Empowering Communities Through Awareness

August 2026 Community Impact Grant Cycle

The Bridge To Hope

Molly Mooridian
2110 4th Ave N
Menomonie, WI 54751

mollym@thebridgetohope.org
O: 715-235-9074

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Application Form

Instructions
INSTRUCTIONS

Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application.
As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51I4mx8Wryjrx4FYOmdg/edit?usp=sharingClick here to learn about the collaborator feature. Contact the Community Foundation at (715) 232-8019 if you have any questions or problems with the form.

Request Overview

Project Title*
Please provide a descriptive Name/Title for this grant request.

Empowering Communities Through Awareness

Amount Requested*
Typical grant amounts range from $500 to $5,000 or more.

$3,268.46

Program Area*
Please check the program area that best categorizes this grant request.

Access/Social Justice

Geographic Area Served*
Please select which geographic area is primarily being served by this request.

Dunn and surrounding county/counties

Does your organization function within Dunn County?*
Yes

Population Served*
Please select the specific population being served by this request. You can select age and income level in the next section. If the population this grant targets is not listed, please choose "General".

Victims of crime and abuse

Age Group Served*
Please select the specific age group served by this grant request.

All ages

Income Level Served*
Please select the income level of the target population being served by this request.

All income levels

Non Discrimination Policy*
In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Yes

About Your Organization

1. Organization Overview*
Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.

The Bridge to Hope is a nonprofit organization dedicated to ending domestic abuse, sexual assault, and human trafficking. We empower those affected by violence, offer options, and provide support so individuals can begin a life free from abuse. We are available 24/7 by call or text.

Mission: The Bridge to Hope provides support and healing to survivors and families while engaging the community to recognize and prevent abuse. Vision: To be a bridge to hope that fosters a safe, just, and compassionate society. Values: Empowerment, Confidentiality, Compassion, Resiliency, Integrity.

The Bridge to Hope began when community members came together to address the lack of services for domestic violence survivors. We initially operated through undisclosed safe homes, later opening our first residential shelter in 1998 at a donated home. In 2017, with community support, we moved into a fully accessible, expanded facility at 2110 4th Ave., increasing shelter bedrooms from 3 to 8 and bathrooms from 1 to 5. Our backyard includes fenced-in play equipment for children.

For over 43 years, The Bridge to Hope has been a cornerstone in our community. In 1982, we served 37 clients. Today, we support nearly 500 survivors annually, regardless of gender, age, race, religion, orientation, or ability, and we welcome pets, too. Our 24/7 crisis line was launched in 1998, with texting added in 2013. The Bridge to Hope A staff member is always present at the shelter, and our on-call team responds to hospital calls for sexual assault victims.

We collaborate with law enforcement to increase victim safety through the Lethality Assessment Protocol, added in Dunn County in 2016 and Pepin County in 2021. We opened a UW-Stout campus office in 2019 and a Pepin County office in 2021. In 2022, we updated our logo to reflect the intersectionality of abuse, transitioning from purple (domestic violence awareness) to teal (sexual assault awareness). In 2026 we installed solar panels to ensure the dollars donated to survivors go directly to programming while reducing our carbon footprint.

2. Current Initiatives*

Please describe your current programs, activities, community impact and the community's involvement or support of your organization.

We serve survivors from Dunn and Pepin Counties, as well as anyone who needs our services and reaches out to us for help and support. Our services are always free and confidential. The Bridge collaborates with law enforcement and judicial agencies, as well as human services departments, schools and churches. Our mission is to eliminate domestic violence and sexual assault from all our communities. We offer hope to survivors and empower them as they struggle to live a life free of fear, violence, and abuse.

Last year we provided 4,206 safe bed nights to survivors in our emergency shelter. Legal advocacy was provided to 619 individuals. 104 community presentations were facilitated by Bridge to Hope advocates. 3,435 adults attended and 1,947 children attended these presentations. 124 adults and 51 children attended Bridge to Hope support groups. Trained advocates were available 24/7 in our Menomonie office and answered all 1,651 crisis hotline calls made to The Bridge to Hope. Safety planning meetings were provided 1,311 times.

3. Organizational Structure*

Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)

Our agency values are empowerment, confidentiality, compassion, resiliency and integrity. We are here to serve survivors, and our mission is to walk alongside them and not to judge them or direct the course of their lives, but to offer support, healing, and needed services. Survivor's confidentiality is closely guarded so that they feel both emotionally and physically safe. Clients can expect staff to operate from a base of integrity and to be honest and trustworthy in both words and actions.

Our staff consist of 6 part-time Crisis Advocates, a Sexual Assault Director, a Sexual Assault/ UW-Stout Campus Advocate, Youth and Family Advocate, Legal Advocate, Shelter Coordinator a Director of Domestic Violence Services, an Assistant Director and an Executive Director. As a 24/7 agency, we are always available

to victims and our community; our services are always free and confidential. Our Board is strong, and is currently full with eleven members. They are a policy governance board and show their support both financially and with their volunteered time and energy.

In 2017 we expanded our facility to house more victims, offer a bigger food pantry, a larger meeting area for support groups, and gave each advocate their own office to ensure confidentiality. We provide services to any victim of sexual assault, human trafficking, and domestic abuse regardless of their age or gender. Clients call our emergency hotline, make an appointment to meet with an advocate, or just appear at our door. Our agency includes both an office wing where staff can meet privately with victims, and two wings of emergency shelter space that includes 9 bedrooms and 2 living room/kitchen pods. There is a food pantry open to both shelter residents and outreach clients.

We recognize that survivors in marginalized communities are more likely to disclose to organizations that specifically serve and/or belong to their communities. When working with Hmong victims, we coordinate via our collaborative relationship with the Hmong Family Strengthening Hotline, Black and Brown Womyn Power Coalition, and/or the Eau Claire Area Hmong Mutual Assistance Association (ECAHMAA) which provides co-advocacy with our advocates.

About the Grant

What is the community need that this request addresses?*

The Bridge to Hope is the only comprehensive provider of free and confidential services for survivors of domestic violence, sexual assault, human trafficking, and stalking in Dunn and Pepin counties. While our advocates are available 24 hours a day, many survivors are unaware that help exists, do not know how to access services, or fear that reaching out will not be safe or confidential. In rural communities, these barriers are compounded by geographic isolation, limited transportation, stigma, and concerns about privacy, making proactive community outreach and education essential.

This funding will support the purchase of outreach supplies that strengthen our ability to connect with community members before a crisis occurs. Specifically, we will purchase branded pens with our phone number, awareness stickers and magnets, button-making supplies using professionally designed artwork created by our in-house graphic designer, staff, volunteer and board member t-shirts for consistent community identification, tabling supplies such as a branded banner, tent, and tablecloth, along with storage solutions that allow outreach materials to be organized, transported, and accessed efficiently. These resources will be used at community events, schools, health fairs, resource fairs, partner agencies, and educational presentations throughout Dunn County.

Community awareness is often the first step in helping a survivor seek safety. A simple sticker, button, or conversation at a local event can introduce someone to available resources or provide information they later share with a friend, family member, or neighbor experiencing abuse. Visible, recognizable branding helps community members quickly identify Bridge to Hope staff as trusted advocates and makes it easier for survivors to approach us in public settings.

These outreach materials also support prevention efforts by increasing public understanding of healthy relationships, available services, and how community members can respond when someone discloses abuse. The ability to create stickers in-house allows us to produce timely, cost-effective educational materials tailored to specific awareness campaigns, community events, and emerging needs while maximizing limited nonprofit resources.

Finally, proper storage of outreach supplies ensures our staff can respond quickly to invitations for community engagement and maintain materials in good condition for repeated use. Well-organized, portable outreach resources increase efficiency, reduce replacement costs, and allow advocates to spend more time engaging with the community rather than preparing materials.

By investing in these outreach supplies, this grant will help Bridge to Hope expand community awareness, reduce barriers to accessing services, and ensure survivors throughout our rural service area know that free, confidential, and compassionate support is available whenever they are ready to reach out.

Project Goals and Activities*

Describe the specific goals and activities of your project and how they will be carried out or accomplished.

The goal of this project is to increase community awareness of The Bridge to Hope's free and confidential services, reduce barriers to accessing support, and ensure survivors of domestic violence, sexual assault, human trafficking, and stalking know where to turn when they need help. Through creative, recognizable, and accessible outreach materials, we aim to reach more individuals across Dunn County before a crisis occurs, making it easier for survivors and their loved ones to connect with our services.

Grant funding will support the purchase of awareness stickers and pens, button-making supplies, staff, volunteer, and board member t-shirts, tabling items (tent, tablecloth, and banner), along with storage solutions for outreach materials. Our stickers, buttons, and magnets feature professionally designed artwork created by our in-house graphic designer, making them visually appealing while incorporating our contact information and messaging about our free and confidential services. Unlike traditional brochures or pamphlets, these items are something people genuinely want to pick up, wear, or display. Their attractive, approachable design helps reduce the stigma often associated with domestic violence and sexual assault resources, allowing individuals to discreetly take information without drawing unwanted attention.

This approach has already proven successful. Community members consistently respond enthusiastically to these items, often seeking them out at outreach events. More importantly, multiple survivors have shared that they learned about The Bridge to Hope through these materials and later reached out for services when they were ready. These seemingly small items have become meaningful entry points to safety, demonstrating that creative outreach can have a lasting impact.

The button-making supplies will allow us to produce high-quality, cost-effective materials in-house, enabling us to quickly create outreach items for awareness campaigns, community events, schools, healthcare providers, businesses, and partner organizations. This flexibility allows us to respond to emerging community needs while maximizing limited nonprofit resources.

Staff, volunteer, and board member t-shirts will provide consistent branding and visibility at community events, resource fairs, educational presentations, prevention activities, and volunteer opportunities. Easily identifiable staff and volunteers help foster trust and make it easier for survivors and community members to approach us with questions or requests for assistance.

The project also includes the purchase of dedicated storage solutions to organize outreach materials. Proper storage ensures supplies remain in excellent condition, are easily accessible, and can be quickly transported to events throughout the county. This improves efficiency, reduces waste, and allows staff to spend more time engaging with community members rather than preparing materials.

Throughout the project period, Bridge to Hope staff and volunteers will distribute these materials at community events, schools, health fairs, local businesses, partner agencies, prevention presentations, and awareness campaigns.

By investing in these outreach tools, this project will strengthen our visibility throughout Dunn County, normalize conversations about abuse and available resources, and ensure more survivors know that compassionate, free, and confidential support is available whenever they are ready to reach out.

Project Outcomes*

Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.

The anticipated outcome of this project is increased awareness throughout Dunn County that The Bridge to Hope provides free, confidential, and compassionate services for survivors of domestic violence, sexual assault, human trafficking, and stalking. By expanding our outreach capacity with engaging, recognizable, and accessible materials, we will reach more community members with life-saving information.

One of the primary outcomes will be increased visibility of The Bridge to Hope throughout the community. Staff, volunteers, and board members wearing branded t-shirts along with tabling materials at community events will create a consistent and recognizable presence. Community members will more easily identify our advocates, making it easier to ask questions, seek resources, or begin conversations that they may not otherwise feel comfortable initiating.

Another key outcome is increased distribution of educational and awareness materials in a format that community members actively engage with. Our professionally designed buttons, pens, and stickers have consistently proven to be far more effective than traditional brochures or pamphlets. Community members are eager to take them because they are visually appealing, practical, and approachable. Survivors can discreetly access our contact information without carrying materials that visibly identify them as someone seeking domestic violence or sexual assault services. This simple difference significantly reduces barriers associated with stigma, fear, and concerns about privacy.

This approach has already demonstrated meaningful impact. Multiple survivors have shared that they first learned about The Bridge to Hope through one of our stickers or buttons and later contacted us for services when they felt safe and ready. Every sticker, button, and pens distributed has the potential to become a future connection to safety, not only for the person who receives it, but also for anyone with whom they choose to share it.

The purchase of button-making supplies will also improve our long-term sustainability and responsiveness. Producing materials in-house allows us to quickly create customized outreach items for awareness. This flexibility enables us to respond to emerging community needs, seasonal awareness campaigns, and requests from partners without relying on lengthy production timelines or incurring significant additional expenses.

The broader community will benefit from increased education about healthy relationships, abuse prevention, consent, available victim services, and ways to support survivors. As awareness grows, we anticipate stronger community partnerships, greater recognition of The Bridge to Hope as a trusted resource, and increased confidence among community members to refer someone experiencing abuse to our services. Earlier intervention often results in improved safety planning, reduced isolation, and increased access to advocacy before violence escalates.

Success will be measured through increased outreach opportunities, the number of community members engaged, outreach materials distributed, and continued feedback from survivors and community partners regarding the effectiveness of these resources. We also expect to see continued referrals generated through community outreach efforts, reinforcing the value of creative, survivor-centered engagement.

Anticipated Challenges*

Describe any anticipated challenges and how you will meet them.

One anticipated challenge is ensuring that outreach materials effectively reach individuals throughout our rural service area, including survivors who may be isolated, have limited transportation, or face barriers related to privacy and stigma. To address this challenge, The Bridge to Hope will continue building relationships with community partners, schools, healthcare providers, businesses, and local organizations that can help distribute resources and increase awareness in places community members already access.

One anticipated challenge is ensuring that outreach materials effectively reach individuals throughout our rural service area, including survivors who may be isolated, have limited transportation, or face barriers related to privacy and stigma. To address this challenge, The Bridge to Hope will continue building relationships with community partners, schools, healthcare providers, businesses, and local organizations that can help distribute resources and increase awareness in places community members already access.

The Bridge to Hope has extensive experience adapting to changing community needs and will use existing partnerships, staff expertise, and community feedback to ensure these resources are used effectively. Through thoughtful planning and ongoing evaluation, we will continue increasing awareness, strengthening community connections, and ensuring survivors know that free, confidential support is available when they are ready to reach out.

Sustainability*

Please describe how you will fund and continue to sustain these activities beyond the grant period.

The Bridge to Hope is committed to sustaining these outreach activities beyond the grant period by incorporating them into our ongoing community education, prevention, and advocacy efforts. The supplies purchased through this grant will provide long-term resources that can be utilized for multiple years and across numerous community engagement opportunities.

The purchase of in-house button-making supplies will significantly strengthen sustainability by reducing future costs associated with outsourcing promotional materials. Staff will be able to create additional buttons and educational materials as needed for awareness campaigns, prevention events, partner requests, and community outreach opportunities. This allows Bridge to Hope to maintain a consistent presence while using limited resources efficiently.

Community awareness is also a critical component of long-term sustainability. Increasing visibility of The Bridge to Hope helps community members better understand the need for our services and the impact of our work. As more individuals learn about our mission, we strengthen relationships with potential donors, volunteers, and community partners who are essential to sustaining services. When community members understand the realities of domestic violence, they are more likely to invest in our mission. We continuously seek diversified funding sources to maintain essential services and community education efforts.

Staff - Project Summary*

The Bridge to Hope is seeking funding for materials that spread awareness of their existence so that those who need them are aware of the resources. Past such materials have led to survivors seeking help, and The Bridge hopes to continue spreading awareness.

Grant Project Budget

Anticipated Project Income*

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: $1,000 - Approved

None

Total Project Expenses*

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

$3,268.46

Project Expenses Description*

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

T-shirts: $8.25/ shirt (add $3.00 for 2xL & larger) x 60ct: $498
Buttons: 2.25" Pinback Button Set: https://www.americanbuttonmachines.com/collections/button-supplies-1/products/2-25-pinback-button-set?variant=19694942275, 5,000 ct.: $459.95
Stickers: 3x3 square stickers: https://www.uprinting.com/bulk-sticker-printing.html, 1,000 ct.: $89.90, x6 (each current square design): $539.40
Storage: $120
Retractable Standing Banner: https://www.uprinting.com/retractable-banner-stands.html, 47 x 80: $156.13
6 ft Tablecloth: https://www.uprinting.com/tablecloths.html, $217.46
10x10 Tent: https://www.uprinting.com/event-tents.html, $777.52
Pens: https://www.uprinting.com/hard-promotional-products/office-&-stationery/hub-javalina-splash-pen.html?color=71488c,3b10fb&ptid=208& 1,000 ct.: $500

Project Budget Upload

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

Letter of Support

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

Staff - Project Budget Summary*

Brief sentence about how the grant budget is broken down by item.

Budget broken down above.

Required Organization Financials

Current Board of Directors*

Please upload a list of your organization's current Board of Directors.

Current Board List 6.17.2025 (9).pdf

Organizational Budget*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

2026 Summary Budget.pdf

Audited Financials

Please upload a copy of your organization's current Audited Financial Statement, if you are required to file.

The Bridge to Hope - 2025 Governance Letter - Deliverable.pdf

Audit Opt-Out

Under Wis. Stat. § 202.12| a charitable organization with annual contributions over $500,000 must file an audited financial statement and include the opinion of an independent CPA. A charitable organization with annual contributions less than $500,000 and over $300,000 must file a financial statement reviewed by an independent CPA. If you do not upload an audit or financial statement, please verify that your organization is not required to based on this state statute.

Proof of 990 Filing*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

IRS 990 Fililng.pdf

Authorization

Applicant Agreement*

As the applicant submitting this request on behalf of the organization, you certify that:

- **The information provided in this application is complete and accurate to the best of your knowledge.**
- **Falsification of information will result in termination of any award granted.**
- **You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.**

If awarded a grant, the organization will:

- **Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.**
- **Submit significant changes in the scope or budget of the project to the Foundation for approval.**
- **Complete and submit written reports as required no later than 12 months from the date the grant is awarded.**
- **Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.**
- **Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.**

I agree

File Attachment Summary

Applicant File Uploads

- Current Board List 6.17.2025 (9).pdf
- 2026 Summary Budget.pdf
- The Bridge to Hope - 2025 Governance Letter - Deliverable.pdf
- IRS 990 Fililng.pdf

The Bridge to Hope Board Members		
BOARD MEMBER	**CONTACT INFORMATION**	**COMMITTEE**
Dr. Megan Bayrd- *CHAIR*	*Family Physician at Mayo Clinic Health Systems*	Financial/Fundraising
2nd Term Exp. May 2025	N6885 579th St., Menomonie, WI 54751	Board and Staff Development
megs22077@yahoo.com	715-308-3091 (C)	
Rickie Ann Legleitner- *VICE CHAIR*	*Interim Executive Director of Inculsivity, UW- Stout*	Marketing
1st Term Exp. September 2026	N4848 430th St, Menomonie, WI 54751	
legleitnerr@uwstout.edu	810-513-9392 (C) 715-232-5523 (W)	
Joe Martin- *TREASURER*	*Andersen Windows*	Financial/Fundraising
1st Term Exp: April 2027	540 Spring St. Eau Claire, WI 54703	Board and Staff Development
joe.martin@andersencorp.com	612-655-8196 (C)	
Kelly Pollock- *SECRETARY*	*Lieutenant- Menomonie Police Department*	Financial/Fundraising
1st Term Exp. January 2026	E6511 State Rd 170, Menomonie WI 54751	
pollockk@menomonie-wi.gov	715-579-2202 (C) 715-308-7992 (W)	
Fred Brown	*UW-Sout; Program Manager at The Qube*	Board and Staff Development
1st Term Exp: August 2025	740 Northern Meadows Apt 203, Menomonie, WI 54751	
brownfr@uwstout.edu	585-435-3909 (C) 715-232-3341 (W)	
Tracy Fischer	*ADRC/APS Manager, Dunn County*	Financial/Fundraising
1st term Exp. February 2026	S4575 Nd Circle, Augusta, WI 54722	Facilities
tfischer@co.dunn.wi.us	715-577-9686 (C) 715-231-6481(W)	
Shantel Rogers	*Operations Supervisor, Andersen Windows*	Financial/Fundraising
1st Term Exp. June 2026	N4424 350th St, Menomonie, WI 54751	Facilities
shantelrogers.2008@gmail.com	715-505-1772 (C)	
Angela Wolf	*Pantry Manager, Stepping Stones of Dunn County*	
1st Term Exp. April 2027	1020 8th Ave E Menomonie, WI 54751	
a.wolf@steppingstonesdc.org	651-248-3987 (C)	
Abby Pickard	*Alderperson, City of Menomonie*	
1st Term Exp. May 2027	407 12th Ave W Menmonie, WI 54751	
a2zpickard@gmail.com	715-308-8270 (C)	

The Bridge to Hope, Inc.
Profit & Loss Budget Overview
January through December 2026

	Jan - Dec 26
Ordinary Income/Expense	
Income	
4000 · Donations	140,000.00
4020 · Fundraising	70,000.00
4050 · Grants	727,256.00
4299 · Interest Income-	10,000.00
4300 · In-Kind Income	10,000.00
Total Income	957,256.00
Gross Profit	957,256.00
Expense	
5000 · PROGRAM EXPENSES	51,732.00
5100 · PERSONNEL/SALARIES	795,336.00
5200 · TRAINING/TRAVEL	5,000.00
5300 · PROFESSIONAL FEES	39,200.00
5400 · OCCUPANCY	39,640.00
5500 · INSURANCES	10,417.00
5600 · TELEPHONE-	7,300.00
5680 · EQUIPMENT	2,000.00
5690 · FEES & SUBSCRIPTIONS	4,000.00
5700 · OFFICE SUPPLIES-	21,000.00
5750 · POSTAGE-	600.00
5800 · PUBLIC RELATIONS/	1,000.00
5870 · FUNDRAISING EXPENSE	12,000.00
5900 · OTHER	1,400.00
5999 · Depreciation	41,280.00
6000 · IN-KIND Expenses	10,000.00
Total Expense	1,041,905.00
Net Ordinary Income	-84,649.00
Net Income	**-84,649.00**

Bauman Associates Ltd.
Certified Public Accountants & Advisors

May 19, 2026

Board of Directors
The Bridge to Hope, Inc.
Menomonie, Wisconsin

We have audited the financial statements of The Bridge to Hope, Inc. (the "Organization") for the year ended December 31, 2025, and we will issue our report thereon dated May 19, 2026. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards,* as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you dated January 23, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by The Bridge to Hope, Inc. are described in Note 1 to the financial statements. The Organization adopted FASB Accounting Standards Update (ASU) 2025-05, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets, effective January 1, 2025 as explained in Note 1 to the financial statements. No other new accounting policies were adopted and the application of existing policies was not changed during 2025. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Depreciation expense is based on management's estimate of useful lives of the Organization's depreciable property and equipment. We evaluated the key factors and assumptions used to develop the useful lives in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

P.O. Box 1225
4168 London Rd.
Eau Claire, WI 54702-1225
715-834-2001 | FAX 715-834-2774

480 Pilgrim Way Ste 1200
Green Bay, WI 54304
920-610-2055 | FAX 920-363-0643

816 Dominion Dr. Ste 201
Hudson, WI 54016
715-836-8181 | FAX 715-386-6020

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. No such misstatements were noted during our audit.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated May 19, 2026.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Board of Directors and Management of The Bridge to Hope, Inc. and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Bauman Associates, Ltd.

CERTIFIED PUBLIC ACCOUNTANTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284015182

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE BRIDGE TO HOPE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 700

City or town, state or province, country, and ZIP or foreign postal code
MENOMONIE, WI 54751

D Employer identification number
39-1421880

E Telephone number
(715) 235-9074

G Gross receipts $ 1,105,188

F Name and address of principal officer:
MOLLY MOORIDIAN
PO BOX 700
MENOMONIE, WI 54751

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE BRIDGE TO HOPE IS A NON-PROFIT ORGANIZATION COMMITTED TO ENDING DOMESTIC ABUSE, SEXUAL ASSAULT AND HUMAN TRAFFICKING. THE PURPOSE IS TO EMPOWER THOSE WHO HAVE BEEN AFFECTED BY VIOLENCE, PROVIDE OPTIONS, AND OFFER SUPPORT SO THAT INDIVIDUALS CAN START A LIFE THAT IS FREE FROM ABUSE.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,031,875	1,073,526
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,642	30,244
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,672	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,044,845	1,103,770

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	667,040	668,585
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶29,075		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	186,013	222,026
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	853,053	890,611
19	Revenue less expenses. Subtract line 18 from line 12	191,792	213,159

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,261,933	1,470,883
21	Total liabilities (Part X, line 26)	63,395	59,948
22	Net assets or fund balances. Subtract line 21 from line 20	1,198,538	1,410,935

Part II Signature Block

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

Sign Here

****** 2022-09-28
Signature of officer Date

MOLLY MOORIDIAN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-10-05		P00245560

Firm's name ▶ BAUMAN ASSOCIATES LTD — Firm's EIN ▶ 39-1277627

Firm's address ▶ PO BOX 1225
EAU CLAIRE, WI 547021225 — Phone no. (715) 834-2001

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO EMPOWER VICTIMS OF DOMESTIC ABUSE AND SEXUAL ASSAULT TO RISE ABOVE THE TERROR OF VIOLENCE AND TO EDUCATE THE COMMUNITY IN ORDER TO END VIOLENCE IN OUR SOCIETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 288,197 including grants of $) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ 141,577 including grants of $) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ 120,476 including grants of $) (Revenue $)

See Additional Data

(Code:) (Expenses $ 190,143 including grants of $) (Revenue $)

THE ORGANIZATION ALSO PROVIDED THE FOLLOWING: LEGAL ADVOCACY: IN 2021 THE ORGANIZATION ACCOMPANIED 50 CLIENTS IN COURT. THE ORGANIZATION ALSO ASSURED THAT VICTIMS OF DOMESTIC ABUSE AND SEXUAL ASSAULT KNEW THEIR RIGHTS, ASSISTED IN FILLING OUT LEGAL FORMS, EXPLAINED LEGAL PROCESSES, AND ACCOMPANIED CLIENTS TO COURT HEARINGS. ATTORNEY REFERRALS AND PRO-BONO SERVICES WERE SOUGHT AS NECESSARY. DURING 2021, THE ORGANIZATION RECOGNIZED 0 FOR DONATED SERVICES USED IN PROVIDING PROGRAM SERVICES. OUTREACH: IN 2021 THE ORGANIZATION GAVE 93 PRESENTATIONS TO 1,055 INDIVIDUALS. 65 OF THOSE PRESENTATIONS WERE TO YOUTH GROUPS. SCHOOL PRESENTATIONS FOCUSED ON SAFE DATING, ISSUES OF CONSENT, INTERNET PREDATORS, BULLYING, AND HEALTHY RELATIONSHIPS. COMMUNITY INVOLVEMENT: THE ORGANIZATION PARTICIPANTED IN MANY PUBLIC HEALTH AWARENESS EVENTS (FEWER WERE HELD DUE TO COVID-19) WHICH INCLUDED HEALTH FAIRS, TV AND RADIO INTERVIEWS, SPECIAL EVENTS, AND FUND-RAISING EVENTS. WE COORDINATE A COMMUNITY CRIME RESPONSE TEAM, AND ARE ACTIVE IN AWARENESS AND PREVENTION ACTIVITIES AT UW-STOUT.

4d Other program services (Describe in Schedule O.)
(Expenses $ 190,143 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 740,393

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
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		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
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? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
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**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**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? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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.			**15**	No
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.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	1b	11		
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			No
3	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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THE ORGANIZATION PO BOX 700 MENOMONIE, WI 54751 (715) 235-9074

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NAOMI CUMMINGS EXECUTIVE DI	40.00			X				80,363	0	6,611
(2) DR MEGAN BAYRD BOARD MEMBER	1.00	X						0	0	0
(3) MICKEY BOYLE BOARD MEMBER	1.00	X						0	0	0
(4) STACIE BREITUNG TREASURER	1.00	X						0	0	0
(5) CARITA FORSTER BOARD MEM (J	1.00	X						0	0	0
(6) JULIE FURST-BOWE SECRETARY	1.00	X						0	0	0
(7) MARSHA HARRISON BOARD MEMBER	1.00	X						0	0	0
(8) JENNIFER KNUTSON BOARD MEMBER	1.00	X						0	0	0
(9) LISA MONTGOMERY BOARD MEM (J	1.00	X						0	0	0
(10) DAVID NATZKE BOARD MEMBER	1.00	X						0	0	0
(11) JANICE NEITZEL VICE CHAIR	1.00	X						0	0	0
(12) SARA OLINGER BOARD MEM (J	1.00	X						0	0	0
(13) MARY OSTERAAS CHAIR	1.00	X						0	0	0
(14) MARY RIORDAN BOARD MEM (F	1.00	X						0	0	0
(15) SARAH SHONTS BOARD MEMBER	1.00	X						0	0	0
(16) DEBBIE STANISLAWSKI BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								80,363		6,611

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**	663,178			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	410,348			
	g Noncash contributions included in lines 1a - 1f:$ **1g**	38,277			
	h Total. Add lines 1a-1f . . . . . ▶	1,073,526			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	18,542	18,542		
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	11,620	1,500		
	b Less: cost or other basis and sales expenses **7b**		1,418		
	c Gain or (loss) **7c**	11,620	82		
	d Net gain or (loss) . . . . . ▶	11,702	11,702		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See instructions . . . . . ▶	1,103,770	30,244		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,362	71,009	8,325	1,028
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	541,847	478,780	56,134	6,933
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	46,376	40,978	4,804	594
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,810	18,720	11,970	3,120
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	9,634	1,697	2,027	5,910
13 Office expenses	24,039	13,623	9,239	1,177
14 Information technology				
15 Royalties				
16 Occupancy	26,921	22,646	4,275	
17 Travel	7,039	5,032	1,968	39
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,030	27,774	4,627	4,629
23 Insurance	7,956		7,956	
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.)				
a DONATED SUPPLIES	36,277	27,207	4,535	4,535
b PROGRAM EXPENSES	30,029	29,836	193	
c FEES AND SUBSCRIPTIONS	4,134	515	2,509	1,110
d OTHER	3,682	1,401	2,281	
e All other expenses	1,475	1,175	300	
25 **Total functional expenses.** Add lines 1 through 24e	890,611	740,393	121,143	29,075
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).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,692	1	52
	2	Savings and temporary cash investments	225,666	2	390,905
	3	Pledges and grants receivable, net	119,124	3	140,672
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,524	9	4,050
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 803,482			
	b	Less: accumulated depreciation — 10b: 143,958	665,467	10c	659,524
	11	Investments—publicly traded securities	245,773	11	274,993
	12	Investments—other securities. See Part IV, line 11	687	12	687
	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 33)	1,261,933	16	1,470,883
Liabilities	17	Accounts payable and accrued expenses	63,395	17	59,948
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	63,395	26	59,948
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1,194,567	27	1,409,611
	28	Net assets with donor restrictions	3,971	28	1,324
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,198,538	32	1,410,935
	33	Total liabilities and net assets/fund balances	1,261,933	33	1,470,883

Part XI Reconcilliation 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	1,103,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	890,611
3	Revenue less expenses. Subtract line 2 from line 1	3	213,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,198,538
5	Net unrealized gains (losses) on investments	5	-762
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,410,935

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ 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		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1421880

Name: THE BRIDGE TO HOPE

Form 990 (2021)

Form 990, Part III, Line 4a:

SHELTER PROGRAM: IN 2021 THE ORGANIZATION PROVIDED EMERGENCY SHELTER TO 69 WOMEN, 59 CHILDREN, 1 GENDER NON-CONFORMING, AND 1 MALES FOR A TOTAL OF 3,112 SAFE BED NIGHTS. THE ORGANIZATION PROVIDED NEEDED FOOD, CLOTHING, TOILETRIES, AND OTHER NEEDED ITEMS IN RESPONSE TO THEIR CRISES. CLIENTS WERE ASSIGNED AN ADVOCATE WHOMET WITH THEM REGULARLY TO DISCUSS SAFETY PLANNING, FUTURE HOUSING ARRANGEMENTS, AND LOCAL ADVOCACY (AND HELP WITH NECESSARY LEGAL FORMS SUCHAS RESTRAINING ORDERS). CLIENTS WERE PROVIDED SUPPORTIVE LISTENING 24/7 AS THEY STRUGGLED THROUGH THEIR TRAUMA AND MADE PLANS FOR THEIR FUTURE. DURING 2021, THE ORGAINZATION RECOGNIZED 0 FOR DONATED SERVICES USED IN PROVIDING PROGRAM SERVICES.

Form 990, Part III, Line 4b:

SEXUAL ASSAULT VICTIMS SERVICE PROJECT: IN 2021 THE ORGANIZATION PROVIDED SEXUAL ASSAULT SERVICES TO 255 PRIMARY AND SECONDARY VICTIMS OF SEXUAL ASSAULT. THIS INCLUDED ACCOMPANIMENT TO FORENSIC EXAMS, CRIMINAL SUPPORT AND ADVOCACY, SUPPORT GROUPS, AND INFORMATION AND REFERRALS. THE ORGANIZATION ACCOMPANIED 13 VICTIMS TO THE HOSPITAL, AS WELL AS ADVOCACY AT THE CHIPPEWA VALLEY CHILD ADVOCACY CENTER FOR 6 MINORS WHO WERE SEXUAL ASSAULT VICTIMS.

Form 990, Part III, Line 4c:

DOMESTIC ABUSE - FAMILY ADVOCACY: THE ORGANIZATION ADDRESSED THE TRAUMA ENTIRE FAMILIES EXPERIENCED WHO WERE EXPOSED TO DOMESTIC VIOLENCE. THE ORGANIZATION ALSO ADDRESSED SAFETY ISSUES, CHILDHOOD RESPONSES TO TRAUMA, AND MADE EFFORTS TO STRENGTHEN THE RELATIONSHIP WITH THE CARETAKING PARENT DOMESTIC ABUSE - GROUP SESSION: THROUGHOUT 2021 WE OFFERED A HEALING FROM TRAUMA SUPPORT GROUP WEEKLY VIA ZOOM FOR VICTIMS AND SURVIVORS OF DOMESTIC ABUSE, SEXUAL ASSUALT, AND HUMAN TRAFFICKING. DURING 2021, THE ORGANIZATION RECOGNIZED 0 FOR SERVICES USED IN PROVIDING PROGRAM SERVICES.

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE BRIDGE TO HOPE

Employer identification number
39-1421880

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	940,409	726,494	714,888	1,031,875	1,073,526	4,487,192
2 Tax revenues levied for the organization'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	940,409	726,494	714,888	1,031,875	1,073,526	4,487,192
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.						4,487,192

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	940,409	726,494	714,888	1,031,875	1,073,526	4,487,192
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	6,264	6,964	14,229	11,985	18,542	57,984
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						4,545,176

12 Gross receipts from related activities, etc. (see instructions) **12** 57,984

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 98.720 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 98.860 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

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

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services 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						
4 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						
6 **Total.** Add lines 1 through 5						
7a 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
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.*	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* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
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.*	4a		
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.*	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* ***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.*	4c		
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).*	5a		
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?	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 (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section 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 of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
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		

Section 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	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-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

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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

2021

Open to Public Inspection

Name of the organization
THE BRIDGE TO HOPE

Employer identification number
39-1421880

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		47,037		47,037
b Buildings				
c Leasehold improvements				
d Equipment		756,445	143,958	612,487
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				659,524

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,105,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-762		
b	Donated services and use of facilities	2b	2,100		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	1,338
3	Subtract line **2e** from line **1**			3	1,103,770
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,103,770

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

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

1	Total expenses and losses per audited financial statements			1	892,711
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,100		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,100
3	Subtract line **2e** from line **1**			3	890,611
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	890,611

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1421880
Name: THE BRIDGE TO HOPE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSE 0

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSE 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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 the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE BRIDGE TO HOPE

Employer identification number
39-1421880

Part 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 determining noncash contribution amounts
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				
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 ▶ (SUPPLIES)	X	1	38,277	COST
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? — 30a		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? — 31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Return Reference	Explanation

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE BRIDGE TO HOPE

Employer identification number
39-1421880

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE ORGANIZATION ALSO PROVIDED THE FOLLOWING: LEGAL ADVOCACY: IN 2021 THE ORGANIZATION ACC OMPANIED 50 CLIENTS IN COURT. THE ORGANIZATION ALSO ASSURED THAT VICTIMS OF DOMESTIC ABUSE AND SEXUAL ASSAULT KNEW THEIR RIGHTS, ASSISTED IN FILLING OUT LEGAL FORMS, EXPLAINED LEGA L PROCESSES, AND ACCOMPANIED CLIENTS TO COURT HEARINGS. ATTORNEY REFERRALS AND PRO-BONO SE RVICES WERE SOUGHT AS NECESSARY. DURING 2021, THE ORGANIZATION RECOGNIZED 0 FOR DONATED SE RVICES USED IN PROVIDING PROGRAM SERVICES. OUTREACH: IN 2021 THE ORGANIZATION GAVE 93 PRES ENTATIONS TO 1,055 INDIVIDUALS. 65 OF THOSE PRESENTATIONS WERE TO YOUTH GROUPS. SCHOOL PRE SENTATIONS FOCUSED ON SAFE DATING, ISSUES OF CONSENT, INTERNET PREDATORS, BULLYING, AND HE ALTHY RELATIONSHIPS. COMMUNITY INVOLVEMENT: THE ORGANIZATION PARTICIPANTED IN MANY PUBLIC HEALTH AWARENESS EVENTS (FEWER WERE HELD DUE TO COVID-19) WHICH INCLUDED HEALTH FAIRS, TV AND RADIO INTERVIEWS, SPECIAL EVENTS, AND FUND-RAISING EVENTS. WE COORDINATE A COMMUNITY C RIME RESPONSE TEAM, AND ARE ACTIVE IN AWARENESS AND PREVENTION ACTIVITIES AT UW-STOUT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	EXPLANATION: A FINAL DRAFT OF THE RETURN WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING. F ORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR, PRESIDENT, AND TREASURER IN DETAIL PRIOR T O FILING. QUESTIONS WERE ADDRESSED TO THE PREPARER AND RESOLVED TIMELY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY IS REVIEWED ANNUALLY AT THE ANNUAL MEETING. NEW OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN THE POLICY BEFORE BECOMING ACTIVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	SEE 15B BELOW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	EXPLANATION: THE ORGANIZATION DETERMINES COMPENSATION FOR ITS EXECUTIVE DIRECTOR ANNUALLY. THE BOARD OF DIRECTOR'S EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR BASED ON GOALS SET IN PRIOR YEAR AND QUESTIONNAIRES FROM EMPLOYEES. THE CURRENT COMPENSATION IS BELOW AV ERAGE AND IS RESTRICTED TO BUDGET RESTRAINTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S FORM 990 IS AVAILABLE ON-LINE AT WWW.NCCSDATAWEB.URBAN.ORG GOVERNING DO CUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE FOR INSPECTION AT OUR PRIMARY BUSI NESS LOCATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING EXPENSE 0 FUNDRAISING EXPENSE 0