Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending
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2022

OMB No. 1545-0047

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.

EIN or SSN Name of filer THE BRIDGE RESTORATION MINISTRY **-***8084 STEVE WOTHERSPOON Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I 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. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **3** , 097 , 817 . Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II 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) 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 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 X | authorize LOUIS B. FRIZZELL, 93950 to enter my PIN Enter five numbers, but ERO firm name 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 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 77144893902 number (EFIN) followed by your five-digit self-selected PIN. 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. 10/20/23 ERO's signature Date

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)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

-*8084

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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print

File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your return. See P. O. BOX 113 instructions.

THE BRIDGE RESTORATION MINISTRY

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)					
Application		Application	Return		
Is For	Code	Is For	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				
	TACC				

STEVE WOTHERSPOON, TREASURER

 The books are in the care of 	POST	OFFICE	BOX	113	_	PACIFIC	GROVE,	CA	93950-	0113
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Т	Telephone No. ▶ (831) 372-2033 Fax No. ▶
•	f the organization does not have an office or place of business in the United States, check this box
	f 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: X 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

За	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
С	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.	3с	\$ 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) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
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ZUZZ
Open to Public
Inspection

Α	For the	2022 calendar year, or tax year beginning and endir	ng		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE BRIDGE RESTORATION MINISTRY			
	Name change			**-***80	84
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone number	
	Final return/			(831) 37	
	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,097,817.
L	Ameno return	FACIFIC GROVE, CA 93930-0113		H(a) Is this a group re	
	Applic tion pendir			for subordinates	
		SAME AS C ABOVE	-	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	•	list. See instructions
	Websit		/	H(c) Group exemption	
		organization: X Corporation Trust Association Other L Summary	L Year o	of formation: 2007 N	State of legal domicile: CA
F			7700	A CEMMING	FOD THOSE
Governance	1	Briefly describe the organization's mission or most significant activities: $rac{ extstyle ex$	TNG	DIRECTION	STRUCTURE
nar	1 '	Check this box if the organization discontinued its operations or disposed o			
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		1 1	8
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			7
οğ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	0
iţie	1	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	🗀	601,659.	2,334,596.
Revenue	1	Program service revenue (Part VIII, line 2g)		644,470.	678,847.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,572.	2,494.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,380.	81,880.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,306,081.	3,097,817.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		158.	1,069.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		538,547.	687,985.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25) 105,564.		662 207	057 600
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		662,307.	957,620. 1,646,674.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		105,069.	1,451,143.
- 0	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	00	Tabel assate (Dark V. Kras 10)		1,100,066.	2,974,525.
ASSE	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		76,283.	464,828.
let/	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,023,783.	2,509,697.
P	art II	Signature Block	··		2/303/03/0
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,
Sig	n	Signature of officer		Date	
He		STEVE WOTHERSPOON, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature			X PTIN
Pai		LOUIS B. FRIZZELL, CPA	1	0/20/23 self-employe	
		Firm's name LOUIS B. FRIZZELL, CPA		Firm's EIN *	*-***2328
Use	Only	Firm's address P.O. BOX 1447			1 404 2042
		SALINAS, CA 93902		Phone no.83	1 424 3012
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 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.
	(Code:) (Expenses \$ 931,488 • including grants of \$) (Revenue \$ 601,204 •)
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.
	I NOOIUM!
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	1 3
	(Expenses \$ including grants of \$) (Revenue \$ 81,387.)
<u>4e</u>	Total program service expenses 1,417,402.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		.
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/4	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 2\

Form 990 (2022) THE BRIDGE RESTORA Part IV | Checklist of Required Schedules (continued)

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00	Did the annual attended to the decided of the second of th		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		X
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			٠,,
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and	33		
34		34		х
35 a	D. H	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods $	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	I .	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
_	sponsoring organization have excess business holdings at any time during the year?				
	9 Sponsoring organizations maintaining donor advised funds.				
_	a Did the sponsoring organization make any taxable distributions under section 4966?				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		١.		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		\ ··	- 1- 1
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) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	ન દ:	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	ıcıal	
00	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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	verage Position Reportable compensation				(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	compensated e	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL CASEY	32.00						61 040	•	0
EXECUTIVE DIRECTOR	F 00	Х					61,048.	0.	0.
(2) RICK BARNETT	5.00	٠,,		37				0	_
CHAIRMAN	5.00	Х		Х			0.	0.	0.
(3) STEVE WOTHERSPOON	5.00	₹,		х			0.	0.	_
TREASURER	5.00	Х		Λ			0.	0.	0.
(4) DONNA LACKEY BOARD MEMBER	3.00	х					0.	0.	0.
(5) ALFRED AMOROSO	5.00	^					0.	0.	0.
BOARD MEMBER	3.00	Х					0.	0.	0.
(6) MARK ZEHM	5.00						· ·	0.	•
BOARD MEMBER	3.00	Х					0.	0.	0.
(7) LINDA VOGT	5.00							•	•
BOARD MEMBER		x					0.	0.	0.
(8) ERNST VAN EEGHEN	5.00							<u> </u>	
SECTETARY		Х		Х			0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)		(D)	(E)			(F)							
Name and title	Average	(do not check more than one					one	Reportable	Reportable	;	Es	timate	i d
	hours per week	box	, unles	ss pe	rson	is bot	h an	compensation	compensation			nount	of
	(list any	\vdash					, , , , , , , , , , , , , , , , , , ,	from the	from related organization			other pensa	tion
	hours for	Individual trustee or director				pe		organization	(W-2/1099-MI			om the	
	related	stee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relate	
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	,	드	드	Ð	ᇂ	王旨	윤						
		ł											
		-											
		1											
		-											
		1											
1b Subtotal					<u> </u>	<u> </u>	<u> </u>	61,048.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								61,048.		0.			0.
2 Total number of individuals (including bu								eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
										1		Yes	No
3 Did the organization list any former offic			кеу є	empl	loye	e, o	hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J fo											3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$											4		Х
5 Did any person listed on line 1a receive of											4		
rendered to the organization? If "Yes," co	•				•			•			5		Х
Section B. Independent Contractors	•											<u>'</u>	
1 Complete this table for your five highest	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation 1	rom	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A) Name and busine	an addraga	37/	`	,				(B) Description of s	om do o o		()	;) nsatio	_
Name and busine	ss address	1//	ONE	<u> </u>			\dashv	Description of s	ervices		ompe	isalioi	.1
							_						
							\dashv						
2 Total number of independent contractors	(including but n	not li	mite	d to	tho	se li	L	d above) who received m	nore than				
\$100,000 of compensation from the orga						0			.5.5 (114.1)				

Form			,			E RE	STORATIO	N MINISTRY	-	**-**8	084 Page 9
Pa	rt V	III	Statement of Re	ver	ue						
			Check if Schedule O	conta	ains a res	ponse	or note to any lir				
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, g similar amounts not included in Total. Add lines 1a-1f SECOND CHANCE PROGRAM FEES All other program service in	ibuti grant abov lines	11c 1c	2, 1 \$	Business Code 459510 624310	2,334,596. 601,204. 77,643.	77,643.		
			Total. Add lines 2a-2f					678,847.			
	3 4 5	 	Investment income (includ	ding of tax	dividends c-exempt	s, intere	est, and proceeds	2,494.			2,494.
	6	a (b l c f	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Re	eal	(ii) Personal				
venue		a (b l	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b	(i) Secu	rities	(ii) Other				
Other Reven	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										
	9	a (Net income or (loss) from the Gross income from gamine Part IV, line 19	g ac	tivities. S	ee 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										
llaneous venue	11				NET		Business Code 900099	81,880.	81,880.		

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2,494. Form **990** (2022)

81,880. 3,097,817.

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

760,727.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	1,069.	1,069.		
2	individuals. See Part IV, line 22	1,009.	1,009.		
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,				
3	trustees, and key employees	61,048.	54,943.		6,105
6	Compensation not included above to disqualified	01/0101	31/3131		0,100
U	persons (as defined under section 4958(f)(1)) and				
	naraana dagarihad in agatian 40E0(a)(0)(D)				
7	Other salaries and wages	543,901.	421,880.	84,417.	37,604
8	Pension plan accruals and contributions (include	,	,	0 = 1 = 2	3.,001
5	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.	2,337 3,991
10 11	Fees for services (nonemployees):	02,0,20	,500.	0,2,00	
·· а					
b					
c	· [12,071.		12,071.	
	Lobbying	,			
e	D () ()) O D N 17				
f	Investment management fees				
g	// //				
3	column (A), amount, list line 11g expenses on Sch 0.)				
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 0.)				
а	STORE OPERATION COSTS	338,663.	338,663.	0.	0
b	TRANSPORTATION	42,971.	42,971.	0.	0
С	HOUSE FOOD AND SUPPLIES	40,356.	40,356.	0.	0
d	BANK AND CREDIT CARD FE	39,156.	19,480.	196.	19,480
е	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 if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	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 of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	_
ts	7	Notes and loans receivable, net			1,600.	7	0 .
Assets	8	Inventories for sale or use			0.	8	34,771
4	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		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			13		
	14	Intangible assets		100 100	14	4-0-04-0	
	15	Other assets. See Part IV, line 11			103,692.	15	450,810
	16	Total assets. Add lines 1 through 15 (must equ			1,100,066.	16	2,974,525
	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				21	
ies	22	Loans and other payables to any current or for					
ilit		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•	•	67,252.	0.5	425,989.
	00	of Schedule D			76,283.	25	464,828
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			70,203.	26	404,020
es		and complete lines 27, 28, 32, and 33.	eck nei				
anc	27	Net assets without donor restrictions				27	
Bala	28	Net assets with donor restrictions				28	
ndl	20	Organizations that do not follow FASB ASC			20		
Fu		and complete lines 29 through 33.	900, CIT	scr liele			
o	29	Capital stock or trust principal, or current funds	3		0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated in			1,023,783.	31	2,509,697.
Net Assets or Fund Balances	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.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,64		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,02	3 <u>,7</u>	83.
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		3	4,7	71.
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	,50	9,6	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BRIDGE RESTORATION MINISTRY

Employer identification number **-**8084

Pa	ırt I	Reason for Public		(All organizations must c		nis part.) S	ee instructions.	0001					
		ı ization is not a private found											
1		A church, convention of ch	•		•	•	IVAVi)						
2	一	A school described in sect	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·//~//·						
3	一	A hospital or a cooperative				YhY1YAYii	ii\						
4	一	A medical research organiz						the hospital's name					
7		city, and state:	ation operated in co	rijanotion with a nospital	described	a iii Scotio	ii ii o(b)(i)(A)(iii). Enter	the hospital s hame,					
5		An organization operated for	or the benefit of a co	ullege or university owner	d or operat	ted by a d	overnmental unit describ	ned in					
3		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	а ог орста	ica by a g	overnmental and accord)CG 1					
6		A federal, state, or local go	•	nontal unit described in	saction 17	70/6\/4\/A\	(v)						
7	Ħ	An organization that norma	-					public described in					
'		section 170(b)(1)(A)(vi). (C	-	intial part of its support i	Tom a gov	errinentai	unit of from the general	public described in					
8			. ,	(1)(A)(vi) (Complete Part	+ II \								
9	一	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
5		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
10	X	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Con		(1000 000tion of 1 tax) in	om buomo	occo acq	med by the organization	and dance of, 1070.					
11		An organization organized		ively to test for public sa	fetv. See	section 50)9(a)(4).						
12		An organization organized	•	*	-			e purposes of one or					
		more publicly supported or		•	•		•						
		lines 12a through 12d that											
а		Type I. A supporting orga	* *			•		giving					
		the supported organization											
		organization. You must o						•					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving					
		control or management of											
		organization(s). You mus	t complete Part IV,	Sections A and C.									
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organizatio	n(s) (see instructions	s). You must complete i	Part IV, Se	ctions A,	D, and E.						
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е	, L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.							
f	Ente	er the number of supported o	organizations										
		vide the following information			(iv) le the erge	nization listed		1					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tota	al												

Schedule A (Form 990) 2022 THE BRIDGE RESTORATION MINISTRY **-***8 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	=			
(Complete only if y	ou checked the box on line 5, 7, or 8 of	Part I or if the organization f	ailed to qualify under	Part III. If the organization
fails to qualify und	er the tests listed below, please comple	te Part III.)		

Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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)						
-	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) TOTAL
	Gross income from interest,						
Ü	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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publ						
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the constant is a small star to the constant is a small star t						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	· ·	_	
1-	meets the facts-and-circumstances to	-			-	170 and line 15 in	
O	10% -facts-and-circumstances tes	_	•			•	10% Of
	more, and if the organization meets the						
1Ω	organization meets the facts-and-circle Private foundation. If the organization		-	•			
10	rivate iounidation. Il the organizatio	TI GIG HOL CHECK A	DOX OF HIRE TO, TO	Ja, 100, 174, 01 17	D, CHECK THIS DOX		(Form 990) 2022
						Jone Guile A	(1 JIIII JJU) ZUZZ

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.)

0 -	qualify under the tests listed b	elow, please comp	olete Part II.)								
	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·									
Cale	endar 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.	2502657.	4331006.				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	517,637.	552,855.	404,403.	588,577.	686,534.	2750006.				
3	Gross receipts from activities that	,	,	,	,	·					
_	are not an unrelated trade or bus-										
	iness under section 513	142,929.	151,930.	72,767.	114,273.	130,360.	612,259.				
4	Tax revenues levied for the organ-	-	-			·	<u> </u>				
	ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
_	the organization without charge	1153958.	1082921.	933,332.	1203509.	3319551.	7693271.				
	Total. Add lines 1 through 5	11339300	TOO 7 7 7 T •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T703303.	2213221.	1033411.				
16	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.				
	Public support. (Subtract line 7c from line 6.)						7693271.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 933, 332.	(d) 2021	(e) 2022 3319551.	(f) Total				
9	Amounts from line 6	1153958.	1082921.	933,332.	1203509.	3319551.	7693271.				
10 <i>a</i>	dross 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.				
L	(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.				
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on										
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1155011	1000060	82,402.	1205001	2222045	82,402.				
	Total support. (Add lines 9, 10c, 11, and 12.)	1155211.	1088069.	1020457.	1205081.	3322045.	7790863.				
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	tourth, or fifth tax	year as a section 5	oU1(c)(3) organizat	ion,				
8-	check this box and stop here	io Cupport De	roontogo				<u></u>				
	ction C. Computation of Publ			l (A)		45	08 75				
	Public support percentage for 2022 (I		· ·			15	$\frac{98.75}{98.30}$ %				
	Public support percentage from 2021					16	98.30 %				
	ction D. Computation of Inves					I	10				
	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 17 17 17 17 17 17 17 17 17 17 17 17										
	8 Investment income percentage from 2021 Schedule A, Part III, line 17 18 24 %										
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14. and line	e 15 is more than 3	3 1/3%, and line 1	17 is not				
		-									
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the	nd stop here. The organization did n	organization quali ot check a box on	fies as a publicly s line 14 or line 19a	upported organiza ı, and line 16 is mo	tion ore than 33 1/3%,	X and				
	more than 33 1/3%, check this box a	nd stop here. The organization did neck this box and sto	organization quali ot check a box on op here. The orga	fies as a publicly s line 14 or line 19a nization qualifies a	upported organiza , and line 16 is mo s a publicly suppo	ntion ore than 33 1/3%, orted organization	X and				

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		

Par	ort IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 sugarization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees 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		
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 yea(see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

18

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

232025 12-09-22

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations				
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.						
Sect	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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2022

		STORATION MINI			*-***8084 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anızatıons _{(contini}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	е		
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in Part VI. See instructions.				
0	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				

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE BRIDGE RESTORATION MINISTRY

Employer identification number

-*8084

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule. (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						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
answer '	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).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

THE BRIDGE RESTORATION MINISTRY

-*8084

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TRUE ORGANIC PRODUCTS, INC 99 PACIFIC STREET, SUITE 155A MONTEREY, CA 93940	\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FRANK AND SARA RAE DARABONT 8225 MANJARES MONTEREY, CA 93940	\$1,525,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRESH HARVEST P.O. BOX 1547 HEBER, CA 92249	\$62,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BRIDGE RESTORATION MINISTRY

-*8084

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

Name of organization

Employer identification number

THE BRIDGE RESTORATION MINISTRY

-*8084

	RIDGE RESTORATION MINIS	TRY			**-***8084	
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following li haritable, etc., contributions of \$1,0	ne entry. For or	ganizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held	
	Transferee's name, address, ar	(e) Transfer		elationship of tran	nsferor to transferee	
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held	
	Transferee's name, address, ar	(e) Transfer		elationship of tran	sferor to transferee	
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held	
-	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Ke	elationship of tran	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held	
-	Transferee's name, address, ar	(e) Transfer		elationship of tran	sferor 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

Employer identification number

Inspection

Name of the organization

-*8084 THE BRIDGE RESTORATION MINISTRY 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 w	riting that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		Yes No			
Pa						
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreation	on or education) 💹 Preservation of	f a historically important land area			
	Protection of natural habitat	Preservation of	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a				
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax			
	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the period					
	violations, and enforcement of the conservation easements it I					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year			
•	, who are or experience mounted in mornitoring, inspecting, manair	ng or violations, and ornoroling conserve	ation casemonts during the year			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	•				
	organization's accounting for conservation easements.	9				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form S	90, 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 publi	c exhibition, education, or research in f	urtherance 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 $\boldsymbol{\varepsilon}$	exhibition, education, or research in furt	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treas					
	the following amounts required to be reported under FASB AS	C 958 relating to these items:				
а	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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e significant	t use of its		
	collection items (check all that apply):							
а	Public exhibition d Loan or exchange program							
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's e	kempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other simi	lar assets		_	
	to be sold to raise funds rather than to be ma						Yes	└── No
Pai	t IV Escrow and Custodial Arrang	-	te if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi		•				7	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance						1	
	Did the organization include an amount on Fo				•		Yes	⊢ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.							
Pai	Tt V Endowment Funds. Complete if					voare back	(a) Four	voare back
		(a) Current year	(b) Prior year	(c) Two years back	+		(e) i oui	years back
	Beginning of year balance	9,134.	9,134.	9,134	•	10,254.		15,378.
	Contributions					620.		5,700.
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities	3 500				1 740		10 004
_	and programs	3,582.				1,740.		10,824.
	Administrative expenses	5,552.	0 124	0.124		0 124		10 254
_	End of year balance		9,134.	,	•	9,134.		10,254.
2	Provide the estimated percentage of the curr			a)) neid as:				
	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c short	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid a	na administered to	rtne		[·	Yes No
	organization by:							X
	(i) Unrelated organizations							X
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the						30	
	t VI Land, Buildings, and Equipm		willetti turius.					
. u	Complete if the organization answered		Part IV line 11a S	See Form 990 Part	X line 10			
	Description of property	(a) Cost or ot	- I	1	Accumulat	od	(d) Book	value
	bescription of property	basis (investm			lepreciation		(u) Dook	value
12	Land	- ` `	,	5,161.			635	,161.
	Land Buildings			3,800.	41,2	91.		2,509.
	Leasehold improvements			-,	,4			,
	Equipment		3	5,000.	6,1	25.	2.8	8,875.
	Other			2,030.	31,0			,029.
	. Add lines 1a through 1e. (Column (d) must ea				<u> </u>			7,574.
		,	, ::::::: (2),10 /	/			•	-

Schedule D (Form 990) 2022

Dort VIII Investments Other Convities		<u></u>
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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(7) (8) (9)

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)	
(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....

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	ıe 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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			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:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	<u></u>		0
_	Add lines 4a and 4b			2 007 917
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			3,097,817
Par	rt XII Reconciliation of Expenses per Audited Financial		ses per Retu	т.
	Complete if the organization answered "Yes" on Form 990, Part IV			1,646,674.
1	Total expenses and losses per audited financial statements		1	1,040,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_{2a}		
	Donated services and use of facilities			
	Prior year adjustments Other lesses			
	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,646,674.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u></u>	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,646,674.
	rt XIII Supplemental Information.			
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art V, line 4; Part	X, line 2; Part XI,
	RT V, LINE 4:	DDOGDAN DADWIG	TD33IEG 33	ID FOR
F.OV	NDS ARE TO BE USED AS SCHOLARSHIPS FOR	R PROGRAM PARTIC	IPANTS AL	ND FOR
PRO	OGRAM EXPENSES.			

SCHEDULE J (Form 990)

Part I

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE BRIDGE RESTORATION MINISTRY

Employer identification number **-***8084

Schedule J (Form 990) 2022

Questions Regarding Compensation No Yes 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account 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 _____ 1b 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? 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. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee □ Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **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: Х a The organization? 6a X **b** Any related organization? 6b 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 X 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

232111 10-18-22

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii) /:\								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

	Ţ	THE BRID	GE RESTO	RATI	ON	MINISTRY		* *	_**	*80	84			
Part I	Excess Ben	efit Transac	tions (section s	501(c)(3	3), sect	ion 501(c)(4), and se	ection 501(c)(29) org	anizat	ions o	nly).				
	Complete if the	organization an	swered "Yes" or	Form	990, P	art IV, line 25a or 25	b, or Form 990-EZ, F	Part V,	line 40	Ob.				
1 (2) No	me of diagnalified	(b)	Relationship be			lified	(c) Description of transaction			(d)	(d) Corrected?			
(a) Name of disqualified person		person	person and organization (C) Des			c) Description of trai	isactic)[]		Y	es	No		
											\bot			
											+			
											+			
											+			
2 Entor	the amount of tay	incurred by the	organization ma	nagore	or dis	qualified persons du	uring the year under							
		•	-	-		•	g trie year drider		\$					
		, , ,	, · -, · - · · · ·	,		3			*					
Part II	Loans to an	d/or From I	iterested Pe	rsons	.									
	Complete if the	organization an	swered "Yes" or	Form	990-EZ	, Part V, line 38a or	Form 990, Part IV, lin	ne 26;	or if th	ne orga	anizati	on		
	reported an am	i	0, Part X, line 5,	1						V				
•	a) Name of	(b) Relationshi with organization				(e) Original	(f) Balance due	(g) In by bo		proved (i) Writter				
inter	rested person	Willi Organizatio	n of loan		ization?	principal amount					ommittee?		agreement?	
		-		То	From			Yes	No	Yes	No	Yes	No	
		+		+	-			 			├─	-		
				+	+			 			1			
		+												
Total						\$								
Dart III	Grants or A	ecietanca R	anafitina Inta	roeta	$^{\prime}$	rconc								

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of Interested person	(b) Relationship between interested person and the organization	assistance	assistance	assistance

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

Schedule L (Form 990) 2022

Part IV	Business Transactions Involving	Interested Persons

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of		aring of
(a) Name of interested person	person and the organization	transaction	transaction	organiz rever	zation's nues?
				Yes	No
RICK BARNETT	LANDLORD - TENANT		RICK BARNET		X
ALFRED AMOROSO	LANDLORD - TENANT		FRED AMOROS		Х
MARK ZEHM	BUILDER - PROPERTY	0.	MARK ZEHM'S		Х
Part V Supplemental Information Provide additional information for re	esponses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:		
(A) NAME OF PERSON: RICK	BARNETT				
(D) DESCRIPTION OF TRANS	SACTION: RICK BARNETT I	LEASED TO T	THE BRIDGE		
RESTORATION MINISTRY THE	FACILITY THAT HOUSES	THE MENS'	PROGRAM		
PARTICIPANTS. THE FACIL	ITY INCLUDES MEETING I	ROOMS, KITO	CHEN, DINING	ROO	M
AND LIVING QUARTERS. TH	E FACILITY WAS PURCHAS	SED BY THE	BRIDGE IN E	ARLY	
JANUARY 2022.					
(A) NAME OF PERSON: ALFR	ED AMOROSO				
(D) DESCRIPTION OF TRANS	SACTION: FRED AMOROSO I	LEASES HOUS	SING AND OFF	ICE	

- 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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE BRIDGE RESTORATION MINISTRY

Employer identification number **-***8084

Pai	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d)		ina	
		Check if applicable		amounts reported on	Method of de noncash contribu		_	'S
		аррпоавто	items contributed	Form 990, Part VIII, line 1g	THOMOGOT CONTINUE	ation ai		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			204 245		_ ~		~
5	Clothing and household goods	X			THRIFT STOR			
6	Cars and other vehicles	Х	1	2,000.	CAR SOLD AT	' AU	CTI	ON
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							
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29				
						\Box	Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232142 09-09-22

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE BRIDGE RESTORATION MINISTRY	Employer identification number **-***8084
FORM 990, PART VI, SECTION C, LINE 18:	
THE BRIDGE RESTORATION MINISTRY HAS AVAILABLE, IN THE ORG	ANIZATION'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 GOVERN	ING 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.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	MQ17	1.				1.	1.		0.	1.
6	(D)FORD WINDSTAR VAN 2001	12/28/10	200DB	5.00	MQ17	5,573.				5,573.	5,573.		0.	5,573.
8	2022 FORD TRUCK	03/03/22	SL	5.00	MQ19	в 35,000.				35,000.			6,125.	6,125.
300	(D)FORD BOX VAN TRUCK	07/15/12	SL	5.00	нү17	3,743.				3,743.	3,743.		0.	3,743.
450	(D)SIGN WORKS TRUCK GRAPHICS WRAP	12/14/16	SL	5.00	НҮ17	2,235.				2,235.	2,235.		0.	2,235.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				П	46,552.				46,552.	11,552.		6,125.	17,677.
	FURNITURE AND EQUIPMENT													
	OTHER													
2	(D)REFRIGERATOR	05/31/07	200DB	7.00	ну17	569.				569.	569.		0.	569.
4	BUNK BEDS	04/10/08	200DB	7.00	нү17	331.				331.	331.		0.	331.
7	(D)LAPTOP AND PRINTER	06/07/10	200DB	5.00	MQ17	748.				748.	748.		0.	748.
10	SECURITY SYSTEM CAMERAS	09/06/10	200DB	7.00	MQ17	1,525.				1,525.	1,525.		0.	1,525.
11	(D)WASHER/DRYER	01/11/12	SL	10.00	НҮ17	1,487.				1,487.	1,415.		36.	1,451.
12	TWIN MATTRESSES	08/03/12	SL	7.00	НҮ17	222.				222.	222.		0.	222.
13	(D)STOVE	08/28/12	SL	10.00	НҮ17	801.				801.	760.		21.	781.
14	SECURITY SYSTEM CAMERAS	12/31/12	SL	7.00	НҮ17	545.				545.	545.		0.	545.
15	BUNK BEDS	12/31/12	SL	10.00	НҮ17	870.				870.	827.		43.	870.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	ну17	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	нү17	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	нұ17	737.				737.	737.		0.	737.
412	(D)AUDIO EQUIPMENT	09/17/12	SL	7.00	ну17	806.				806.	806.		0.	806.
413	LOREX SECUITY	09/17/12	SL	5.00	НҮ17	549.				549.	549.		0.	549.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n 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	ну17	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	ну17	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	ну17	774.				774.	739.		35.	774.
433	(D)POS SYSTEM - HARDWARE AND SOFTWARE	08/05/15	SL	5.00	ну17	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	нұ17	218.				218.	218.		0.	218.
442	(D)TELEPHONE SYSTEM	04/20/16	SL	5.00	НҮ17	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	НҮ17	4,846.				4,846.	3,806.		346.	4,152.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ne 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	нү1	7 2,975.				2,975.	2,338.		213.	2,551.
446	(D)AUDIO EQUIPMENT	02/01/16	SL	7.00	нү1	7 1,917.				1,917.	1,507.		137.	1,644.
447	(D)WALL MOUNTED TV	01/26/16	SL	7.00	ну1	7 598.				598.	468.		43.	511.
448	(D)IPAD AND STAND	02/10/16	SL	5.00	нү1	7 450.				450.	450.		0.	450.
449	CASH REGISTER SYSTEM - BINDO	02/01/16	SL	7.00	нү1	7 4,549.				4,549.	3,575.		650.	4,225.
451	(D)WALL MOUNTED TV	01/26/16	SL	5.00	нү1	7 1,296.				1,296.	1,296.		0.	1,296.
452	(D)WASHERS (3) & DRYER (1)	01/21/16	SL	5.00	нү1	7 2,873.				2,873.	2,873.		0.	2,873.
453	(D)SAMSUNG OVEN	02/16/16	SL	5.00	нү1	7 891.				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	MM1	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	нү1	198.				198.	198.		0.	198.
429	(D)QUICKBOOKS	05/10/15	SL	3.00	нү1	6 336.				336.	336.		0.	336.
432	(D)MS OFFICE	08/10/15	SL	3.00	ну1	6 152.				152.	152.		0.	152.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

	o indi i														
Asset No.	Description	Date Acquired	Method	Life	Conv	ine 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	ну1	.6									
	OTHER														
437	(D)LEASEHOLD IMPROVEMENTS	02/01/16	SL	39.00	MM1	.7	30,411.				30,411.	4,582.		617.	5,199.
438	(D)LEASEHOLD IMPROVEMENTS - ELECTRICAL	02/01/16	SL	39.00	MM1	.7	11,690.				11,690.	1,762.		237.	1,999.
439	(D)LEASEHOLD IMPROVEMENTS - COUNTER TOP	02/01/16	SL	39.00	MM1	.7	2,063.				2,063.	311.		42.	353.
440	(D)SIGN	02/01/16	SL	10.00	ну1	.7	3,164.				3,164.	1,738.		158.	1,896.
441	(D)ALARM	02/01/16	SL	7.00	ну1	.7	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	MM1	.91	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	MM1	.91	866,047.				866,047.			21,281.	21,281.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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.	
	* 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.			

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

TH	E BRIDGE RESTORATION					AGE 10			**-***8084
Pa	rt Election To Expense Certain Proper	ty Under Section 1	79 Note: If you have any	listed pro	perty,	complete Pa	rt V b	efore y	ou complete Part I.
1 1	Maximum amount (see instructions)							1	1,080,000.
2	Total cost of section 179 property place							2	
	Threshold cost of section 179 property							3	2,700,000.
	Reduction in limitation. Subtract line 3 f							4	
	Pollar limitation for tax year. Subtract line 4 from line							5	
6	(a) Description of pro	pperty	(b) Cost (bu	siness use on	nly)	(c) Elected	d cost		
7 L	isted property. Enter the amount from	line 29	'		7				
	Fotal elected cost of section 179 prope				•			8	
	Fentative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from							10	
	Business income limitation. Enter the sr							11	
	Section 179 expense deduction. Add lir		•	-				12	
	Carryover of disallowed deduction to 20				13				
	: Don't use Part II or Part III below for I								
	rt II Special Depreciation Allowa			ıde listed ı	proper	tv.)			
14 5	Special depreciation allowance for qual		•						
	he tax year			•		Ü		14	
	Property subject to section 168(f)(1) ele							15	
								16	
	rt III MACRS Depreciation (Don't							10	
			Section A						
17 1	MACRS deductions for assets placed in	service in tax ve	ears beginning before 20	122				17	6,244.
	f you are electing to group any assets placed in serv	•	0 0				<u> </u>		.,===:
			e During 2022 Tax Yea				iatio	ı Svste	em
		(b) Month and	(c) Basis for depreciation		ecovery	1			
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	pe	riod	(e) Conventio	ח (יו) וי	/lethod	(g) Depreciation deduction
19a	3-year property								
b	5-year property		35,000	. 5 Y	RS.	MQ	SI		6,125.
	7-year property		, , , , , , ,			 ~			
d	10-year property						+		
<u>u</u>	15-year property						+		
-t	20-year property						+		
_ <u>'</u>	25-year property			25	yrs.			S/L	
9_	20 your property	/		_	yrs.	MM	_	S/L	
h	Residential rental property	/		_	yrs.	MM	_	S/L	
		10/22	12,163		yrs.	MM	_	S/L	65.
i	Nonresidential real property	01/22	866,047		YR		_	S/L	21,281.
	Section C - Assets P		During 2022 Tax Year						
 20a	Class life	labou III Goi vico	Dannig 2022 Tax Tour		7 111011			S/L	
<u>20a</u>				12	yrs.		_	S/L	
	12-year 30-year	,			yrs.	MM	_	S/L	
c	40-year	,		_	yrs.	MM	_	S/L	
	rt IV Summary (See instructions.)	/		1 40	y13.	IVIIVI		5/L	
	isted property. Enter amount from line	28						21	
	• • •		os 10 and 20 in solver-	(a) and !:-				41	
~~	Fotal. Add amounts from line 12, lines 1	ı+ uırougri i7, IIN	to 19 and 20 in Column	(y), ariu iir	ı c ∠ I .				22 545
	Enter here and on the appropriate lines	of vour roturn D	artnorchine and C acres	rations a	oo inct	r		20	44 715
	Enter here and on the appropriate lines				ee inst T	r		22	33,715.
23 F	Enter here and on the appropriate lines For assets shown above and placed in a portion of the basis attributable to secti	service during the	e current year, enter the		ee inst	r		22	33,715.

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 (d	c) of Section A, a	II of Section B, an	d Section C if appl	icable.									
	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														
24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?															
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Metho Conven	od/	(h) Depreciation deduction	(i) Elected section 179 cost					
25	Special depreciation allo	wance for q	ualified listed pro	operty placed in s	ervice during the ta	ax year an	d								
	used more than 50% in a qualified business use														
26	Property used more than 50% in a qualified business use:														
: : %															
	: : 70														
27	Property used 50% or le	ess in a quali	fied business us	e:											
		: :	%				S/L -								
		: :	%				S/L -								
		: :	%				S/L -								
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	e 21, page 1			28							
29	29 Add amounts in column (i), line 26. Enter here and on line 7, page 1														
	_		Sec	tion B - Informat	tion on Use of Ver	nicles	•								
Com	plete this section for ve	hicles used	by a sole proprie	etor, partner, or ot	her "more than 5%	owner," o	or related p	erson	. If you provided	l 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.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a Veh	•	(k Veh	o) iicle	Veh	•	Veh	•	(€ Veh	•	(1 Veh	f) icle
31 Total commuting miles driven during the year32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
D	art VI Amertization		

Part VI	Amortization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortiz	zation of costs that begins during your 2	2022 tax yea	ır:				
		: :					
		: :					
43 Amortiz	zation of costs that began before your 2	2022 tax yea	r			43	
44 Total.	Add amounts in column (f). See the inst	ructions for	where to report			44	

216252 12-08-22

Form 4562 (2022)

TAXABLE YEAR

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

Receipts and Revenues Total gross receipts for filing requirement test. Add line 1 through line 3.	2	02	2	Annual Information Return						199	
### Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Informat	Calendar	Year	r 202	? or fiscal year beginning (mm/dd/yyyy) , and ending (mm/d	dd/yyy	y)					
Street address (suite or room) PNO. BOX 113	Corporation	n/Org	anizat	on name	Calif	ornia corp	oration	number			
Street address (suite or room) PNO. BOX 113			TD	NE DEGENERAL MINISTER		2040	F 2 (,			
Street address (sulte or room)							535)			
P. O. BOX 113 City PACTFIC GROVE Foreign province/state/county Foreign province/state/cou	Additional	morn	nation	See Instructions.			**5	2021			
P. O. BOX 113 City PACTFIC GROVE Foreign provincestate/county A First return A First retu	Street addr	ess (s	suite o	r room)				7004			
PACIFIC GROVE Foreign country name Foreign country name Foreign postal code Foreign supplead to the FISP See instructions Flex suppleading specific specific postal code Foreign specific specific specific											
A First return A First return Ves X No Ves X No I Did the organization have any changes to its guidelines not reported to the FTB? See instructions A First return A First return Ves X No Ves X No I Did the organization have any changes to its guidelines not reported to the FTB? See instructions A First return A First retu					,	ZIP code					
A First return	PACI	FΙ	C	GROVE	A	9395	0-0)113			
B Amended return	Foreign cou	untry	name	Foreign province/state/county		Foreign p	ostal c	ode			
B Amended return											
C IRG Section 4947(a)(1) trust	A First	retui	rn .								
D Final information return?				Yes X No not reported to the FTB? See i	instruc	ctions			• \ \	res X	No
Strict date: (mm/addy)yy)										. 37	١
Enter date: (mm/dd/yyyy) E Check accounting method: (1) _ cash (2) X _ Accoust (3) _ other F Federal return filed? (1) • _ seport (2) • _ seport (3) • _ sch H (990) (4) X _ other 990 series G Is this a group filing? See instructions • _ Yes X _ No If "Yes," what is the parent's name? G Is this organization in a group exemption	D Final										
E Check accounting method: (1)								-		res 🔼	I NO
Federal return filed? (1) • separ (2) • separ (3) • sch H (990) (4) X Other 990 series G Is this a group filing? See instructions • Yes X No If "Yes," what is the parent's name? Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Gross sales or receipts from other sources. From Side 2, Part II, line 8 Part I Total gross receipts of filing requirement test. Add line 12 and line 12, subtract line 12 from line 12 Part I Total payments balance. If line 11 is more than line 12, subtract line 12 from line 12 Part I Complete Part I unless not be payl, Toescale than I reave examined this return, including accompanying schedules and statements, an										/ac X	No
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H Is this organization in a group exemption				filing? See instructions • Yes X No N Is the organization under audi	it by th	e IRS or	has th	he			
Part Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Complete Part unless not required to file this form. See General Information B and C. Cost or Cost or Cost or Cost or General Information B and C. Cost or General Information E and Information B and C. Cost of goods sold									• 🔲 ነ	res X	No
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	If "Ye	s," v	vhat i							res X	No
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8				Date filed with IRS							
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	David I		\	ate Dark Lunices and veguined to file this forms. One Consequine the Port O							
Receipts and Revenues Revenues Receipts and Revenues Reven	Parti					•	1	l	76	3 221	Поо
Receipts and Revenues A			· ·				_		70.	, , , ,	00
A Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B					МТ	1 •	_		2.33	4.596	
This line must be completed. If the result is less than \$50,000, see General Information B This line must be completed. If the result is less than \$50,000, see General Information B Cost of goods sold Cost or other basis, and sales expenses of assets sold Total costs. Add line 5 and line 6 Total gross income. Subtract line 7 from line 4 Total expenses and disbursements. From Side 2, Part II, line 18 Expenses This line must be completed. If the result is less than \$50,000, see General Information B Total gross sold Total costs. Add line 5 and line 6 Total gross income. Subtract line 7 from line 4 Total expenses and disbursements. From Side 2, Part II, line 18 Expenses Total expenses and disbursements. Subtract line 9 from line 8 Total payments Total expenses and disbursements. Subtract line 9 from line 8 Total expenses and disbursements. Subtract line 11 from line 8 Total expenses and disbursements. Subtract line 11 from line 12 Total payments Total expenses and disbursements. Subtract line 11 from line 12 Total payments Total expenses and disbursements. Subtract line 11 from line 12 Total payments Total expenses and disbursements. Subtract line 11 from line 11 Total payments Total expenses and disbursements. Total payments line 12 is more than line 12, subtract line 11 from line 12 Total expenses and disbursements. Total payments line 12 is more than line 11, subtract line 11 from line 12 Total expenses and expenses line for expense (other than expense payments, and to the best of my knowledge and belief, by the correct and complete for persent line payments is based on all information of which prepare has any knowledge.			4					_	,		- 100
Revenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 Filling Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 12 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 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 express that controlled the penalties of which preparer has any knowledge.		ts					4	3	3,09	7,817	7 00
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16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 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.	Filing Fee										00
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 taxpaver) is based on all information of which preparer has any knowledge.			::	Balance due. Add line 12 and line 15. Then subtract line 11 from the result		●	16				00
	C:an		it is t	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	, and to	the best o	f my kr lge.	nowledge a	nd belief,		
Here I Date I ● Telephone	Sign Here		0:	Title	Date						
Signature of officer ► TREASURER (831) 372-203			of off	TREASURER TREASURER					L) 3'	72-20	33
Check if			Prep				77		7251	2 2	
Preparer's signature 10/20/23 self-employed X P00735123 Poid Firm's FEIN	D. L.			•	self-em	ployed	· [X]			4.5	
Falu Firm's name		٠.						1		328	
Preparer's Use Only U	•		if sel	LOUIS B. IKIZZEEL, CIA						240	
and address SALINAS, CA 93902 831 424 3012	Joe Only			adding a				831	424	3012	2
May the FTB discuss this return with the preparer shown above? See instructions			May			• X	Yes				

THE BRIDGE RESTORATION MINISTRY

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

						•
	1 Gross sales or receipts from a				1	00
	2 Interest				2	2,494 ₀₀
	3 Dividends			•	3	00
Receipts					4	00
from	5 Gross royalties			•	5	00
Other	6 Gross amount received from s	sale of assets (See instructions)	CEE CTA		6	760,727 ₀₀
Sources	7 Other income	from other sources. Add line 1 th	arough line 7 Enter here and a	on Side 1 Part Lline 1	7 8	763,221 00
		nd similar amounts paid			9	1,069 00
	10 Disbursements to or for mem	ibers	<u></u>	•	10	00
	11 Compensation of officers, dire	ectors, and trustees	SEE STA	TEMENT 4 •	11	61,048 00
	12 Other salaries and wages			•	12	543,901 00
Expenses	13 Interest				13	317 00
and	14 Taxes				14	52,372 00
Disburse-	15 Rents				15	320,080 00
ments	16 Depreciation and depletion (S	See instructions)		•	16	35,454 ₀₀
	17 Other expenses and disburse	ments	SEE STA	TEMENT 5 •	17	634,172 ₀₀
	18 Total expenses and disburser	ments. Add line 9 through line 17	7. Enter here and on Side 1, Pa	art I, line 9	18	1,648,413 ₀₀
Schedu	ule L Balance Sheet	Beginning of	taxable year	End	of taxa	able year
Assets		(a)	(b)	(c)		(d)
1 Cash			892,051		-	• 911,370
2 Net ac	counts receivable		1 600		'	•
3 Net no	otes receivable STMT 6		1,600			• 34,771
	tories al and state government obligations					<u> </u>
	ments in other bonds					•
	ments in stock					•
	age loans					•
	investments					•
	preciable assets			1,020,8	30	
b Les	s accumulated depreciation					942,413
						• 635,161
12 Other	assets STMT 7		103,692			450,810
13 Total	assets		1,100,066			2,974,525
Liabilities	and net worth					
	ınts payable		9,031			• 38,839
	butions, gifts, or grants payable				-	•
	s and notes payable					•
1/ Mortg	ages payable liabilities STMT 8		67,252			<u>425,989</u>
18 Other	llabilities SIMI O		01,232			● 423,969
	Il stock or principal fund or capital surplus. Attach reconciliation					•
	ned earnings or income fund	•	1,023,783			• 2,509,697
	liabilities and net worth		1,100,066			2,974,525
	ule M-1 Reconciliation of incon	ne per books with income per ro hedule if the amount on Schedu	eturn			
1 Noting						
	come per books al income tax			is return. Attach schedule	,	•
	s of capital losses over capital gains		8 Deductions in this		·	
	ne not recorded on books this year.		against book inco			
	schedule	•	Attach schedule	·	9	• 1,739
	ses recorded on books this year not		9 Total. Add line 7 a			1,739
	ted in this return. Attach schedule		10 Net income per re			
	Add line 1 through line 5	1,451,		om line 6		1,449,404
	· · · · · · · · · · · · · · · · · · ·	* SEE	STATEMENT	· ·		·

3652224

CA 199	S'.	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ALFRED AND REGINA AMOROSO	P.O. BOX 63 GLEN BROOK, NV 89413		62,35	50.
TRUE ORGANIC PRODUCTS, INC	99 PACIFIC STREET, SUITE 155A MONTEREY, CA 93940		70,00	0.
SLAVE 2 NOTHING, INC	4199 CAMPUS DRIVE, SUITE 900 IRVINE, CA 92612		25,00	0.
FRANK AND SARA RAE DARABONT	8225 MANJARES MONTEREY, CA 93940		1,525,00	0.
YELLOW BRICK ROAD BENEFIT SHOP	26388 CARMEL RANCHO LN CARMEL, CA 93923		22,00	0.
CALVARY MONTEREY	3001 SALINAS HWY MONTEREY, CA 93940		14,52	20.
FRESH HARVEST	P.O. BOX 1547 HEBER, CA 92249		62,00	0.
DWIGHT AND ADRIENNE SHIMODA	7 VIA JOAQUIN, UNIT 10 MONTEREY, CA 93940-4535		24,15	50.
DIANE BOGART	235 WALCOTT WAY PACIFIC GROVE, CA 93950-2415		17,95	52.
TOTAL INCLUDED ON LINE 3			1,822,97	72.
CA 199	OTHER INCOME	S	PATEMENT	2
DESCRIPTION			AMOUNT	
OTHER EVENTS - NET PROGRAM FEES FROM PARTICI: SECOND CHANCE THRIFT STOR			81,88 77,64 601,20	13.
TOTAL TO FORM 199, PART I	I. LINE 7		760,72	 27.

CA 199	CASH CONTRIBUT	IONS, GIFTS, C R AMOUNTS PAII		STATEMENT 3	
ACTIVITY CLASSIFICAT	ION: BENEVOLENCE				
DONEES NAME	DONEES ADDRESS	DONEES ADDRESS RELATIONSHIP			
PROGRAM PARTICIPANTS	P.O. BOX 113 - PA GROVE, CA 93950	ACIFIC	PROGRAM PARTICIPANTS	1,069.	
	TOTAL FOR THIS AG	CTIVITY		1,069.	
TOTAL INCLUDED ON FOR	RM 199, PART II, L	INE 9		1,069.	
CA 199 COMPENSA	ATION OF OFFICERS,	DIRECTORS ANI	TRUSTEES	STATEMENT 4	
NAME AND ADDRESS		TITLE A		COMPENSATION	
MICHAEL CASEY P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	EXECUTIVE DIE 32.00	RECTOR	0.	
RICK BARNETT P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	CHAIRMAN 5.00		0.	
STEVE WOTHERSPOON P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	TREASURER 5.00		0.	
DONNA LACKEY P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	BOARD MEMBER 5.00		0.	
ALFRED AMOROSO P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	BOARD MEMBER 5.00		0.	
MARK ZEHM P. O. BOX 113 PACIFIC GROVE, CA 93	3950-0113	BOARD MEMBER 5.00		0.	

THE BRIDGE RESTORATION MINISTRY		**-***8084
LINDA VOGT P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	BOARD MEMBER 5.00	0.
ERNST VAN EEGHEN P. O. BOX 113 PACIFIC GROVE, CA 93950-0113	SECTETARY 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.
CA 199 OTHER	EXPENSES	STATEMENT 5
DESCRIPTION	AMOUNT	
STORE OPERATION COSTS TRANSPORTATION HOUSE FOOD AND SUPPLIES BANK AND CREDIT CARD FE OTHER EMPLOYEE BENEFITS ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		338,663. 42,971. 40,356. 39,156. 30,664. 12,071. 9,872. 9,900. 8,996. 1,614. 31,625. 68,284. 634,172.
CA 199 NET NOTE	S RECEIVABLE	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	1,600.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	0.	

CA 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
RIGHT OF USE ASSET OPERATING LEASE PROGRAM SCHOLARSHIP AND TRAINING FUNDS VAN FUNDS CAPITAL CAMPAIGN FUND DEPOSITS PREPAID INSURANCE	0. 6,634. 2,178. 58,440. 36,440.	363,448. 3,374. 2,178. 55,390. 14,745. 11,675.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	103,692.	450,810.
CA 199 OTHER LIABILITIES	S	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
KELSO EDUCATION SCHOLARSHIP FUND VAN FUND CULINARY TRAINING PROGRAM FUND CAPITAL CAMPAIGN FUND LEASE LIABILITY OPERATING LEASE	3,374. 2,178. 3,260. 58,440. 0.	3,374. 2,178. 0. 55,390. 365,047.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	67,252.	425,989.
CA 199 DEDUCTIONS IN THIS RETURN I AGAINST BOOK INCOME THE		STATEMENT 9
DESCRIPTION		AMOUNT
DEPRECIATION		1,739.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		1,739.

239281 12-22-22

CALIFORNIA FORM

Attach to Form 100 or Form 100W. FORM 199 FEIN Corporation name California corporation number 2940539 THE BRIDGE RESTORATION MINISTRY Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$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 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 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) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 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 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description of property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis allowable in earlier years rate first year depreciation method 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. 35,454 See instructions for line 14, column (h) 15 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) 35,454 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 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 1,739 amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Cost or Date acquired Amortization allowed or Period or Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 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

CA 388	85		DEPRE(CIATION			STATEM	ENT 10
	NO./ IPTION				METHOD		DEPRE- CIATION	BONUS
2	REFRIGERATO			4.50				
4	BUNK BEDS		569.				0.	
5	FORD E350 W		331. GREEN	288.	200DB	7.00	0.	
		01/01/10	1.	1.	200DB	5.00	0.	
	FORD WINDST	12/28/10	5,573.	5,161.	200DB	5.00	0.	
	LAPTOP AND	06/07/10	748.	686.	200DB	5.00	0.	
8	2022 FORD T		35,000.		SL	5.00	5,833.	
10	SECURITY SY	STEM CAMERA	=					
11	WASHER/DRYE	R	•	-				
12	TWIN MATTRE		1,487.	1,487.	SL	10.00	0.	
		08/03/12	222.	222.	SL	7.00	0.	
	STOVE		801.	747.	SL	10.00	54.	
14	SECURITY SY		.S 545.	545.	SL	7.00	0.	
15	BUNK BEDS		870.			10.00		
16	WASHER/DRYE	R						
17	CLOSETS	01/06/13	2,531.	2,531.	SL	7.00	0.	
1 8	BUNK BEDS	03/09/13	14,110.	12,464.	SL	10.00	1,411.	
			3,090.	3,090.	SL	7.00	0.	
19	MICROWAVE O		215.	215.	SL	7.00	0.	
300	FORD BOX VA		3,743.	3,743.		5.00	0.	
350	SC LEASEHOL	D IMPROVEME	NTS PG	•				
400	HAND TRUCKS	09/17/12 (DOLLEYS)	75,590.	17,927.		39.00	1,938.	
401	RACKS	09/17/12	1,182.	1,182.	SL	7.00	0.	
		09/17/12	390.	361.	SL	10.00	29.	
	DISPALY FIX	09/17/12	413.	379.	SL	10.00	31.	
403	BOOK SHELVE	s 09/17/12	541.	500.	SL	10.00	41.	
404	TELEPHONE S		1,000.	1,000.		7.00	0.	
		03/11/14	1,000.	Ι,000•	оп	7.00	0.	

THE	BRIDGE RESTORATION MINISTR	Y				**-***8084
405	ROUTER & OFFICE PACKAGE 09/17/12		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					
408	INDUSTRIAL FAX/PRINTER	487.				0.
409	TV AND VIDEO SETUP					
410	HIGHLAND PRODUCTS LOCKERS	1,149.	•			0.
411	09/17/12 COMPUTER		444.			31.
412	09/17/12 AUDIO EQUIPMENT					0.
413	09/17/12 LOREX SECUITY	806.	806.	SL	7.00	0.
	09/17/12 PRICING GUNS	549.	549.	SL	5.00	0.
	09/17/12 CARRY BASKETS	304.	304.	SL	7.00	0.
	09/17/12 HANGERS	517.	517.	SL	7.00	0.
	09/17/12		432.	SL	5.00	0.
	SCANNER/PRICERS AND ELECTR 09/17/12	557.	557.	SL	5.00	0.
	CLOTHING STORAGE CONTAINER 09/17/12		665.	SL	7.00	0.
	HANGERS/TAGING GUN 09/17/12	268.	268.	SL	5.00	0.
	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.		10.00	40.
424	LOCK AND KEYS 12/10/12	139.	139.		7.00	0.
427	EPSON EX5220 PROJECTOR 05/10/15	774.		200DB	7.00	8.
428	QUICKBOOKS					
429	03/10/15 QUICKBOOKS	198.	198.		3.00	0.
432	05/10/15 MS OFFICE	336.	336.		3.00	0.
433	08/10/15 POS SYSTEM - HARDWARE AND		152.		3.00	0.
434	08/05/15 APPLE IPAD AIR (3)	2,820.	2,820.	SL	5.00	0.
435	08/10/15 BINDO WIRELESS RECEIPT PRI	1,086. NTER	1,086.	SL	5.00	0.
-	10/09/15	218.	218.	SL	5.00	0.

	DIVIDOL NUDIONILITON III						0001
437	LEASEHOLD IMPROVEMENT		4 64 5		22.22		
420		30,411.		SL	39.00	650.	
438	LEASEHOLD IMPROVEMENT		1,775.	СТ	39.00	250	
130	02/01/16 LEASEHOLD IMPROVEMENT			ΣП	39.00	250.	
433		2,063.		ST.	39.00	44.	
440	SIGN	2,003.	313.	בט	33.00	44.	
		3,164.	1,870.	SL	10.00	264.	
441	ALARM	•	•				
	02/01/16	650.	550.	\mathtt{SL}	7.00	77.	
442	TELEPHONE SYSTEM						
		3,567.	3,567.	\mathtt{SL}	5.00	0.	
443	TELEPHONE SYSTEM						
		1,995.	1,710.	\mathtt{SL}	7.00	285.	
444	SECURITY SYSTEM CAMER		4 005	~-	F 00	600	
445	01/28/16	=	4,095.	SL	7.00	692.	
445	20FT STORAGE CONTAINE	2,975.	2 550	ат	7.00	405	
116	AUDIO EQUIPMENT	4,975.	4,550.	ъп	7.00	425.	
440	02/01/16	1,917.	1 621	QT.	7.00	274.	
447	WALL MOUNTED TV	1,011.	1,021.	ы	7.00	2/4•	
44 /		598.	503.	SL	7.00	85.	
448	IPAD AND STAND			~_			
	02/10/16	450.	450.	\mathtt{SL}	5.00	0.	
449	CASH REGISTER SYSTEM						
	02/01/16	4,549.	3,846.	\mathtt{SL}	7.00	650.	
450	SIGN WORKS TRUCK GRAP						
		2,235.	2,235.	\mathtt{SL}	5.00	0.	
451	WALL MOUNTED TV					_	
		1,296.	1,296.	\mathtt{SL}	5.00	0.	
452	WASHERS (3) & DRYER (0 0 0 0 0			•	
450		2,873.	2,873.	\mathtt{SL}	5.00	0.	
453	SAMSUNG OVEN	0.01	0.01	G.T.	Б 00	0	
1 = 1		891.		SL	5.00	0.	
454	LEASEHOLD IMPROVEMENT		. 4	SL	39.00	52.	
155	10/31/22 LAND - 225 CENTRAL AV	12,163.		ъп	39.00	54.	
455	01/05/22	635,161.		L		0.	
456	IMPROVEMENTS - 225 CE			п		0.	
4 50	01/05/22	866,047.		SL	39.00	22,206.	
	01/03/22			2-1			
TAL	TO FORM 3885	1,757,676.	107,414.			35,454.	

Date Accepted _____

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizations	
Exempt Organization name	Identifying number
THE BRIDGE RESTORATION MINISTRY	**-***8084
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 Electronic funds withdrawal 4a Amount 4b	Withdrawal date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information)	mation?)
5 Routing number	
6 Account number 7 Type of	of account: Checking Savings
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, boton line 4a.	x 4, I authorize an electronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the ir transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts of California electronic return. To the best of my knowledge and belief, the exempt organization's return is a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the predelayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the provider that the provider is the provider that the provider	In the corresponding lines of the exempt organization's 2022 of the exempt organization is filing by payment of the exempt organization's fee liability, the exempt exempt organization return and accompanying schedules and rocessing of the exempt organization's return or refund is
Sign Here Signature of officer Date TREAS	URER

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-E0 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-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 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-E0 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	Check if self-	red X	P00735123	
Must	Firm's name (or yours	LOUIS B.	FRIZZELL,	CPA				Firm's FE	IN **-***232	8
Sign	if self-employed) and address	P.O. BOX	1447							
		SALINAS,	CA					ZIP code	93902	
Under pei	nalties of perjury, I declare	that I have examined	the above organization	n's return	and accompanying	g schedules an	d statement	s, and to t	the best of my knowled	ge

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	Paid preparer's PTIN P00735123
Must	Firm's name (or yours	LOUIS B. FRIZZELL, CPA		Firm's FEIN **-***2328
Sign	if self-employed) and address	P.O. BOX 1447		
		SALINAS, CA		ZIP code 93902

FTB 8453-EO 2022

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

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

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.

DEPARTMENT OF JUSTICEPAGE 1 of 5

(For Registry Use Only)

THE BRIDGE RESTORATION Name of Organization List all DBAs and names the organization uses or has used	MINISTRY		ange of address ended report							
P. O. BOX 113 Address (Number and Street)	State Cha	arity Registration Number CT 611594								
PACIFIC GROVE, CA 9395	Corporation or Organization No. 2940539									
City or Town, State, and ZIP Code (831) 372-2033 TBRM_1 Telephone Number E-mail Address	INFO@YAHOO.COM	Federal E	imployer ID No. **-**8084							
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 Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75			Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million							
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 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										
				Yes	No					
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?										
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?										
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?										
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?										
5. During this reporting period, did the organization receive any governmental funding?										
6. During this reporting period, did the organization hold a raffle for charitable purposes?										
7. Does the organization conduct a vehicle donation program?										
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?										
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?										
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.										
	EVE WOTHERSPOON		TREASURER title Date							
Signature of Authorized Agent Prin	ieu name	- 1	Date Date							