PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable C Name of organization D Employer identification number Address change BRIDGES TO INDEPENDENCE Name change 54-1368484 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 703-525-7177 2229 SHIRLINGTON ROAD 2,668,427. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 22206 ARLINGTON, VA H(a) Is this a group return return
Application
pending F Name and address of principal officer: FRASER MURDOCH Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions HTTPS://BRIDGES2.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other . Year of formation: 1985 **M** State of legal domicile: VA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: BRIDGES MISSION IS TO BREAK Activities & Governance CYCLES OF GENERATIONAL POVERTY BY PROVIDING EMERGENCY SHELTER, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 35 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 400 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,956,531. 2,564,928. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 50,732. 22,840. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 48,604. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,440. 11 <u>2,631,</u>208. 2,055,867. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 317,035. 525,966. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,691,426. 1,592,794. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 423,744. 403,040. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,432,205. 2,521,800. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -376,338. 109,408. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,512,478. 1,557,059. Total assets (Part X, line 16) 168,585. 103,758 21 Total liabilities (Part X, line 26) 三年 343,893. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign FRASER MURDOCH, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P01307540 ASHLEY GATES Paid TOOLE KATZ & ROEMERSMA, Firm's EIN 47-1767422 Preparer Firm's name Firm's address 1911 N FORT MYER DRIVE, SUITE 600 Use Only Phone no. (703 248-9200 ARLINGTON, VA 22209

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BRIDGES' MISSION IS TO BREAK CYCLES OF GENERATIONAL POVERTY BY
	PROVIDING EMERGENCY SHELTER, COUNSELING, AND FINANCIAL ASSISTANCE FOR
	PERSONS FROM ARLINGTON, VIRGINIA. BRIDGES TO INDEPENDENCE ALSO
	OPERATES THE BONDER AND AMANDA JOHNSON COMMUNITY DEVELOPMENT
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	4 055 005
4a	(Code:) (Expenses \$1,057,287. including grants of \$525,966.) (Revenue \$
	REHOUSE INDIVIDUALS AND FAMILIES FROM THE SHELTER TO THEIR OWN HOME AND
	TO PROVIDE RENTAL ASSISTANCE DURING A TRANSITIONAL PERIOD. PROGRAM
	PARTICIPANTS WORK WITH HOUSING STABILIZATION STAFF TO MAKE SURE THEY
	ARE CONNECTED TO RESOURCES, EMPOWERED TO ADVOCATE FOR THEMSELVES, AND
	ARE PROVIDED CASE MANAGEMENT SERVICES.
	F.4E. 004
4b	(Code:) (Expenses \$547,001. including grants of \$) (Revenue \$)
	SULLIVAN HOUSE - EMERGENCY SHELTER (SULLIVAN HOUSE) IS THE LARGEST
	SHORT-TERM FAMILY EMERGENCY SHELTER IN ARLINGTON, SERVING OVER 100
	INDIVIDUALS PER YEAR IN AN APARTMENT-STYLE FACILITY. THE FOCUS IS ON
	HELPING CLIENTS ADDRESS BARRIERS THAT CONTRIBUTED TO HOMELESSNESS
	THROUGH CASE MANAGEMENT, REFERRAL & HOUSING LOCATION SERVICES. BRIDGES
	WORKS TO RAPIDLY REHOUSE ALL SHELTER GUESTS SO THAT THEY CAN QUICKLY
	MOVE INTO THEIR OWN HOME.
	MOVE INTO THEIR OWN HOME.
4c	(Code:) (Expenses \$ 142,396 • including grants of \$) (Revenue \$
	BONDER & AMANDA JOHNSON COMMUNITY SERVICES CENTER DESCRIPTION: IN
	DECEMBER 2020, BRIDGES MERGED WITH THE BONDER & AMANDA JOHNSON
	COMMUNITY DEVELOPMENT CORP, WHICH PROVIDED INFORMATION AND REFERRAL
	SERVICES, EDUCATION, EMPLOYMENT, FINANCIAL EMPOWERMENT, HEALTHY LIVING
	AND CASE MANAGEMENT SERVICES TO THE GREEN VALLEY NEIGHBORHOOD AND
	ACROSS ARLINGTON, VA. THESE EFFORTS HAVE BEEN STRENGTHENED UNDER
	BRIDGES AND ARE NOW OFFERED OUT OF THE BONDER & AMANDA JOHNSON
	COMMUNITY SERVICES CENTER.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 246,497 • including grants of \$) (Revenue \$)
4e	Total program service expenses 1,993,181.

Form 990 (2023) BRIDGES TO INDEPENDENCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		<u> </u>
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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	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	4.		v
47	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,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

Form 990 (2023) BRIDGES TO INDEPENDENCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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		Х
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		Х
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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 I	
	5. "		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2023) BRIDGES TO INDEPENDENCE

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

		_	Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_								
	filed for the calendar year ending with or within the year covered by this return		37							
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
E0		5a		Х						
	ba Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
oa	any contributions that were not tax deductible as charitable contributions?									
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X						
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с	L	х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е										
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	, , , , , , , , , , , , , , , , , , , ,									
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4								
11	Section 501(c)(12) organizations. Enter:									
_	Gross income from members or shareholders 11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
_	Note: See the instructions for additional information the organization must report on Schedule O.	100								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form 990 (2023) BRIDGES TO INDEPENDENCE 54-1368484 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7					
	more members of the governing body?	7a		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7					
	persons other than the governing body?	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	37						
	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37					
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·						
40		40	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
b 40-									
12a	1 , , go to , go to								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	Х						
С		12c	x						
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	-25	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	Associate and the charles of the consequence	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	,,							
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	FRASER MURDOCH - 703-525-7177								
	2229 SHIRLINGTON ROAD SHITE B ARLINGTON VA 22206								

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l					out	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	(C) sition k more than one			Reportable	Reportable compensation	Estimated
	hours per	box	ox, unless persor officer and a direc			s both	an	compensation		amount of
	week (list any	-						from the	from related organizations	other compensation
	hours for	r direc				pe:		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	onal t		ployee	s com		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FRASER MURDOCH	40.00		_							
CEO				Х				142,311.	0.	0.
(2) KENNETH MOORE	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) SCOTT PEDOWITZ	2.00									
VICE PRESIDENT		Х	L	Х	L			0.	0.	0.
(4) HOPE MCCREARY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARC FLEMING	2.00									
SECRETARY		Х						0.	0.	0.
(6) ELIZABETH FARRELL	2.00									
MEMBER		Х						0.	0.	0.
(7) REV. CRAIG A. HARCUM	2.00									
DIRECTOR		Х						0.	0.	0.
(8) AARON FLEISHER	2.00									
MEMBER		Х						0.	0.	0.
(9) RYAN MURPHY	2.00									
MEMBER		Х						0.	0.	0.
(10) CARA SANTOS PIANESI	2.00									
MEMBER		Х						0.	0.	0.
(11) MIKE PICKETT	2.00									
MEMBER		Х						0.	0.	0.
(12) SHINA MAJEED	0.00									
MEMBER		Х						0.	0.	0.
		-								
		-								
		-								
		1								

332007 12-21-23 Form **990** (2023)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	` '						(D)	(E)			(F)	
	Name and title	Average	(do not check more than one							Reportable		Es	stimate	∍d
		hours per	box, unless person is both an officer and a director/trustee)					n an	compensation compensation			ar	nount	of
		week				T	lee)	from from related				other		
		(list any	recto						the	organizations			pensa	
		hours for related	or di	98			ated		organization	(W-2/1099-MIS	C/		om th	
		organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
		below	lual tr	tional		ploye	st con	_	1099-NEO)					
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			organization			
			_	-		~	1 0	_			\neg			
							\vdash				\dashv			
							\vdash				\dashv			
							⊢				\dashv			
							_				\dashv			
							<u> </u>				\longrightarrow			
1h	Subtotal	l					<u> </u>	·	142,311.		0.			0.
C	Total from continuation sheets to Part VI	 I Section A							0.		0.			0.
									142,311.		0.			0.
2	Total (add lines 1b and 1c)									000 of rapartable				<u> </u>
2	Total number of individuals (including but n	ot iimitea to tri	ose	iiste	ual	oove	;) WII	o re	eceived more than \$100,	ooo or reportable				1
	compensation from the organization												Yes	No
_	5										ſ		162	NO
3	Did the organization list any former officer,	•		•	•	•		•		•				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													77
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•					
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch <u>ı</u>	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and business	address	N	ONE	3				Description of s	ervices	C	ompe	nsatio	n
								\neg						
								\dashv						
								\dashv						
	Total number of independent and the first	adudina but	o+ 15:-	ni+ -	1 +	the	20 11:-	+0 =	aboval who received	are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		שני ווו	mec	י נט	tnos (ıeu	above, who received mo	ore urall				

54-1368484

Form 990 (2023) BRIDGES TO INDEPENDENCE
Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ns a resi	oonse o	or note to anv lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns		1a						
ran uni		b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			:	82,033.				
ifts ar A					l						
s, Biis			Government grants (contri			1,	643,030.				
Sign			All other contributions, gifts, g								
but			similar amounts not included				839,865.				
Ē		g	Noncash contributions included in I				30,841.				
Sol		h	Total. Add lines 1a-1f					2,564,928.			
							Business Code				
a l	2	а									
Ş		b									
Sel		С									
am eve		d									
Program Service Revenue		е									
Pr		f	All other program service r	eveni	ue						
	3		Investment income (includ								
								22,840.			22,840.
	4		Income from investment of								
	5		Royalties								
					(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7		Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē			and sales expenses	7b							
ē		С		7с							
Be			Net gain or (loss)								
her Revenue			Gross income from fundraisin								
₽			including \$82	,03	33. of						
			contributions reported on								
			Part IV, line 18			. 8a	80,659.				
		b					37,219.				
		С	Net income or (loss) from f	undra	aising ev	ent <u>s</u>		43,440.			43,440.
	9	а	Gross income from gaming	g acti	vities. Se	ee 🖳					
			Part IV, line 19			. 9a					
		b	Less: direct expenses								
		С	Net income or (loss) from (gamin	ng activit	ies					
	10	а	Gross sales of inventory, le	ess re	eturns						
			and allowances			10a					
		b	Less: cost of goods sold								
		С	Net income or (loss) from s	sales	of invent	tory					
<u>"</u>							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
eve		С									
Aisc B		d	All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue See instruction	ne				2.631.208.	0.	0.	66 280.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 525,966. 525,966. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 142,311. 110,854. 10,342. 21,115. 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) Other salaries and wages 1,231,207. 959,056. 89,477. 182,674. 7 Pension plan accruals and contributions (include 9,565. 5,917. 2,719. 929. section 401(k) and 403(b) employer contributions) <u>76,7</u>39. 103,770. 11,503. 15,528. Other employee benefits 9 105,941. 78,344. 11,744. 15,853. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 20,380. 3,381. 16,490. 509. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 65,902. 65,902. Advertising and promotion 12 26,077. 9,243. 15,208. 1,626. 13 Office expenses Information technology 14 Royalties 15 18,305. 116,035. 85,229. 12,501. 16 Occupancy 16,839. 14,299. 2,529. 11. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,170. 2,861. 1,408. 283. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,885. 16,885. Depreciation, depletion, and amortization 22 29,643. 26,792. 2,851. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 64,184. 64,184. CLIENT ASSISTANCE COMMUNICATION 40,875. 28,857. 5,272. 6,746. SUPPLIES 3,359. 2,912. 288. 159. С d All other expenses 2,521,800. 1,993,181. 201,932. 326,687. Total functional expenses. Add lines 1 through 24e 25 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

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		315,908.	1	254,958.	
	2	Savings and temporary cash investments		17,961.	2	21,888.	
	3	Pledges and grants receivable, net		108,151.	3	274,935.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	ualified person				
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9					9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	210,627.	24,425.	10c	8,376. 946,077.
	11	Investments - publicly traded securities			933,414.	11	946,077.
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	112,619.	15	50,825.		
	16	Total assets. Add lines 1 through 15 (must e		1,512,478.	16	1,557,059.	
	17	Accounts payable and accrued expenses			59,366.	17	51,379.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of S	Schedule D		21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of t	hese persons			22	
_	23	Secured mortgages and notes payable to un		·····		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•	•	100 010		50 250
		of Schedule D			109,219.		52,379.
	26			77	168,585.	26	103,758.
S		Organizations that follow FASB ASC 958, o	check here	X			
Ce		and complete lines 27, 28, 32, and 33.			1 242 002		1 440 440
alar	27	Net assets without donor restrictions			1,343,893.	27	1,442,448.
Ä	28	Net assets with donor restrictions			0.	28	10,853.
ū		Organizations that do not follow FASB AS6	C 958, check	here			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 2/2 002	31	1 /52 201
Š	32	Total net assets or fund balances			1,343,893.	32	1,453,301.
	33	Total liabilities and net assets/fund balances			1,512,478.	33	1,557,059.

Form **990** (2023)

Pa	TXI 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	2,63						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,52						
3	Revenue less expenses. Subtract line 2 from line 1	3	10 1,34		08.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	coluṃn (B))	10	1,45	<u>3,3</u>	<u>01.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				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 O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2023)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

BRIDGES TO INDEPENDENCE 54-1368484 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023 BRIDGES TO INDEPENDENCE 54-1368484 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1654940.	2561353.	2587004.	1956531.	2608368.	11368196.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1654940.	2561353.	2587004.	1956531.	2608368.	11368196.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						11368196.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1654940.	2561353.	2587004.	1956531.		11368196.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	41,433.	232.	159.	50,732.	22,840.	115,396.
9	Net income from unrelated business				-	-	-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11483592.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	•				01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.00 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	98.72 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-				
		•					/Farm 000\ 0002

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-			•		
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s). D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	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.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	3	3		
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	LAGGGG II GIII 2020				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BRIDGES TO INDEPENDENCE

54-1368484

Organization type (check one):					
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				
-	ganization is covered by the General Rule or a Special Rule . etion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	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					
section contrib	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.				
contrib literary,	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.				
year, co is chec purpos	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).					

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

BRIDGES TO INDEPENDENCE

54-1368484

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c) (d)				
No.	Name, address, and ZIP + 4	Total contributions Type of contribution				
1		\$ 97,815. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		\$ 80,046. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No.	Name, address, and ZIP + 4	Total contributions Type of contribution				
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c) (d)				
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6 6	Name, audiess, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Employer identification number

BRIDGES TO INDEPENDENCE

54-1368484

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X 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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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.)

Name of organization Employer identification number

BRIDGES TO INDEPENDENCE

54-1368484

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ine or orga	anzation			Employer identification number			
RIDGES	S TO INDEPENDENCE			54-1368484			
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the						
	completing Part III, enter the total of exclusively religious, cha	aritable, etc., contributions of \$1,000 or	less for the year. (Er	nter this info. once.) \$			
	Use duplicate copies of Part III if additional sp	ace is needed.					
) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
art I	(2) 1 11 peec 21 gill	(5) 555 51 g		(a) Decemplication of the grant metal			
-							
-							
-							
		(a) Transfer of ai					
		(e) Transfer of gi					
	Transferee's name, address, and	1 7IP + 4	Relation	ship of transferor to transferee			
	Transfer de d'hame, adai ede, and		Holadon	simple realistics to a unione to			
-							
) No.	(b) Durnoss of gift	(c) Use of gift		(d) Description of how gift is held			
art I	(b) Purpose of gift	(c) Use of gift		(a) Description of now gift is field			
-							
<u> </u>							
-							
	(e) Transfer of gift						
	Transferee's name address and	17ID . 4	Polotion	phin of transferor to transfero			
	Transferee's name, address, and	1217 + 4	neiation	ship of transferor to transferee			
-							
-							
No.	(b) Durnoss of gift	(c) Use of gift		(d) Description of how gift is held			
art I	(b) Purpose of gift	(c) Ose of gift		(d) Description of how gift is held			
-							
-							
-							
\vdash	(3) Transfer (5) 15						
	(e) Transfer of gift						
	Transferee's name, address, and	1 7IP ± 4	Relation	ship of transferor to transferee			
	Transferee & name, address, and		Holadon	sinp of transfer of to transfer co			
-							
-							
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
art I	(b) I di pose oi giit	(c) OSC OF GITE		(a) Description of now girt is field			
-							
-							
-							
		(a) Tuamatan at al	<u> </u>				
		(e) Transfer of gi	п				
	Transferee's name, address, and	1.7ID . /	Dolotion	ship of transferor to transferee			
L	mansieree s name, address, and	1 4 11 T T	neiation	onip or transieror to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BRIDGES TO INDEPENDENCE

Employer identification number 54-1368484

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

136	84	184	Page 4	2
ate	,			

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tro	easures, or	Other S	imilar As	sets _{(continu}	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sign	ificant use o	f its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	change progra	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	n's exempt	purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or othe	r similar as	sets		
_	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	es" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	·						
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance							X No
	Did the organization include an amount on F				-		•	IA NO
	If "Yes," explain the arrangement in Part XIII. Tr V Endowment Funds Complete if							
. .		(a) Current year	(b) Prior year	(c) Two year		Three years	oack (e) Four	vears back
1a	Beginning of year balance	(a) carrett year	(b) i iici yeai	(2) :) 5	o suon (C)	, 55 , 54	(2) . 5	
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	•	_%					
b	Permanent endowment	%						
С		.%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administere	ed for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	If "Yes" on line 3a(ii), are the related organization						3b	
4 Dor	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.					
Pai	rt VI Land, Buildings, and Equipm Complete if the organization answere		Dort IV line 11e	Soo Form 000	Dort V line	o 10		
	· · · · · · · · · · · · · · · · · · ·		i	T T			1 (85)	
	Description of property	(a) Cost or o basis (investr		t or other (other)		umulated ciation	(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		21	19,003.	21	0,627.	8	376.
								25.5
Total	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. line 10c. column	(B))			8	376.

Schedule D	(Form 990) 2023	BRIDGES	TO	INDEPENDENCE	
Part VII	Investn	nents - (Other Securitie	es		

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Other Liabilities

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	52,379.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	52,379.

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

Part	t XI Reconciliation of Revenue per Audited Financial St	atements 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	2,861,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	106,082. 123,773.		
b	Donated services and use of facilities	2b	123,773.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е.	Add lines 2a through 2d			2e	229,855.
3	Subtract line 2e from line 1			3	2,631,208.
	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			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	2,631,208.
Part	t XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	2,645,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	123,773.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	123,773.
	Subtract line 2e from line 1			3	2,521,800.
	Amounts included on Form 990, Part IX, line 25, 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			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	2,521,800.
Part	t XIII Supplemental Information				
lines 2	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TX, LINE 2:			; Part X	,, line 2; Part XI,
MAN.	AGEMENT HAS EVALUATED THE ORGANIZATION	N'S TAX POS	SITIONS AND	COL	ICLUDED
THA	T THE FINANCIAL STATEMENTS DO NOT INCI	LUDED ANY U	NCERTAIN T	'AX I	POSITIONS.
PAR	T XI, LINE 2A				
IN-	KIND DONATIONS OF \$123,773 INCLUDED IN	N BOTH REVE	NUE AND EX	PENS	SE ON THE
AUD	ITED STATEMENTS, EXCLUDED FROM REVENUE	E AND EXPEN	ISES FOR TA	X PU	JPOSES.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number BRIDGES TO INDEPENDENCE 54-1368484 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
				GOLF		(add col. (a) through				
			BRIDGES BASH	TOURNAMENT	3					
4			(event type)	(event type)	(total number)	col. (c))				
Revenue			. , , , ,		<u> </u>					
š	1	Gross receipts	117,892.	29,469.	15,331.	162,692.				
Re	•	aross receipts	227,0320	23,1031	23,3321	202,0321				
	2	Less: Contributions	62,085.	4,369.	15,579.	82,033.				
	_	Less. Contributions	02/0031	1/303.	23/3/30	0270331				
	2	Gross income (line 1 minus line 2)	55,807.	25,100.	-248.	80,659.				
		Gross income (line 1 minus line 2)	33,007.	23,100.	240.	00,033.				
	1	Cash prizes								
	4	Casi prizes								
	_	Noncach prizes								
S		Noncash prizes								
Direct Expenses	_	Doubt/fooilib.cooks		18,000.	1,500.	10 500				
be	6	Rent/facility costs		10,000.	1,300.	19,500.				
ñ	_		0 000	1 006	2 700	14 426				
rect	7	Food and beverages	9,920.	1,806.	2,700.	14,426.				
ā			2 (02		C00	2 202				
	8		2,693.		600.	3,293.				
	9	Other direct expenses				25 010				
	10	Direct expense summary. Add lines 4 through				37,219.				
Da		Net income summary. Subtract line 10 from I				43,440.				
Pa	I L I		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	1							
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col. (a) through col. (c))				
3eV										
	1	Gross revenue								
S	2	Cash prizes								
Expenses										
χ	3	Noncash prizes								
H H										
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No	No No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)							
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _							
а	a Is the organization licensed to conduct gaming activities in each of these states?									
b	b If "No," explain:									
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No				
	b If "Yes," explain:									
	_									
	_									

Sch	nedule G (Form 990) 2023 BRIDGES TO INDEPENDENCE 54-1	L368	484	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	ı	ı	
	a The organization's facility	13a		<u>%</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		<u>%</u>
14	Effici the fiame and address of the person who prepares the organization's garning/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	daning manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	BRIDGES TO	INDEPENDENCE	54-1368484	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRIDGES T	O INDEPEN	DENCE					54-1368484
Part I General Information on Grants a	nd Assistance					_	
Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	n
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
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
 Enter total number of section 501(c)(3) at Enter total number of other organizations 							

(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
RENTAL ASSISTANCE AND EMERGENCY ASSISTANCE FOR					
UTILITIES, FOOD, ETC.	163	525,966.	0.		
Part IV Supplemental Information. Provide the information re	<u> </u>	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
RECIPIENTS ARE ENROLLED IN BRIDGES	TO INDEF	ENDENCE PF	ROGRAMS. RE	CIPIENTS	
MEET WITH STAFF CASE WORKERS ON A	MONTHILV D	אמדם איי זא	ATNITMIIM AN	ה אספ	
			HINIMOM, AN	D AKE	
REQUIRED TO PROVIDE DOCUMENTATION	OF THEIR	NEED.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number**

	BRIDGES TO I	NDEPEN:	DENCE		54-2	L3684	484	
Pa	rt 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	(d Method of d noncash contrib	etermini	_	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	4	30,841.	FAIR MARKET	' VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is chec	ked,			

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

Schedule M (Form 990) 2023

describe in Part II.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BRIDGES TO INDEPENDENCE

Employer identification number 54-1368484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNSELING, AND FINANCIAL ASSISTANCE FOR PERSONS FROM ARLINGTON,
VIRGINIA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CORPORATION ("BAJCDC"), FOCUSING ON YOUTH WORK, WORKFORCE DEVELOPMENT,
AND COMMUNITY NAVIGATION, CONTINUING THE LEGACY OF LIFTING THOSE IN
NEED IN THE COMMUNITY, AND BREAKING THE CYCLE OF INTERGENERATIONAL
POVERTY. THE ORGANIZATION IS PRIMARILY SUPPORTED THROUGH GOVERNMENT
GRANTS, FOUNDATIONS, AND INDIVIDUAL DONORS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
YOUTH DEVELOPMENT - BRIDGES' YOUTH DEVELOPMENT PROGRAM IS FOCUSED ON
PROVIDING ROBUST PROGRAMMING YEAR-ROUND TO EMPOWER YOUTH AND WORK TO
END THE CYCLES OF INTERGENERATIONAL POVERTY AND HOMELESSNESS. BRIDGES
KEY PROGRAMS FOCUS ON FINANCIAL LITERACY, MENTORSHIP, TUTORING AND
LEADERSHIP ACTIVITIES. ONE OF THE MOST POPULAR PROGRAMS IS "KICK START
KIDS", WHICH IS A YOUTH-RUN ENTERPRISE THAT EMPOWERS YOUTH OF ALL AGES
TO LEARN BUSINESS SKILLS. THE MONEY THE YOUTH EARN GOES TOWARDS OPENING
THEIR FIRST SAVINGS ACCOUNT OR DEPOSITING INTO A PREVIOUSLY ESTABLISHED
SAVINGS ACCOUNT WITH ARLINGTON COMMUNITY FEDERAL CREDIT UNION.
EXPENSES \$ 169,554. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
WORKFORCE DEVELOPMENT - BRIDGES' WORKFORCE DEVELOPMENT PROGRAM WORKS
WITH PROGRAM PARTICIPANTS TO FIND, SECURE, AND RETAIN STABLE

EMPLOYMENT. BRIDGES TAKES AN INDIVIDUALIZED APPROACH BY ASSESSING,

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** BRIDGES TO INDEPENDENCE 54-1368484 PLANNING, SECURING AND EVALUATING EACH PROGRAM PARTICIPANT TO MEET THEM WHERE THEY ARE SO THEY CAN FURTHER STABLIZE THEIR LIVES AND FUTURES. THIS INCLUDES, BUT IS NOT LIMITED TO, OBTAINING SPECIALIZED CERTIFICATIONS, FURTHERING EDUCATIONL OPPORTUNITIES, WORKING THROUGH TRANSFERRABLE SKILLS, GROUP TRAINING AND ONE-ON-ONE MENTORSHIP OPPORTUNITIES, SUPPORTING PROGRAM PARTICIPANTS WITH OVERCOMING BARRIERS SO THEY CAN MOVE FROM EARNING MINIMUM WAGE TO A LIVABLE WAGE. EXPENSES \$ 76,943. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS INCLUDED IN BRIDGES' PERSONNEL MANUAL AND IS REVIEWED AT BOARD MEETINGS AND STAFF MEETINGS. FORM 990, PART VI, SECTION B, LINE 15A: BRIDGES TO INDEPENDENCE'S BOARD OF DIRECTORS CONSULTED WITH AN INDEPENDENT EXECUTIVE SEARCH FIRM, USED PEER ORGANIZATIONS, MARKET REALITIES, AND PUBLICLY PUBLICIZED SALARIES TO DETERMINE THE EXECUTIVE DIRECTOR'S SALARY. IT IS REVIEWED ON AN ANNUAL BASIS BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION.

Schedule O (Form 990) 2023 Page **2**

Name of the organization BRIDGES TO INDEPENDENCE	Employer identification number 54-1368484			
THE ORGANIZATION'S BYLAWS AND OTHER GOVERNING DOCUMENTS AN	D THE CONFLICT OF			
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPO	N REQUEST.			
FORM 990, PART XII, LINE 2C				
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.				