDGING FOR TOMORROW USES A COMBINATION OF THE NUMBER OF ITEMS
RECEIVED, THE WEIGHT, AND THE NUMBER OF CONTRIBUTIONS IN REPORTING
SCHEDULE M, PART I, COLUMN (B).
132142 11-17-21 Schedule M (Form 990) 2021
36 40524 130509 BRDIGINGFORTOMO 2021.03050 BRIDGING FOR TOMORROW BRDIG

Schedule M (Form 990) 2021 BRIDGING FOR TOMORROW Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

Open to Public Inspection Employer identification number 46-1065368

OMB No. 1545-0047

BRIDGING FOR TOMORROW

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

BRIDGING FOR TOMORROW

5351 W. RICHEY ROAD

HOUSTON, TX 77066

EMPLOYER IDENTIFICATION NUMBER: 46-1065368

FOR THE YEAR ENDING DECEMBER 31, 2021

BRIDGING FOR TOMORROW IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION

UNDER REG. SEC. 1.263(A) - 1(F).

FORM 990, PART IV, LINE 34

CERTAIN MEMBERS OF BRIDGING FOR TOMORROW'S [BFT] BOARD ARE BOARD

MEMBERS OR EMPLOYEES FROM FAITHBRIDGE CHURCH. THE CHURCH PROVIDES

FINANCIAL SUPPORT TO THE BFT IN THE FORM OF CONTRIBUTIONS TO PAY FOR

OPERATIONS AND PROGRAMS OF BFT. IN ADDITION, THE CHURCH PROVIDES FOR

AND PAYS THE SALARIES, WAGES, AND BENEFITS OF THE EMPLOYEES WORKING AT

BFT.

THE CHURCH INCURRED \$554,019 AND \$510,000 IN SALARIES, WAGES, AND

BENEFITS EXPENSE FOR BFT FOR THE YEARS ENDED DECEMBER 31, 2021 AND

DECEMBER 31, 2020, RESPECTIVELY. THIS AMOUNT IS REFLECTED AS NON-CASH

DONATIONS IN THE STATEMENT OF ACTIVITIES AND AS PAYROLL EXPENSES IN THE

STATEMENT OF FUNCTIONAL EXPENSES.

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

Schedule O (Form 990) 2021

14440524 130509 BRDIGINGFORTOMO

Name of the organization

BRIDGING FOR TOMORROW

Employer identification number 46 - 1065368

FORM 990, PART VI, SECTION A, LINE 2:

TOM HARGROVE, PRESIDENT AND BRIAN MCGOWAN, TREASURER HAVE A BUSINESS

RELATION.

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

THE FORM 990 IS SUBMITTED TO THE EXECUTIVE DIRECTOR FOR REVIEW. ALL

QUESTIONS REGARDING THE FORM 990 ARE PRESENTED TO THE CPA FIRM. ONCE

RESPONSES ARE RECEIVED AND THE EXECUTIVE DIRECTOR APPROVES, THE SIGNED

RETURN IS SENT TO THE CPA FIRM FOR FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED

IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

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

CERTAIN MEMBERS OF THE ORGANIZATION'S BOARD ARE EMPLOYEES FROM FAITHBRIDGE CHURCH. FAITHBRIDGE CHURCH PAYS THE SALARIES, WAGES AND BENEFITS IN THE FORM OF IN-KIND DONATIONS. THE PROCESS FOR DETERMINING THE COMPENSATION IS DONE THROUGH FAITHBRIDGE HR DEPARTMENT WHERE THEY DETERMINE A STANDARD RANGE FOR THE POSITION. THE COMPENSATION IS APPROVED BY BOARD MEMBER AND THE BRIDGING PASTOR, DAN SLAGLE. BOARD APPROVAL MAY BE REQUIRED DEPENDING ON THE POSITION.

38

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

UPON REQUEST

132212 11-11-21

Schedule O (Form 990) 2021

BRIDGING FOR TOMORROW

FORM 990, PART XII, LINE 2C

THE BOARD ACCEPTS, AND REVIEWS, THE AUDIT PROPOSALS, VOTES ON THE

EXTERNAL AUDITOR TO PERFORM THE AUDIT AND REVIEWS THE FINAL AUDIT

REPORT WITH THE AUDITOR PRIOR TO FINALIZING.

Schedule O (Form 990) 2021

132212 11-11-21