

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE BRIDGE RESTORATION MINISTRY

EIN or SSN

****-***8084**

Name and title of officer or person subject to tax **STEVE WOTHERSPOON
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,097,817.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LOUIS B. FRIZZELL, CPA to enter my PIN 93950
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77144893902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 10/20/23

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE BRIDGE RESTORATION MINISTRY	Taxpayer identification number (TIN) ** - *** 8084
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 113	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PACIFIC GROVE, CA 93950-0113	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEVE WOTHERSPOON, TREASURER

• The books are in the care of ► **POST OFFICE BOX 113 - PACIFIC GROVE, CA 93950-0113**

Telephone No. ► **(831) 372-2033** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year **2022** or
 ► tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE BRIDGE RESTORATION MINISTRY		D Employer identification number ** - ***8084
	Doing business as		E Telephone number (831) 372-2033
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P. O. BOX 113		G Gross receipts \$ 3,097,817.
	City or town, state or province, country, and ZIP or foreign postal code PACIFIC GROVE, CA 93950-0113		
F Name and address of principal officer: RICK BARNETT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: TBRM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2007
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A SETTING FOR THOSE STRUGGLING WITH LIFE DOMINATING SIN, PROVIDING DIRECTION, STRUCTURE,
	2 Check this box <input type="checkbox"/> 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
	4 Number of independent voting members of the governing body (Part VI, line 1b) 7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0
	6 Total number of volunteers (estimate if necessary) 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 601,659.
	9 Program service revenue (Part VIII, line 2g) 644,470.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,572.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,380.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,306,081.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 158.
	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) 538,547.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 105,564.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 662,307.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,201,012.
19 Revenue less expenses. Subtract line 18 from line 12 105,069.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,100,066.
	21 Total liabilities (Part X, line 26) 76,283.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,023,783.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	STEVE WOTHERSPOON, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LOUIS B. FRIZZELL, CPA	Preparer's signature	Date 10/20/23	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00735123
	Firm's name LOUIS B. FRIZZELL, CPA	Firm's EIN ** - ***2328	Phone no. 831 424 3012		
Firm's address P.O. BOX 1447 SALINAS, CA 93902					

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 [X]

1 Briefly describe the organization's mission: TO PROVIDE A RESIDENTIAL SETTING FOR THOSE STRUGGLING WITH ADDICTIONS, PROVIDING SAFETY, STRUCTURE, DISCIPLESHIP AND SUPERVISION FOR THE PURPOSE OF RESTORING THEM BACK TO GOD, FAMILY, WORK, AND COMMUNITY.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 436,550. including grants of \$ 1,069.) (Revenue \$ 77,643.) THE BRIDGE RESTORATION MINISTRY IS A RESIDENTIAL PROGRAM THAT REQUIRES A 12 MONTH COMMITMENT FROM EACH PARTICIPANT. THERE ARE TWO RESIDENCES. THE MENS' RESIDENCE SERVED 63 PARTICIPANTS AND THE WOMENS' RESIDENCE SERVED 16 PARTICIPANTS DURING THE YEAR. EACH RESIDENT IS DESIRING TO RECOVER FROM SUBSTANCE ABUSE PROBLEMS AND IS COMMITTED TO MAKING LIFESTYLE CHANGES. THE PROGRAM TEACHES ANGER AND STRESS MANAGEMENT, FAMILY RECONCILIATION, PERSONAL FINANCE MANAGEMENT, VOCATIONAL TRAINING AND CAREER GUIDANCE, RELAPSE PREVENTION, CHRISTIAN DISCIPLESHIP, AND OTHER ASPECTS OF RECOVERY.

4b (Code:) (Expenses \$ 931,488. including grants of \$) (Revenue \$ 601,204.) THE BRIDGE RESTORATION MINISTRY HAS TWO RETAIL TRAINING FACILITIES. ONE "SECOND CHANCE THRIFT STORE" STARTED BUSINESS AT 105 CENTRAL AVENUE, PACIFIC GROVE, CALIFORNIA IN SEPTEMBER 2012. THE NEW "SECOND CHANCE THRIFT STORE" STARTED BUSINESS AT 443A LIGHTHOUSE AVENUE, MONTEREY, CALIFORNIA IN 2022. THE STORES PROVIDE VOCATIONAL TRAINING FOR RESIDENTIAL PROGRAM PARTICIPANTS DURING THEIR FIRST PHASE OF THE PROGRAM.

4c (Code:) (Expenses \$ 49,364. including grants of \$) (Revenue \$ 493.) THE BRIDGE RESTORATION MINISTRY HAS A CULINARY TRAINING PROGRAM. THE PROGRAM, LOCATED AT 3001 SALINAS-MONTEREY HIGHWAY, MONTEREY, CALIFORNIA, PROVIDES VOCATIONAL TRAINING FOR RESIDENTIAL PROGRAM PARTICIPANTS DURING THEIR FIRST PHASE OF THE RESIDENTIAL PROGRAM. THE RESIDENTS LEARN CULINARY VOCATIONAL SKILLS THROUGH PROVIDING THE SURROUNDING COMMUNITY WITH CATERING SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 81,387.)

4e Total program service expenses 1,417,402.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
STEVE WOTHERSPOON, TREASURER - (831) 372-2033
POST OFFICE BOX 113, PACIFIC GROVE, CA 93950-0113

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,334,596.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 303,347.					
	h Total. Add lines 1a-1f			2,334,596.				
Program Service Revenue	2 a SECOND CHANCE THRIFT S	Business Code	459510	601,204.	601,204.			
	b PROGRAM FEES FROM PART		624310	77,643.	77,643.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			678,847.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,494.			2,494.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10 a 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	11 a OTHER EVENTS - NET	Business Code	900099	81,880.	81,880.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			81,880.				
12 Total revenue. See instructions				3,097,817.	760,727.	0.	2,494.	

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	1,069.	1,069.		
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	61,048.	54,943.		6,105.
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	543,901.	421,880.	84,417.	37,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,664.	24,534.	3,793.	2,337.
10 Payroll taxes	52,372.	41,903.	6,478.	3,991.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,071.		12,071.	
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 Sch O.)				
12 Advertising and promotion	9,872.			9,872.
13 Office expenses	9,900.	3,366.	3,267.	3,267.
14 Information technology	8,996.	4,498.	4,498.	
15 Royalties				
16 Occupancy	320,080.	320,080.		
17 Travel	1,614.	1,614.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	317.		317.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,715.	33,715.		
23 Insurance	31,625.	21,956.	8,129.	1,540.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STORE OPERATION COSTS	338,663.	338,663.	0.	0.
b TRANSPORTATION	42,971.	42,971.	0.	0.
c HOUSE FOOD AND SUPPLIES	40,356.	40,356.	0.	0.
d BANK AND CREDIT CARD FE	39,156.	19,480.	196.	19,480.
e All other expenses	68,284.	46,374.	542.	21,368.
25 Total functional expenses. Add lines 1 through 24e	1,646,674.	1,417,402.	123,708.	105,564.
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 <input type="checkbox"/> 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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	319,823.	1	422,593.
	2 Savings and temporary cash investments	572,228.	2	488,777.
	3 Pledges and grants receivable, net		3	
	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	1,600.	7	0.
	8 Inventories for sale or use	0.	8	34,771.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,655,991.		
	b Less: accumulated depreciation	10b 78,417.	102,723.	10c 1,577,574.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	103,692.	15	450,810.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,100,066.	16	2,974,525.	
Liabilities	17 Accounts payable and accrued expenses	9,031.	17	38,839.
	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	67,252.	25	425,989.
	26 Total liabilities. Add lines 17 through 25	76,283.	26	464,828.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	1,023,783.	31	2,509,697.
	32 Total net assets or fund balances	1,023,783.	32	2,509,697.
33 Total liabilities and net assets/fund balances	1,100,066.	33	2,974,525.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,097,817.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,646,674.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,451,143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,023,783.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	34,771.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,509,697.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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		<input type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	493,392.	378,136.	456,162.	500,659.	250,265.	4,331,006.
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	517,637.	552,855.	404,403.	588,577.	686,534.	2,750,006.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	142,929.	151,930.	72,767.	114,273.	130,360.	612,259.
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	1,153,958.	1,082,921.	933,332.	1,203,509.	3,319,551.	7,693,271.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						7,693,271.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,153,958.	1,082,921.	933,332.	1,203,509.	3,319,551.	7,693,271.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,253.	5,148.	4,723.	1,572.	2,494.	15,190.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,253.	5,148.	4,723.	1,572.	2,494.	15,190.
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.)			82,402.			82,402.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,155,211.	1,088,069.	1,020,457.	1,205,081.	3,322,045.	7,790,863.

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 2022 (line 8, column (f), divided by line 13, column (f))	15	98.75 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.30 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	.19 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	.24 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
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).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE BRIDGE RESTORATION MINISTRY

Employer identification number

**** - ***8084**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE BRIDGE RESTORATION MINISTRY	Employer identification number ** - ***8084
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALFRED AND REGINA AMOROSO P.O. BOX 63 GLEN BROOK, NV 89413	\$ 62,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TRUE ORGANIC PRODUCTS, INC 99 PACIFIC STREET, SUITE 155A MONTEREY, CA 93940	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRANK AND SARA RAE DARABONT 8225 MANJARES MONTEREY, CA 93940	\$ 1,525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FRESH HARVEST P.O. BOX 1547 HEBER, CA 92249	\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BRIDGE RESTORATION MINISTRY	Employer identification number ** - ***8084
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE BRIDGE RESTORATION MINISTRY	Employer identification number ** - *** 8084
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE BRIDGE RESTORATION MINISTRY** Employer identification number **** - *** 8084**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 July 25, 2006, 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?

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)?

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 \$ _____

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

Schedule D (Form 990) 2022

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 make 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 program
 - 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 on 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	9,134.	9,134.	9,134.	10,254.	15,378.
b Contributions				620.	5,700.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	3,582.			1,740.	10,824.
f Administrative expenses					
g End of year balance	5,552.	9,134.	9,134.	9,134.	10,254.

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		635,161.		635,161.
b Buildings		953,800.	41,291.	912,509.
c Leasehold improvements				
d Equipment		35,000.	6,125.	28,875.
e Other		32,030.	31,001.	1,029.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,577,574.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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)		
Total. (Col. (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) RIGHT OF USE ASSET OPERATING LEASE	363,448.
(2) PROGRAM SCHOLARSHIP AND TRAINING FUNDS	3,374.
(3) VAN FUNDS	2,178.
(4) CAPITAL CAMPAIGN FUND	55,390.
(5) DEPOSITS	14,745.
(6) PREPAID INSURANCE	11,675.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	450,810.

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) KELSO EDUCATION SCHOLARSHIP FUND	3,374.
(3) VAN FUND	2,178.
(4) CAPITAL CAMPAIGN FUND	55,390.
(5) LEASE LIABILITY OPERATING LEASE	365,047.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	425,989.

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 FASB 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	3,097,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,097,817.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,097,817.

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	1,646,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,646,674.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,646,674.

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.

PART V, LINE 4:

FUNDS ARE TO BE USED AS SCHOLARSHIPS FOR PROGRAM PARTICIPANTS AND FOR PROGRAM EXPENSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE BRIDGE RESTORATION MINISTRY

Employer identification number

**** - *** 8084**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS ESTABLISHED AND APPROVED THE EXECUTIVE DIRECTOR'S,
THE THRIFT STORE MANAGER'S AND THE DIRECTOR OF OPERATIONS' COMPENSATION.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICK BARNETT	LANDLORD - TENANT	0.	RICK BARNETT		X
ALFRED AMOROSO	LANDLORD - TENANT	0.	FRED AMOROS		X
MARK ZEHM	BUILDER - PROPERTY	0.	MARK ZEHM'S		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RICK BARNETT

(D) DESCRIPTION OF TRANSACTION: RICK BARNETT LEASED TO THE BRIDGE RESTORATION MINISTRY THE FACILITY THAT HOUSES THE MENS' PROGRAM PARTICIPANTS. THE FACILITY INCLUDES MEETING ROOMS, KITCHEN, DINING ROOM AND LIVING QUARTERS. THE FACILITY WAS PURCHASED BY THE BRIDGE IN EARLY JANUARY 2022.

(A) NAME OF PERSON: ALFRED AMOROSO

(D) DESCRIPTION OF TRANSACTION: FRED AMOROSO LEASES HOUSING AND OFFICE SPACE TO THE BRIDGE RESTORATION MINISTRY FOR USE IN THE PROGRAM.

(A) NAME OF PERSON: MARK ZEHM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BUILDER - PROPERTY OWNER

(D) DESCRIPTION OF TRANSACTION: MARK ZEHM'S CONSTRUCTION COMPANY DID CONSTRUCTION WORK ON 225 CENTRAL AVENUE DURING 2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE BRIDGE RESTORATION MINISTRY** Employer identification number ****-***8084**

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	X		301,347.	THRIFT STORE SALES
6	Cars and other vehicles	X	1	2,000.	CAR SOLD AT AUCTION
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE BRIDGE RESTORATION MINISTRY

Employer identification number

** - ***8084

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

DISCIPLESHIP AND SUPERVISION FOR THE PURPOSE OF RESTORING THEM BACK TO
GOD, FAMILY, WORK AND COMMUNITY.

"HE IS NO FOOL WHO GIVES WHAT HE CANNOT KEEP TO GAIN THAT WHICH HE
CANNOT LOSE." - JIM ELLIOT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM EVENTS - NET

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 81,387.

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

MIKE CASEY AND MICHELE CASEY ARE HUSBAND AND WIFE. MIKE CASEY IS THE
EXECUTIVE DIRECTOR OF THE ORGANIZATION AND COUNSELING LEAD FOR THE
MINISTRY. MICHELE CASEY'S PRIMARY FUNCTION IS MANAGER OF THE TWO SECOND
CHANCE THRIFT STORES.

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

THE BRIDGE RESTORATION MINISTRY TREASURER REVIEWED THE ORGANIZATION'S FORM
990 PRIOR TO FILING. THE FORM 990 WILL BE PRESENTED TO THE BOARD OF
DIRECTORS FOR THEIR REVIEW DURING A REGULAR MONTHLY MEETING.

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

THE EXECUTIVE DIRECTOR'S AND OTHER KEY EMPLOYEE'S COMPENSATION IS
ESTABLISHED BY THE INDEPENDENT MEMBERS OF THE ORGANIZATION'S BOARD OF
DIRECTORS.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization THE BRIDGE RESTORATION MINISTRY	Employer identification number ** - ***8084
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FORM 990, PART VI, SECTION C, LINE 18:

THE BRIDGE RESTORATION MINISTRY HAS AVAILABLE, IN THE ORGANIZATION'S OFFICE, A COPY OF THE FORMS 990 FOR THE CURRENT AND PRIOR YEARS FOR INSPECTION BY THE PUBLIC.

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

THE BRIDGE RESTORATION MINISTRY RECORDS, INCLUDING GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS, ARE IN THE POSSESSION OF THE TREASURER AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADDITION OF BEGINNING INVENTORY FOR STARTING THRIFT STORE	
COST OF GOOD SOLD	34,771.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT													
5	(D)FORD E350 WAGON 1996, GREEN	01/01/10	200DB	5.00	MC17	1.				1.	1.		0.	1.
6	(D)FORD WINDSTAR VAN 2001	12/28/10	200DB	5.00	MC17	5,573.				5,573.	5,573.		0.	5,573.
8	2022 FORD TRUCK	03/03/22	SL	5.00	MC19B	35,000.				35,000.			6,125.	6,125.
300	(D)FORD BOX VAN TRUCK	07/15/12	SL	5.00	HY17	3,743.				3,743.	3,743.		0.	3,743.
450	(D)SIGN WORKS TRUCK GRAPHICS WRAP	12/14/16	SL	5.00	HY17	2,235.				2,235.	2,235.		0.	2,235.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					46,552.				46,552.	11,552.		6,125.	17,677.
	FURNITURE AND EQUIPMENT													
	OTHER													
2	(D)REFRIGERATOR	05/31/07	200DB	7.00	HY17	569.				569.	569.		0.	569.
4	BUNK BEDS	04/10/08	200DB	7.00	HY17	331.				331.	331.		0.	331.
7	(D)LAPTOP AND PRINTER	06/07/10	200DB	5.00	MC17	748.				748.	748.		0.	748.
10	SECURITY SYSTEM CAMERAS	09/06/10	200DB	7.00	MC17	1,525.				1,525.	1,525.		0.	1,525.
11	(D)WASHER/DRYER	01/11/12	SL	10.00	HY17	1,487.				1,487.	1,415.		36.	1,451.
12	TWIN MATTRESSES	08/03/12	SL	7.00	HY17	222.				222.	222.		0.	222.
13	(D)STOVE	08/28/12	SL	10.00	HY17	801.				801.	760.		21.	781.
14	SECURITY SYSTEM CAMERAS	12/31/12	SL	7.00	HY17	545.				545.	545.		0.	545.
15	BUNK BEDS	12/31/12	SL	10.00	HY17	870.				870.	827.		43.	870.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	(D)WASHER/DRYER	01/06/13	SL	7.00	HY17	2,531.				2,531.	2,531.		0.	2,531.
17	CLOSETS	03/09/13	SL	10.00	HY17	14,110.				14,110.	11,994.		1,411.	13,405.
18	BUNK BEDS	02/28/13	SL	7.00	HY17	3,090.				3,090.	3,090.		0.	3,090.
19	(D)MICROWAVE OVEN	11/26/13	SL	7.00	HY17	215.				215.	215.		0.	215.
400	HAND TRUCKS (DOLLEYS)	09/17/12	SL	7.00	HY17	1,182.				1,182.	1,182.		0.	1,182.
401	RACKS	09/17/12	SL	10.00	HY17	390.				390.	371.		19.	390.
402	DISPALY FIXTURES	09/17/12	SL	10.00	HY17	413.				413.	390.		23.	413.
403	BOOK SHELVES	09/17/12	SL	10.00	HY17	541.				541.	513.		28.	541.
404	(D)TELEPHONE SYSTEM	09/17/12	SL	7.00	HY17	1,000.				1,000.	1,000.		0.	1,000.
405	(D)ROUTER & OFFICE PACKAGE	09/17/12	SL	7.00	HY17	201.				201.	201.		0.	201.
406	(D)CASH REGISTERS	09/17/12	SL	7.00	HY17	2,276.				2,276.	2,276.		0.	2,276.
407	BASKET TRUCKS (3)	09/17/12	SL	7.00	HY17	1,102.				1,102.	1,102.		0.	1,102.
408	(D)INDUSTRIAL FAX/PRINTER	09/17/12	SL	5.00	HY17	487.				487.	487.		0.	487.
409	(D)TV AND VIDEO SETUP	09/17/12	SL	5.00	HY17	1,149.				1,149.	1,149.		0.	1,149.
410	HIGHLAND PRODUCTS LOCKERS	09/17/12	SL	10.00	HY17	475.				475.	456.		19.	475.
411	(D)COMPUTER	09/17/12	SL	5.00	HY17	737.				737.	737.		0.	737.
412	(D)AUDIO EQUIPMENT	09/17/12	SL	7.00	HY17	806.				806.	806.		0.	806.
413	LOREX SECURITY	09/17/12	SL	5.00	HY17	549.				549.	549.		0.	549.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
414	(D)PRICING GUNS	09/17/12	SL	7.00		HY17	304.				304.	304.		0.	304.
415	(D)CARRY BASKETS	09/17/12	SL	7.00		HY17	517.				517.	517.		0.	517.
416	(D)HANGERS	09/17/12	SL	5.00		HY17	432.				432.	432.		0.	432.
417	(D)SCANNER/PRICERS AND ELECTRONICS	09/17/12	SL	5.00		HY17	557.				557.	557.		0.	557.
418	CLOTHING STORAGE CONTAINERS	09/17/12	SL	7.00		HY17	665.				665.	665.		0.	665.
419	(D)HANGERS/TAGING GUN	09/17/12	SL	5.00		HY17	268.				268.	268.		0.	268.
420	(D)POLYTUBING	09/17/12	SL	10.00		HY17	577.				577.	551.		13.	564.
421	(D)PRICE GUN	09/17/12	SL	5.00		HY17	195.				195.	195.		0.	195.
422	(D)LIBRARY PILLOWS	09/17/12	SL	7.00		HY17	80.				80.	80.		0.	80.
423	FURNITURE AND EQUIPMENT	09/17/12	SL	10.00		HY17	558.				558.	532.		26.	558.
424	LOCK AND KEYS	12/10/12	SL	7.00		HY17	139.				139.	139.		0.	139.
427	EPSON EX5220 PROJECTOR	05/10/15	200DB	7.00		HY17	774.				774.	739.		35.	774.
433	(D)POS SYSTEM - HARDWARE AND SOFTWARE	08/05/15	SL	5.00		HY17	2,820.				2,820.	2,820.		0.	2,820.
434	(D)APPLE IPAD AIR (3)	08/10/15	SL	5.00		HY17	1,086.				1,086.	1,086.		0.	1,086.
435	(D)BINDO WIRELESS RECEIPT PRINTER	10/09/15	SL	5.00		HY17	218.				218.	218.		0.	218.
442	(D)TELEPHONE SYSTEM	04/20/16	SL	5.00		HY17	3,567.				3,567.	3,567.		0.	3,567.
443	(D)TELEPHONE SYSTEM	01/01/16	SL	7.00		HY17	1,995.				1,995.	1,568.		143.	1,711.
444	(D)SECURITY SYSTEM CAMERAS	01/28/16	SL	7.00		HY17	4,846.				4,846.	3,806.		346.	4,152.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
445	(D)20FT STORAGE CONTAINER	01/01/16	SL	7.00		HY17	2,975.				2,975.	2,338.		213.	2,551.
446	(D)AUDIO EQUIPMENT	02/01/16	SL	7.00		HY17	1,917.				1,917.	1,507.		137.	1,644.
447	(D)WALL MOUNTED TV	01/26/16	SL	7.00		HY17	598.				598.	468.		43.	511.
448	(D)IPAD AND STAND	02/10/16	SL	5.00		HY17	450.				450.	450.		0.	450.
449	CASH REGISTER SYSTEM - BINDO	02/01/16	SL	7.00		HY17	4,549.				4,549.	3,575.		650.	4,225.
451	(D)WALL MOUNTED TV	01/26/16	SL	5.00		HY17	1,296.				1,296.	1,296.		0.	1,296.
452	(D)WASHERS (3) & DRYER (1)	01/21/16	SL	5.00		HY17	2,873.				2,873.	2,873.		0.	2,873.
453	(D)SAMSUNG OVEN	02/16/16	SL	5.00		HY17	891.				891.	891.		0.	891.
	* 990 PAGE 10 TOTAL OTHER						73,499.				73,499.	67,433.		3,206.	70,639.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						73,499.				73,499.	67,433.		3,206.	70,639.
	OTHER														
350	SC LEASEHOLD IMPROVEMENTS PG	09/17/12	SL	39.00		MM17	75,590.				75,590.	18,007.		1,938.	19,945.
	* 990 PAGE 10 TOTAL OTHER						75,590.				75,590.	18,007.		1,938.	19,945.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						75,590.				75,590.	18,007.		1,938.	19,945.
	OTHER														
428	(D)QUICKBOOKS	03/10/15	SL	3.00		HY16	198.				198.	198.		0.	198.
429	(D)QUICKBOOKS	05/10/15	SL	3.00		HY16	336.				336.	336.		0.	336.
432	(D)MS OFFICE	08/10/15	SL	3.00		HY16	152.				152.	152.		0.	152.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						686.				686.	686.		0.	686.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						686.				686.	686.		0.	686.
	(D)MONTEREY THRIFT STORE			.000		HY16									
	OTHER														
437	(D)LEASEHOLD IMPROVEMENTS	02/01/16	SL	39.00		MM17	30,411.				30,411.	4,582.		617.	5,199.
438	(D)LEASEHOLD IMPROVEMENTS - ELECTRICAL	02/01/16	SL	39.00		MM17	11,690.				11,690.	1,762.		237.	1,999.
439	(D)LEASEHOLD IMPROVEMENTS - COUNTER TOP	02/01/16	SL	39.00		MM17	2,063.				2,063.	311.		42.	353.
440	(D)SIGN	02/01/16	SL	10.00		HY17	3,164.				3,164.	1,738.		158.	1,896.
441	(D)ALARM	02/01/16	SL	7.00		HY17	650.				650.	511.		46.	557.
	* 990 PAGE 10 TOTAL OTHER						47,978.				47,978.	8,904.		1,100.	10,004.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						47,978.				47,978.	8,904.		1,100.	10,004.
	OTHER														
454	LEASEHOLD IMPROVEMENTS - MONTEREY 2	10/31/22	SL	39.00		MM19I	12,163.				12,163.			65.	65.
	* 990 PAGE 10 TOTAL OTHER						12,163.				12,163.	0.		65.	65.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						12,163.				12,163.	0.		65.	65.
	OTHER														
455	LAND - 225 CENTRAL AVE.	01/05/22	L				635,161.				635,161.			0.	
456	IMPROVEMENTS - 225 CENTRAL AVE.	01/05/22	SL	39.00		MM19I	866,047.				866,047.			21,281.	21,281.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						1,501,208.				1,501,208.	0.		21,281.	21,281.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQUIPMENT						1,501,208.				1,501,208.	0.		21,281.	21,281.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,757,676.				1,757,676.	106,582.		33,715.	140,297.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						209,305.			0.	209,305.	106,582.			112,826.
	ACQUISITIONS						1,548,371.			0.	1,548,371.	0.			27,471.
	DISPOSITIONS/RETIRED						101,685.			0.	101,685.	59,828.			61,880.
	ENDING BALANCE						1,655,991.			0.	1,655,991.	46,754.			78,417.
	ENDING ACCUM DEPR LESS DISPOSITIONS											78,417.			
	ENDING BOOK VALUE											1,577,574.			

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE BRIDGE RESTORATION MINISTRY

FORM 990 PAGE 10

**** - ***8084**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	6,244.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		35,000.	5 YRS.	MQ	SL	6,125.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	10 / 22	12,163.	39 yrs.	MM	S/L	65.
		01 / 22	866,047.	39.0 YRS	MM	S/L	21,281.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	33,715.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns (a-f) for vehicle types and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2022 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

THE BRIDGE RESTORATION MINISTRY

2940539

Additional information. See instructions.

FEIN ** - ***8084

Street address (suite or room)

P. O. BOX 113

PMB no.

City

PACIFIC GROVE

State

CA

ZIP code

93950-0113

Foreign country name

Foreign province/state/country

Foreign postal code

- A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return?
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?

- I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-16).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Title: TREASURER Date Telephone: (831) 372-2033

Paid Preparer's Use Only Preparer's signature Date: 10/20/23 Check if self-employed [X] PTIN: P00735123

Firm's name (or yours, if self-employed) and address: LOUIS B. FRIZZELL, CPA, P.O. BOX 1447, SALINAS, CA 93902

Telephone: 831 424 3012

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	2,494	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income	•	7	760,727	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	763,221	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,069	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	61,048	00
	12	Other salaries and wages	•	12	543,901	00
	13	Interest	•	13	317	00
	14	Taxes	•	14	52,372	00
	15	Rents	•	15	320,080	00
	16	Depreciation and depletion (See instructions)	•	16	35,454	00
	17	Other expenses and disbursements	•	17	634,172	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,648,413	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		892,051		911,370
2	Net accounts receivable				
3	Net notes receivable STMT 6		1,600		
4	Inventories				34,771
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	a Depreciable assets	209,305		1,020,830	
	b Less accumulated depreciation	(106,582)	102,723	(78,417)	942,413
11	Land				635,161
12	Other assets STMT 7		103,692		450,810
13	Total assets		1,100,066		2,974,525
Liabilities and net worth					
14	Accounts payable		9,031		38,839
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 8		67,252		425,989
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,023,783		2,509,697
22	Total liabilities and net worth		1,100,066		2,974,525

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	1,451,143
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5	•	1,451,143
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule STMT 9	•	1,739
9	Total. Add line 7 and line 8	•	1,739
10	Net income per return. Subtract line 9 from line 6	•	1,449,404

* SEE STATEMENT

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALFRED AND REGINA AMOROSO	P.O. BOX 63 GLEN BROOK, NV 89413		62,350.
TRUE ORGANIC PRODUCTS, INC	99 PACIFIC STREET, SUITE 155A MONTEREY, CA 93940		70,000.
SLAVE 2 NOTHING, INC	4199 CAMPUS DRIVE, SUITE 900 IRVINE, CA 92612		25,000.
FRANK AND SARA RAE DARABONT	8225 MANJARES MONTEREY, CA 93940		1,525,000.
YELLOW BRICK ROAD BENEFIT SHOP	26388 CARMEL RANCHO LN CARMEL, CA 93923		22,000.
CALVARY MONTEREY	3001 SALINAS HWY MONTEREY, CA 93940		14,520.
FRESH HARVEST	P.O. BOX 1547 HEBER, CA 92249		62,000.
DWIGHT AND ADRIENNE SHIMODA	7 VIA JOAQUIN, UNIT 10 MONTEREY, CA 93940-4535		24,150.
DIANE BOGART	235 WALCOTT WAY PACIFIC GROVE, CA 93950-2415		17,952.
TOTAL INCLUDED ON LINE 3			1,822,972.

CA 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
OTHER EVENTS - NET	81,880.
PROGRAM FEES FROM PARTICIPANTS	77,643.
SECOND CHANCE THRIFT STORE	601,204.
TOTAL TO FORM 199, PART II, LINE 7	760,727.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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ACTIVITY CLASSIFICATION: BENEVOLENCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROGRAM PARTICIPANTS	P.O. BOX 113 - PACIFIC GROVE, CA 93950	PROGRAM PARTICIPANTS	1,069.

TOTAL FOR THIS ACTIVITY	1,069.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	1,069.
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
MICHAEL CASEY P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	EXECUTIVE DIRECTOR 32.00	0.
RICK BARNETT P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	CHAIRMAN 5.00	0.
STEVE WOTHERSPOON P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	TREASURER 5.00	0.
DONNA LACKEY P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	BOARD MEMBER 5.00	0.
ALFRED AMOROSO P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	BOARD MEMBER 5.00	0.
MARK ZEHM P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	BOARD MEMBER 5.00	0.

THE BRIDGE RESTORATION MINISTRY

-*8084

LINDA VOGT	BOARD MEMBER	0.
P. O. BOX 113	5.00	
PACIFIC GROVE, CA 93950-0113		
ERNST VAN EEGHEN	SECRETARY	0.
P. O. BOX 113	5.00	
PACIFIC GROVE, CA 93950-0113		
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
STORE OPERATION COSTS	338,663.
TRANSPORTATION	42,971.
HOUSE FOOD AND SUPPLIES	40,356.
BANK AND CREDIT CARD FE	39,156.
OTHER EMPLOYEE BENEFITS	30,664.
ACCOUNTING FEES	12,071.
ADVERTISING AND PROMOTION	9,872.
OFFICE EXPENSES	9,900.
INFORMATION TECHNOLOGY	8,996.
TRAVEL	1,614.
INSURANCE	31,625.
ALL OTHER EXPENSES	68,284.
TOTAL TO FORM 199, PART II, LINE 17	634,172.

CA 199	NET NOTES RECEIVABLE	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	1,600.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	1,600.	0.

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
RIGHT OF USE ASSET OPERATING LEASE	0.	363,448.	
PROGRAM SCHOLARSHIP AND TRAINING FUNDS	6,634.	3,374.	
VAN FUNDS	2,178.	2,178.	
CAPITAL CAMPAIGN FUND	58,440.	55,390.	
DEPOSITS	36,440.	14,745.	
PREPAID INSURANCE	0.	11,675.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	103,692.	450,810.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
KELSO EDUCATION SCHOLARSHIP FUND	3,374.	3,374.	
VAN FUND	2,178.	2,178.	
CULINARY TRAINING PROGRAM FUND	3,260.	0.	
CAPITAL CAMPAIGN FUND	58,440.	55,390.	
LEASE LIABILITY OPERATING LEASE	0.	365,047.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	67,252.	425,989.	

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	9
DESCRIPTION		AMOUNT	
DEPRECIATION		1,739.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		1,739.	

Attach to Form 100 or Form 100W.

FORM 199

FEIN ** - *8084**

Corporation name

California corporation number

THE BRIDGE RESTORATION MINISTRY

2940539

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	1,757,676.	107,414.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	35,454

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	35,454
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	33,715
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	1,739

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

CA 3885		DEPRECIATION				STATEMENT 10	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
2 REFRIGERATOR	05/31/07	569.	462.	200DB	7.00	0.	
4 BUNK BEDS	04/10/08	331.	288.	200DB	7.00	0.	
5 FORD E350 WAGON 1996, GREEN	01/01/10	1.	1.	200DB	5.00	0.	
6 FORD WINDSTAR VAN 2001	12/28/10	5,573.	5,161.	200DB	5.00	0.	
7 LAPTOP AND PRINTER	06/07/10	748.	686.	200DB	5.00	0.	
8 2022 FORD TRUCK	03/03/22	35,000.		SL	5.00	5,833.	
10 SECURITY SYSTEM CAMERAS	09/06/10	1,525.	1,377.	200DB	7.00	0.	
11 WASHER/DRYER	01/11/12	1,487.	1,487.	SL	10.00	0.	
12 TWIN MATTRESSES	08/03/12	222.	222.	SL	7.00	0.	
13 STOVE	08/28/12	801.	747.	SL	10.00	54.	
14 SECURITY SYSTEM CAMERAS	12/31/12	545.	545.	SL	7.00	0.	
15 BUNK BEDS	12/31/12	870.	827.	SL	10.00	43.	
16 WASHER/DRYER	01/06/13	2,531.	2,531.	SL	7.00	0.	
17 CLOSETS	03/09/13	14,110.	12,464.	SL	10.00	1,411.	
18 BUNK BEDS	02/28/13	3,090.	3,090.	SL	7.00	0.	
19 MICROWAVE OVEN	11/26/13	215.	215.	SL	7.00	0.	
300 FORD BOX VAN TRUCK	07/15/12	3,743.	3,743.	SL	5.00	0.	
350 SC LEASEHOLD IMPROVEMENTS PG	09/17/12	75,590.	17,927.	SL	39.00	1,938.	
400 HAND TRUCKS (DOLLEYS)	09/17/12	1,182.	1,182.	SL	7.00	0.	
401 RACKS	09/17/12	390.	361.	SL	10.00	29.	
402 DISPALY FIXTURES	09/17/12	413.	379.	SL	10.00	31.	
403 BOOK SHELVES	09/17/12	541.	500.	SL	10.00	41.	
404 TELEPHONE SYSTEM	09/17/12	1,000.	1,000.	SL	7.00	0.	

405	ROUTER & OFFICE PACKAGE						
	09/17/12	201.	201.	SL	7.00	0.	
406	CASH REGISTERS						
	09/17/12	2,276.	2,276.	SL	7.00	0.	
407	BASKET TRUCKS (3)						
	09/17/12	1,102.	1,099.	SL	7.00	0.	
408	INDUSTRIAL FAX/PRINTER						
	09/17/12	487.	487.	SL	5.00	0.	
409	TV AND VIDEO SETUP						
	09/17/12	1,149.	1,149.	SL	5.00	0.	
410	HIGHLAND PRODUCTS LOCKERS						
	09/17/12	475.	444.	SL	10.00	31.	
411	COMPUTER						
	09/17/12	737.	737.	SL	5.00	0.	
412	AUDIO EQUIPMENT						
	09/17/12	806.	806.	SL	7.00	0.	
413	LOREX SECURITY						
	09/17/12	549.	549.	SL	5.00	0.	
414	PRICING GUNS						
	09/17/12	304.	304.	SL	7.00	0.	
415	CARRY BASKETS						
	09/17/12	517.	517.	SL	7.00	0.	
416	HANGERS						
	09/17/12	432.	432.	SL	5.00	0.	
417	SCANNER/PRICERS AND ELECTRONICS						
	09/17/12	557.	557.	SL	5.00	0.	
418	CLOTHING STORAGE CONTAINERS						
	09/17/12	665.	665.	SL	7.00	0.	
419	HANGERS/TAGING GUN						
	09/17/12	268.	268.	SL	5.00	0.	
420	POLYTUBING						
	09/17/12	577.	536.	SL	10.00	41.	
421	PRICE GUN						
	09/17/12	195.	195.	SL	5.00	0.	
422	LIBRARY PILLOWS						
	09/17/12	80.	80.	SL	7.00	0.	
423	FURNITURE AND EQUIPMENT						
	09/17/12	558.	518.	SL	10.00	40.	
424	LOCK AND KEYS						
	12/10/12	139.	139.	SL	7.00	0.	
427	EPSON EX5220 PROJECTOR						
	05/10/15	774.	690.	200DB	7.00	8.	
428	QUICKBOOKS						
	03/10/15	198.	198.	SL	3.00	0.	
429	QUICKBOOKS						
	05/10/15	336.	336.	SL	3.00	0.	
432	MS OFFICE						
	08/10/15	152.	152.	SL	3.00	0.	
433	POS SYSTEM - HARDWARE AND SOFTWARE						
	08/05/15	2,820.	2,820.	SL	5.00	0.	
434	APPLE IPAD AIR (3)						
	08/10/15	1,086.	1,086.	SL	5.00	0.	
435	BINDO WIRELESS RECEIPT PRINTER						
	10/09/15	218.	218.	SL	5.00	0.	

437	LEASEHOLD IMPROVEMENTS						
	02/01/16	30,411.	4,615.	SL	39.00	650.	
438	LEASEHOLD IMPROVEMENTS - ELECTRICAL						
	02/01/16	11,690.	1,775.	SL	39.00	250.	
439	LEASEHOLD IMPROVEMENTS - COUNTER TOP						
	02/01/16	2,063.	313.	SL	39.00	44.	
440	SIGN						
	02/01/16	3,164.	1,870.	SL	10.00	264.	
441	ALARM						
	02/01/16	650.	550.	SL	7.00	77.	
442	TELEPHONE SYSTEM						
	04/20/16	3,567.	3,567.	SL	5.00	0.	
443	TELEPHONE SYSTEM						
	01/01/16	1,995.	1,710.	SL	7.00	285.	
444	SECURITY SYSTEM CAMERAS						
	01/28/16	4,846.	4,095.	SL	7.00	692.	
445	20FT STORAGE CONTAINER						
	01/01/16	2,975.	2,550.	SL	7.00	425.	
446	AUDIO EQUIPMENT						
	02/01/16	1,917.	1,621.	SL	7.00	274.	
447	WALL MOUNTED TV						
	01/26/16	598.	503.	SL	7.00	85.	
448	IPAD AND STAND						
	02/10/16	450.	450.	SL	5.00	0.	
449	CASH REGISTER SYSTEM - BINDO						
	02/01/16	4,549.	3,846.	SL	7.00	650.	
450	SIGN WORKS TRUCK GRAPHICS WRAP						
	12/14/16	2,235.	2,235.	SL	5.00	0.	
451	WALL MOUNTED TV						
	01/26/16	1,296.	1,296.	SL	5.00	0.	
452	WASHERS (3) & DRYER (1)						
	01/21/16	2,873.	2,873.	SL	5.00	0.	
453	SAMSUNG OVEN						
	02/16/16	891.	891.	SL	5.00	0.	
454	LEASEHOLD IMPROVEMENTS - MONTEREY 2						
	10/31/22	12,163.		SL	39.00	52.	
455	LAND - 225 CENTRAL AVE.						
	01/05/22	635,161.		L		0.	
456	IMPROVEMENTS - 225 CENTRAL AVE.						
	01/05/22	866,047.		SL	39.00	22,206.	
TOTAL TO FORM 3885		<u>1,757,676.</u>	<u>107,414.</u>			<u>35,454.</u>	

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name THE BRIDGE RESTORATION MINISTRY	Identifying number ** - ***8084
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,097,817
2	Total gross income (Form 199, line 8)	2	3,097,817
3	Total expenses and disbursements (Form 199, line 9)	3	1,648,413

Part II Settle Your Account Electronically for Taxable Year 2022

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	 Signature of officer	_____ Date	 TREASURER Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	 ERO's signature	_____ Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00735123
Must Sign	Firm's name (or yours if self-employed) and address LOUIS B. FRIZZELL, CPA P.O. BOX 1447 SALINAS, CA				Firm's FEIN ** - ***2328 ZIP code 93902

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	 Paid preparer's signature	_____ Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P00735123
Must Sign	Firm's name (or yours if self-employed) and address LOUIS B. FRIZZELL, CPA P.O. BOX 1447 SALINAS, CA			Firm's FEIN ** - ***2328 ZIP code 93902

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>THE BRIDGE RESTORATION MINISTRY Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>P. O. BOX 113 Address (Number and Street)</p> <p>PACIFIC GROVE, CA 93950-0113 City or Town, State, and ZIP Code</p> <p>(831) 372-2033 TBRM_INFO@YAHOO.COM Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT611594</p> <p>Corporation or Organization No. 2940539</p> <p>Federal Employer ID No. ** - ***8084</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 3,097,817 Noncash Contributions \$ 303,347 Total Assets \$ 2,974,525
 Program Expenses \$ 1,417,402 Total Expenses \$ 1,646,674

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

STEVE WOTHERSPOON	TREASURER	
Signature of Authorized Agent	Printed Name	Title
		Date