

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# , Form 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

A	ror the 2	U 14 calend	dar year, or tax year beginning, 2014, and ending		,	
B	Check if app	olicable	C	D Employ	er identification	n number
	Addres	s change	BRIDGING THE GAP TOGETHER, INCORPORATED	38-	3822079	
	Name o	•	401 NORTH 1ST AVENUE	E Telepho		
	H	- i	DURANT, OK 74701			2052
	initial r			(580	<u>)) 931-8</u>	3953
	Final retu	urn/terminated				
	Amend	ed return		<b>G</b> Gross re	eceipts \$	<u>256,225.</u>
	Applica	ation pending	DIDADI KULUDI	(a) Is this a group return		
	_		SAME AS C ABOVE	(b) Are all subordinates If 'No,' attach a list	included?	Yes No
ī	Tax-exem	npt status	X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or 527	ii No, allacira iist	(see manuchor	15)
<u>J</u>	Websit			(c) Group exemption nu	ımber 🕨	
K		rganization	X   Corporation   Trust   Association   Other ►   L Year of formation	<del></del>	tate of legal do	micile OK
				2010 1113	itale of legal do	Tilicile ON
140	1 9 S	Summar	be the ergenization's musican or most significant activities. ORGANICAN	TOY LOOPDING	DOM TO	D. TERRING
			be the organization's mission or most significant activities: ORGANIZAT			
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Governance	I AL			S THE DESIF		
e.	10		LE TO OFFER ASSISTED LIVING TO THESE SPECIAL NE			THE
õ	2 Che		if the organization discontinued its operations or disposed of more	e than 25% of its		
			oting members of the governing body (Part VI, line 1a).  dependent voting members of the governing body (Part VI, line 1b)		3	14
S	F Tot		of individuals employed in calendar year 2014 (Part V, line 2a)		5	14
蔓	6 Tot		of volunteers (estimate if necessary)	•		23
Activities &	73 Tot		ed business revenue from Part VIII, column (C), line 12		6 7a	15
⋖			I business taxable income from Form 990-T, line 34		7a 7b	0.
	D IVE	uni ciateu	dusiness taxable income noni oni 350-1, line 34	Dula - Vana		0.
	0 00	ntribilitiono	and grants (Part VIII, June 1h)	Prior Year		Current Year
Φ	1		and grants (Part VIII, line 1h)	73,6	/5.	82,350.
Revenue	1	-	vice revenue (Part VIII, line 2g)		<del></del>	
ě	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)			
<b>E</b>	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	78,9		96,143.
	12 Tot	ai revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,6		178,493.
	<b>13</b> Gra	ants and si	imilar amounts paid (Part IX, column A Tres IVED	7	00.	<u>629.</u>
	14 00	nents paid	to or for members (Fart IX, Chidran (A), line 4)			····
<b>~</b>	15 Sal	aries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	100,0	47.	107,651.
še	16a Pro	fessional :	fundraising fees (Part IX, colum (A), Nine 110) 9 2015			
Expenses	h Tot		sing expenses (Part IX, column (D <del>), line 25).</del> ▶			
ă	17 04			F. 6. 3	2.2	
			ses (Part IX, column (A), lines 11a (1) (1) (2)	56,1		72,245.
	1		es Add lines 13-17 (must equál Part X; column: (A), line 25)	156,8		180,525.
_		venue less	expenses Subtract line 18 from line 12	-4,2		-2,032.
2 0 C				Beginning of Currer		End of Year
Date of	<b>20</b> Tot		(Part X, line 16)	12,4		<u>255,417.</u>
Net Asset Fund Bala	<b>21</b> Tot	al habilitie	s (Part X, line 26)	2,8	91.	247,892.
žΞ	<b>22</b> Net	t assets or	fund balances Subtract line 21 from line 20 .	9,5	557.	7,525.
P	nell s	Signatur	e Block	1		
				ne hest of my knowledge	and belief it is	s true correct and
com	plete Declar	ation of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the are other than officer) is based on all information of which preparer has any knowledge	ic best of my knowledge	and bonon, it is	y true, correct, and
-			Vanna Klennahan II	11-6	1-15	
Sig	70	Sagnatu	re of officer	Date	- 13	
He		Contra	TEN DEMCHADDE	DDECTDENT		
110	16		VEN REMSHARDT  print name and title	PRESIDENT		<del></del>
				12: 1	ıf PTIN	
		1		Check	<b>」</b> "	<b>9</b>
Pa		TAMARA	A LANGFORD, CPA SUMVUA SUNJAJOPA 11/3/	self-employ	ed   <u>P00</u>	895086
	eparer	Firm's name	TAMARA LANGFORD, CPA, PLLC			E
Us	e Only	Firm's addre	ess 208 NORTH 10TH STREET	Firm's EIN	26-325	52385
			DURANT, OK 74701-7408	Phone no		924-9400
Ma	v the IRS	discuss th	nis return with the preparer shown above? (see instructions)	<del></del>		Yes No 7

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014) BRIDO	GING THE GAP T	OGETHER,	INCORPORATED	38-3822079 Page
	of Program Service	-		
	<del></del>		to any line in this Part III	
Briefly describe the o	-			
SEE SCHEDULE (	J	<b>_</b>		
		<del></del> -		
2 Did the organization up	ndertake any significant	program servi	ces during the year which were not listed o	n the prior
Form 990 or 990-EZ?		program servi	des during the year which were not listed o	Yes X No
	se new services on Sc	hedule O.		
			ant changes in how it conducts, any pro-	gram services? Yes X No
	se changes on Schedu		, ,,	·
4 Describe the organiza	ation's program service	e accomplishi	ments for each of its three largest progr	ram services, as measured by expenses
Section 501(c)(3) and	d 501(c)(4) organization for each program serv	ons are require	ed to report the amount of grants and a	llocations to others, the total expenses,
and revenue, it arry, i	ior each program serv	ice reported		
4a (Code: ) (	(Expenses \$	11 9/19	including grants of \$	) (Revenue \$
	· ·		NTELLECTUALLY DISABLED.	IN 2014 THERE WERE 10
			THRU GOOD DEAL THRIFT.	11 2014 THERE WERE 10
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<b>4 b</b> (Code:)	(Expenses \$		including grants of \$	) (Revenue \$
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### SPECIAL O	Expenses \$  CExpenses \$  CExpen	dule O.)	IAY PARTICIPATE IN VARIOUS  Including grants of \$	) (Revenue \$

			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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	e <sup>*</sup>		
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .	11 b		X
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		Х
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) BRIDGING THE GAP TOGETHER, INCORPORATED Panel Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<b>.</b>	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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 in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990	(2014)

# Form 990 (2014) BRIDGING THE GAP TOGETHER, INCORPORATED Party Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Check if Schedule O contains a response or note to any line in this Part V	Γ
	Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c
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	23
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X
<b>b</b> If 'Yes,' enter the name of the foreign country. ▶	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <b>5b</b> X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n <b>6</b> a X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b
7 Organizations that may receive deductible contributions under section 170(c).	1160 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	
services provided to the payor?	7a X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c X
d if 'Yes,' indicate the number of Forms 8282 filed during the year	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h
<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	8
a Did the sponsoring organization make any taxable distributions under section 4966?	Maria (1971-1971) (1971-1971)
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b
10 Section 501(c)(7) organizations. Enter	3 D 8:263 B 1
a Initiation fees and capital contributions included on Part VIII, line 12	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter	
a Gross income from members or shareholders	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	13a
Note. See the instructions for additional information the organization must report on Schedule O	
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	
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?	14a X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a X
BAA  TEEA0105L 05/28/14	Form <b>990</b> (2014

Particle 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 h 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5  $\overline{X}$ 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15<sub>b</sub> X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: STEVEN REMSHARDT 401 NORTH 1ST AVENUE DURANT OK 74701 (580) 931-8953

Form <b>990</b> (2014)	BRIDGING	THE	GAP	TOGETHER.	TNCORPORATED

38-3822079

2age **7** 

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

(A) Name and Title  Average hours per week (list any per week (list an	Estimated amount of other compensation from the organization and related organizations
Name and Title    CD	Estimated amount of other compensation from the organization and related
week	from the organization and related
per week (list any hours for related organization work former to related organization at this below dotted line)  per week (list any hours for related organization (W-2/1099-MISC)  Tombologe e line organization (W-2/1099-MISC)  Thighest comployee e line organization (W-2/1099-MISC)	
(1) SCOTT CORBIN 1	
DIRECTOR 0. 0.	0.
(2) SCOTT KING 1	
DIRECTOR 0 X 0.	0.
(3) RACHEL KING 1	
DIRECTOR 0 X 0.	0.
(4) JODY WILLIAMS 1	
DIRECTOR 0 X 0.	0.
(5) BETTY WILLIAMS 1	
DIRECTOR 0 X 0. 0.	0.
(6) TAMMY EZELL 1	
DIRECTOR 0 X 0.	0.
7 RICHARD EZELL 1	
DIRECTOR 0 X 0.	0.
(8) KIP FRANCIS 1	
DIRECTOR	0.
(9) BRANDI BURKHALTER 1 1	
DIRECTOR	0.
(10) STEVEN REMSHARDT 40 40	
PRESIDENT 0 X 15,053. 0.	0.
(11) WILMA WRIGHT 1 1	
SECRETARY 0 X 0. 0.	0.
(12) PATTI SHACKLEFORD 2	
VICE PRESIDENT 0 X 0. 0.	0.
(13) DONNA HICKS 40	
TREASURER 0 X 12,765. 0.	0.
(14) JANIE KILPATRICK 2 0 X 0.	0.

	(B)	T		((	c)	<del> ,</del>	<u> </u>		.ponoutou Emp	Continued)
(A) Name and title	Average hours per week	officer and a director/trustee)   compe		(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other				
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	iiiie)		ö			ited				
(15)									-	
(16)							-		<u>-</u>	
(17)										
(18)		-								
(19)										
(20)				_						
(21)										
(22)								**		
(23)										
(24)										
(25)										
1 b Sub-total		1	1				•	27,818.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization ▶ 0	to those li	sted	abov	/e) v	who !	recei	ved	27,818. more than \$100,00	0. 0 of reportable comp	0. pensation
					_		-			Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru: <i>h individu</i>	stee, <i>al</i>	key	em	ploy	/ee,	or h	ighest compensa	ted employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	e cor 50,00	npe )0?	nsa If 'Y	tion es'	and com <sub>l</sub>	oth olet	er compensation e Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes	e compen	satio te Sc	n fro	om a	any <i>J fo</i>	unre r suc	late	d organization or	ındıvıdual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compen compensation from the organization. Report compen</li> </ol>	sated indes	pend the ca	dent	cor dar y	ntrac year	end <sub>ii</sub>	tha ng w	t received more that the or within the or	nan \$100,000 of ganization's tax year	
Name and business adda	ess							Description (B)	of services	(C) Compensation
							_			
				_						
Total number of independent contractors (including by		ted to	tho	se li	isted	abo	ve) v	who received more	than	
\$100,000 of compensation from the organization		TEFAO	1001	02/0	20/15					Form <b>990</b> (2014)

		Check if Schedule O cor	ntains a respo	onse or note to an	y line in	this Pa	rt VII	Ι.							Ш
					Total	(A) revenue	е	Rela ex- fur	B) ated or empt action renue		(C) Unrela busin rever	ess	exclud	(D) Revenue ded from the er sections 12-514	iax s
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns. Membership dues Fundraising events Related organizations. Government grants (contributions)	1 a 1 b 1 c 1 d 1 e											-	
	g	All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in <b>Total</b> . Add lines 1a-1f		82,350. 77,732.		82,35	0.			· · · · · · · · · · · · · · · · · · ·	*		4	š	
Program Service Revenue	2a b c d			Busilless Code											
Program	g	All other program service  Total. Add lines 2a-2f		Interest and							4			**************************************	,
	3 4 5	Investment income (include other similar amounts) income from investment of Royalties	f tax-exempt	bond proceeds. >											
	b c	Gross rents Less: rental expenses Rental income or (loss)	(ı) Real	(ii) Personal					Š.		\$ ************************************	٠,	***		<i>i.</i>
	7 a	Ret rental income or (loss gross amount from sales of assets other than inventory  Less: cost or other basis	) (i) Securities	(II) Other		**	,	*			•		,	** **	. **
	c d	and sales expenses  Gain or (loss)  Net gain or (loss).		<b>P</b>			<u>.</u>	**		**-	\$	, <u>,                                  </u>			,
Other Revenue		Gross income from fundra (not including \$	· ·		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<b>.</b>	3.	***	: •		, }	*	***	į.	Å.
Othe	С	Less: direct expenses Net income or (loss) from Gross income from gamin See Part IV, line 19	_					<u> </u>	······································						
	b c	Less direct expenses  Net income or (loss) from	gaming activ	)				ř	1					*	<del></del>
	b	Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from	t	77,732.		96,14	3.							96,14	3.
	11 a b c	Miscellaneous Revenue		Business Code											
	1	All other revenue  Total. Add lines 11a-11d  Total revenue. See instruc	ctions	<b>•</b>	1	78,49	3.			).		0	.1	96,14	3.

# Park 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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	629.	629.	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	27,818.	0.	27,818.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	71,813.	11,100.	60,713.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	170.		170.	
10	Payroll taxes	7,850.	849.	7,001.	
11	Fees for services (non-employees):				
	Management				
	Legal				
	; Accounting	2,720.		2,720.	
	Lobbying		***		
	Professional fundraising services See Part IV, line 17				<del></del>
g	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0).				
	Advertising and promotion	676.		676.	
13	Office expenses				
14	Information technology				<u> </u>
15	Royalties	7.007			
16	Occupancy Travel	7,897.	1 000	7,897.	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,909.	1,909.		
	Conferences, conventions, and meetings				
20	Interest	17,312.		17,312.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,606.		6,606.	
23	Insurance	4,461.		4,461.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	<b>\$</b> .	si.		
á	SALES TAX EXPENSE	13,283.	<u> </u>	13,283.	
	SECURITY	5,280.		5,280.	
	OUTSIDE SERVICES	2,960.		2,960.	
	SUPPLIES	2,628.		2,628.	
•	All other expenses .	6,513.		6,513.	
25	Total functional expenses. Add lines 1 through 24e	180,525.	14,487.	166,038.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 11,858 11,283. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 253,799 10 b b Less accumulated depreciation 9,665 590 10 c Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 12,448 255,417 17 Accounts payable and accrued expenses 17 94. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 244,053. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,839. 2,797 26 Total liabilities. Add lines 17 through 25 2,891 26 247,892 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 9,557. 27 7,525. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 9,557. 7,525. 34 Total liabilities and net assets/fund balances 34 12,448. 255,417.

BAA

ParteX

Balance Sheet

Form 990 (2014)

Forn	1990 (2014) BRIDGING THE GAP TOGETHER, INCORPORATED	38-3822079	Pa	ige 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	178,4	193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,5	525.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,0	)32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,5	557.
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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,5	525.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			,,,,
28	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 reseparate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	viewed on a		
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	eparate		ie.
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>18</b>	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3a	Х
1	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA			Form <b>990</b>	(2014)

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

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public haceton

Employer identification number BRIDGING THE GAP TOGETHER, INCORPORATED 38-3822079 Partill 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 4 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) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 11 lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g **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 is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations. g Provide the following information about the supported organization(s) (II) EIN (v) Amount of monetary (i) Name of supported organization (ui) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing (see instructions)) document? Yes No (A) **(B)** (C) (D) (E) Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	7,183.	40,125.	54,240.	73,675.	82,350.	257,573.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,183.	40,125.	54,240.	73,675.	82,350.	257,573.
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)					k f	0.
6	Public support. Subtract line 5 from line 4			* * *		,	257,573.
Sec	tion B. Total Support	<u> </u>	<u> </u>	L	ا الله الله الله الله الله الله الله ال	***************************************	2017010.
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	7,183.	40,125.	54,240.	73,675.	82,350.	257,573.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	<b>Total support.</b> Add lines 7 through 10		i ;	min i	t so di		257,573.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	627,951.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	<b>►</b> []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	•	•	ne 11, column (f))	)	14	100.00%
	Public support percentage from	·	•			_15_	0.00%
16 a	a 33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test - 2013. If and stop here. The organization	the organization d n qualifies as a pu	lid not check a bo blicly supported o	ix on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more	, check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	<b>re.</b> Explain in Pai	rt VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a id-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly suppor	<b>re.</b> Explain in Pai ted organization	rt VI how the ▶
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	· · · · · · · · · · · · · · · · · · ·		
RΔΔ					92	hadula A /Form (	390 or 990. F7\ 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		<del>-</del> "				
Calen	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 performed, 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 business under section 513.						
-	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	T					<del></del>
	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
-	Amounts from line 6						
t	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Ounrelated 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 in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pu			- 12 12		<del></del>	
	Public support percentage for 20	•	• • •	ne 13, column (f))	1	<u> </u>	5 %
	Public support percentage from				<del></del>		8
	tion D. Computation of Inv				(0)	<del></del>	<u> </u>
17				=	ımn (f)).	<u> </u>	7 %
18	Investment income percentage f					<u> </u>	8 %
	a <b>33-1/3% support tests 2014.</b> It is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The orgar	iization qualifies a	as a publicly supp	orted organiza	tion 🟲 📗
	<ul> <li>33-1/3% support tests — 2013. It line 18 is not more than 33-1/3%</li> <li>Private foundation. If the organi</li> </ul>	6, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported o	rganization -
			ON A DOX OIL HITC	, 13a, 01 13b, 0	HICCK THIS DOX ALLO		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All S	Supporting	<b>Organizations</b>
------------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	<i>₹</i>	* (** ° )	* `
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		*
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	**	-
	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 <b>Part VI</b> 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.	4c		**
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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)	5a	- 44	
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	~;•	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	1	
9	a 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 <b>Part VI</b>	9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b	*	·
	c Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b>	90		+

10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) 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.)

9c

10a

10b

P2	and we supporting Organizations (continued)				
11	Has the organization accepted a gift or contribution from any of the following persons?	Estras	Yes	No	
• •	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			i A	
	governing body of a supported organization?	11a			
	<b>b</b> A family member of a person described in (a) above?	11b			
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	i ·		
Se	ction B. Type I Supporting Organizations	<u> </u>	_	<u> </u>	
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in		· ·		
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities				
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,				
	applied to such powers during the tax year	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)				
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	,	, , , ,		
	supporting organization	2			
Se	ction C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	*****	3		
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	<u> </u>		
Se	ction D. All Type III Supporting Organizations	1	1	L	
			Yes	No	
_		0.4	J. E.	.÷ut+m	
7	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax				
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	38.43	1. "	2 · :444	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
3		2	18.75		
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at		DAY X	* . : . *	
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		اثــــــا	
Se	ction E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):				
	a The organization satisfied the Activities Test Complete line 2 below.				
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).			
_		7			
2	Activities Test. Answer (a) and (b) below.	6.00 5.00	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		1	***	
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was	46 3 4	"		
	responsive to those supported organizations, and how the organization determined that these activities constituted	*263	* , ** *I		
	substantially all of its activities	2a		, ""1	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of				
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	1	,	]	
	organization's involvement	2b	92.2	ļ,	
3	Parent of Supported Organizations Answer (a) and (b) below.	Se.		, .	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	1			
	each of the supported organizations? Provide details in Part VI	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		ļ		
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3ь			

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complet	lovemb te Sec	per 20, 1970 <b>See instructi</b> tions A through E.	ons. All
Sec	tion 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		
Sec	tion 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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI).	36.3		
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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3		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		
_ <u>?</u>	Check here if the current year is the organization's first as a non-functionally-int (see instructions)	tegrate		- 
RAA			Schedule A (For	rm 990 or 990-EZ) 2014

Sche	edule A (Form 990 or 990-EZ) 2014 BRIDGING THE GAP TOG	ETHER, INCORPO	RATED 38-38	22079 Page 7
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required).			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	on is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
_			1	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			488
3 Excess distributions carryover, if any, to 2014:		y ~ '\	* /
а			
b 🛊 *		4	+ 2
C	, <u>\$</u> \$	€	
d .			
<b>e</b> From 2013		*x	,
f Total of lines 3a through e		Marie Allen Allendaria	, 🖟 🗱 🔑 🗥
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount		4 4	
i Carryover from 2009 not applied (see instructions)	4		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	*****		*
4 Distributions for 2014 from Section D, line 7:	5 1.000. * \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
a Applied to underdistributions of prior years	ķ		,
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4		ir i.,,	
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	*,*,		,
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	18 4 544	*	, , , , , , , , , , , , , , , , , , , ,
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7	2.		,
a   ***			
b			·····
С			
d Excess from 2013			
e Excess from 2014			

BAA

Schedule **A** (Form 990 or 990-EZ) 2014

38-3822079

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULĖ D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	BRIDGING THE GAP TOGETHER,	INCORPORATED		38-38220	79		
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.						
		(a) Donor advised	funds	(b) Funds and other	er 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 do are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	e assets held in d l control?		es No		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writ t of the donor or donor adviso	ing that grant fun ir, or for any othe	r purpose conferring	es 🗌 No		
Par	Complete if the organization ans			7.			
1	Purpose(s) of conservation easements held b	y the organization (check all t	hat apply)				
	Preservation of land for public use (e.g.,	recreation or education)	Preservation	of a historically important l	and area		
	Protection of natural habitat		Preservation	of a certified historic struct	ure		
	Preservation of open space		_				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation cor	ntribution in the for				
				8.2 5.000.1	d of the Tax Year		
	Total number of conservation easements		•	2a			
	Total acreage restricted by conservation ease			2 b			
•	Number of conservation easements on a cert	ified historic structure included	d in (a).	2c			
•	d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, a	and not on a histo	2 d			
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished	, or terminated by	the organization during the			
4	Number of states where property subject to conse	ervation easement is located 🟲		<u></u>			
5	Does the organization have a written policy re and enforcement of the conservation easeme	<del>-</del> -	ng, inspection, ha		es No		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	rvation easements	during the year			
7	Amount of expenses incurred in monitoring, insperse \$	ecting, and enforcing conservation	on easements duri	ng the year			
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		•	Y	es No		
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	to the organization's financial	I statements that	describes the organization	s accounting for		
Pai	Organizations Maintaining Colle Complete of the organization ans	ections of Art, Historical swered 'Yes' to Form 990	<b>l Treasures, o</b> D, Part IV, line	r Other Similar Asset 8.	s.		
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education	on, or research in				
1	b If the organization elected, as permitted under historical treasures, or other similar assets held to following amounts relating to these items:	for public exhibition, education, o	oort in its revenue or research in furth	e statement and balance st erance of public service, pro	neet works of art, vide the		
	(i) Revenue included in Form 990, Part VIII,	line 1		<b>▶</b> \$			
	(ii) Assets included in Form 990, Part X			<b>►</b> \$			
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other sime 116 (ASC 958) relating to the	nilar assets for fina ese items:	ncial gain, provide the follow	ing		
i	a Revenue included in Form 990, Part VIII, line	: 1	•	<b>▶</b> \$			
	<b>b</b> Assets included in Form 990, Part X			<b>►</b> \$			

Schedule <b>D</b> (Form 990) 2014 BRIDGI	NG THE GAP '	OGETHER.	INCORPORATED	38-382	2079		Page 2	
Partell Organizations Maintain				Other Similar Ass	ets (coi			
3 Using the organization's acquisition, a	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
a Public exhibition								
<b>b</b> Scholarly research		e Other	or exertaings programs					
c Preservation for future generati	ons	<b>с</b> П оо.	<del></del>					
- <b>-</b>	The state of the s							
5 During the year, did the organizatio to be sold to raise funds rather than	n solicit or receive	donations of ar	t, historical treasures, o organization's collection	r other similar assets ?	Yes	Г	No	
Park Escrow and Custodial A	Arrangements.  nount on Form	Complete if to 990, Part X,	the organization and line 21.	swered 'Yes' to For	m 990,	Part	īV,	
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or ot	her intermediary	for contributions or oth	ner assets not included	Yes			
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and com	plete the follow	ing table:		163	L_		
<b>2</b> ii 100, explain the analigement iii	· are your and oon	proto trio ronotti	ing tubic	<del></del>	Amount			
c Beginning balance				1 c				
d Additions during the year				1 d				
e Distributions during the year				1 e				
f Ending balance				1f				
2a Did the organization include an ame	ount on Form 990,	Part X, line 21,	for escrow or custodial	account liability? .	Yes		No	
<b>b</b> If 'Yes,' explain the arrangement in				-	_		_	
Seal Francisco				000 D-11/4	- 10			
Fan V Endowment Funds. Cor								
1 a Beginning of year balance	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) FO	ur years	Dack	
<b>b</b> Contributions					<del> </del>			
<b>B</b> Contributions					+			
c Net investment earnings, gains, and losses								
d Grants or scholarships								
Other expenditures for facilities and programs					<u> </u>			
f Administrative expenses								
g End of year balance		<u> </u>						
2 Provide the estimated percentage of	•	•	ne 1g, column (a)) held	as:				
a Board designated or quasi-endowmen		%						
b Permanent endowment ►	<del></del> %	•						
c Temporarily restricted endowment								
The percentages in lines 2a, 2b, an	d 2c should equal	100%						
<b>3 a</b> Are there endowment funds not in the organization by	possession of the o	organization that a	are held and administered	for the		Yes	No	
(i) unrelated organizations					3a(i)			
(ii) related organizations					3a(ii)			
<b>b</b> If 'Yes' to 3a(ii), are the related org	anizations listed a	s required on Se	chedule R?		3b			
4 Describe in Part XIII the intended u	ses of the organiz	ation's endowm	ent funds		<u> </u>			
Pant Wil Land, Buildings, and Ed	uipment.							
Complete if the organiza	ation answered		<del></del>					
Description of property	(a) Cos (ır	t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Be	ook va	ılue	
1 a Land								
<b>b</b> Buildings			250,000.	6,153.		243.	,847.	
c Leasehold improvements			,					
d Equipment			200	100			14	

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

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244, 134. Schedule **D** (Form 990) 2014

Partivil Investments - Other Securities.		N/A	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11b. See Form 990, P	art 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 n	narket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(E)			
<u>(F)</u>	<del></del>		
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12		7/2	
Part III Investments – Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV line 11c. See Form 990 P	Part X. line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Total. (Column (b) must equal to misso, t art x, column (b) mic to.)	27.72		
Partix Other Assets.	N/A 'Yes' to Form 990		Part X line 15
Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	Part X, line 15.
Other Assets. Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	
Other Assets. Complete if the organization answered  (a) Description (2)	'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	
Other Assets. Complete if the organization answered  (a) Description (2)  (3)	'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	
Complete if the organization answered  (a) Description (2)  (3)  (4)	'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	
Complete if the organization answered  (a) Description (a) (b) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	'Yes' to Form 990	, Part IV, line 11d. See Form 990, P	
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Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990 scription	, Part IV, line 11d. See Form 990, P	
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Schedule <b>D</b> (Form 990) 2014 BRIDGING THE GAP TOGETHER, INCOP	RPORATED	38-3822079	Page 4
Reconciliation of Revenue per Audited Financial Statem	nents With Reve	nue per Return. N/A	r age 4
Complete if the organization answered 'Yes' to Form 990	), Part IV, line 12	<u>a.</u>	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIII)	2 d		
e Add Innes 2a through 2d .	<del> </del>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<del></del>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line if	12.)	5	
Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' to Form 990	•	•	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	·	2 e	

Rantal Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

3 Subtract line 2e from line 1

**b** Other (Describe in Part XIII)

c Add lines 4a and 4b

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

4 b

BAA

Schedule **D** (Form 990) 2014

## SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

BRIDGING THE GAP TOGETHER, INCORPORATED

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

Open To Public Inspection.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

38-3822079

		(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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures .				
3	Art - Fractional interests				
4	Books and publications	X		4,170.	FMV
5	Clothing and household goods	X	11 18 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	73,562.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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 organization organization completed Form 8283. Part IV. Done			r which the	29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

- **b** If 'Yes,' describe the arrangement in Part II
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If 'Yes,' describe in Part II
- If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

No Yes 30 a 31 32 a

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

Schedule M (Form 990) (2014)

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Page 2

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

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRIDGING THE GAP TOGETHER, INCORPORATED

Employer identification number

38-3822079

## FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ORGANIZATION ACCEPTS DONATED ITEMS FROM PUBLIC AND RESALES. PROCEEDS ARE USED TO OFFER JOBS AND RECREATIONAL ACTIVITES TO INTELLECTUALLY DISABLED INDIVIDUALS. IT IS THE DESIRE OF THE BOARD TO BE ABLE TO OFFER ASSISTED LIVING TO THESE SPECIAL NEEDS INDIVIDUALS IN THE FUTURE.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 2014 FEDERAL FORM 990 WAS PREPARED, PRINTED, AND PROVIDED TO THE BOARD FOR REVIEW DURING THEIR REGULAR BOARD MEETING.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.