

## NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

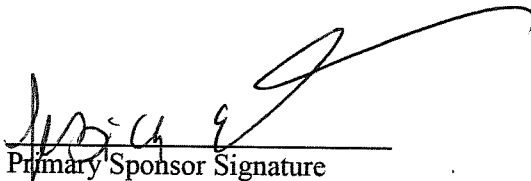
**Applicant/Program:** Bridging the Gap Learning Academy ,LLC  
**Applicant Requested Amount:** \$ 5,000.00  
**Appropriation Request Amount:**

### Executive Summary of Request

Bridging the gap is a learning program that began as a summer project and has involved to a year a round program to empower youth from low socio- economic and family circumstances to prepare them for future success in school providing the tutoring in math , science & reading during the summer as well as other fun activities to keep the kids stimulated during the summer break away from school . BTGLA also provides after school homework assistance for students at Maupins elementary in district 1 .

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>1</u> District #	 Primary Sponsor Signature	<u>\$ 2,500.00</u> Amount	<u>3/27/2017</u> Date
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### Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.  
 None

### Approved by:

\_\_\_\_\_  
 Appropriations Committee Chairman Date  
 Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

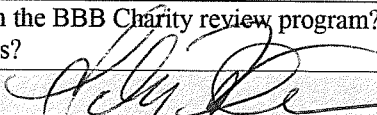
**Legal Name of Applicant Organization** Bridging the Gap Learning Academy LLC

**Program Name and Request Amount** Bridging the Gap Learning Academy LLC

**Yes/No/NA**

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> N/A
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No

Prepared by: **Charles Weathers**



Date: 3/27/2017

**Applicant/Program:**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: Bridging the Gap Learning Academy, LLC
(as listed on: http://www.sos.ky.gov/business/records)
Main Office Street & Mailing Address: 1368 So. 28th Street, Louisville, KY 40211
Website: www.bridgingthegapla.org
Applicant Contact: Nina Wilson Title: Executive Director
Phone: 502-387-5273 Email: ninawilson827@gmail.com
Financial Contact: Chinita Butler Title: Managing Coordinator
Phone: 502-776-3749 Email: c.calvarybaptist@mw.twcbc.com
Organization's Representative who attended NDF Training: Nina Wilson

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): 1368 So. 28th St., Louisville, KY 40211
Council District(s): One Zip Code(s): 40211

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Bridging the Gap Learning Academy, LLC
Total Request: (\$) 5000 Total Metro Award (this program) in previous year: (\$) -0-

- Purpose of Request (check all that apply):
[ ] Operating Funds (generally cannot exceed 33% of agency's total operating budget)
[ ] Programming/services/events for direct benefit to community or qualified individuals
[ ] Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- [ ] IRS Exempt Status Determination Letter
[ ] Current year projected budget
[ ] Current financial statement
[ ] Most recent IRS Form 990 or 1120-H
[ ] Articles of Incorporation (current & signed)
[ ] Cost estimates from proposed vendor if request is for capital expense
[ ] Signed lease if rent costs are being requested
[ ] IRS Form W9
[ ] Evaluation forms if used in the proposed program
[ ] Annual audit (if required by organization)
[ ] Faith Based Organization Certification Form, if applicable

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source: Amount: (\$)
Source: Amount: (\$)
Source: Amount: (\$)

Has the applicant contacted the BBB Charity Review for participation? [ ] Yes [ ] No
Has the applicant met the BBB Charity Review Standards? [ ] Yes [ ] No

Applicant's Initials NW

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

N/A

**D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:**

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

The Academy's mission is to offer children and teens a safe and structured place to maximize their full potential to become empowered, productive and responsible citizens in the community. Bridging the Gap Learning Academy is dedicated to improving the futures of children whose socio-economic and familial circumstances subject them to these dismal risks and diminish their prospects for success later in life.

Our mission is further to serve these families and to offer programming that will enhance their learning opportunities during school, after school and during the summer months and other out-of-school times by offering access to programs they are familiar with such as reading, math science and social skills, however we also seek to acquire resources to extend their access to technology resources such as hardware and software applications that will help bridge the learning gaps that tend to increase without the affordability and the access to these resources.

Initiatives: One of the key components is its educational programs. Students are afforded academic support through professional teachers, tutors, counselors, volunteers and alliances with the community and Jefferson County Public Schools.

Metrics: Our partnership with area schools allow us to track the academic progress of each child and to obtain metrics to identify areas of deficiency and help design custom plans of study for both academic and holistic programs.

Activities: Academics are our central focus, however we also plan supervised trips to college and university campuses, museums, city parks and public pools, cultural arts centers and other activities, including essay scholarships that extend the opportunity for learning.

We have utilized Metro Louisville's Foster Grandparent Program to form a natural bridge between the youth and the senior members from the community. The foster grandparents have a "ministry of presence" which helps maintain a congenial and disciplined atmosphere during structured programming times.

Our vision is to make a sustained impact on the community by addressing learning gaps for underserved, and at-risk children from low and moderate income households, however we do not target specific zip codes. We accept children from any zip codes provided they meet our criteria and they wish to join our program.

We divide the youth population into six age and related grade groups, 6-7 y/o Rockets, 8-9 y/o Engineers, 10-11 y/o Scientists, 12-13 y/o Executives, 14-16 y/o Jr. Leader Academy, The Producers - A mixed group of advanced and gifted youth of various ages who meet the criteria established for this group. This group focuses on the arts and music, digital technology, and basic theater concepts, however they also participate in the regular academic and recreational programming regime.

The A-TEAAM Louisville is a BTGLA in-school mentoring program based on a national initiative by the Medgar and Myrlie Evers Foundation and the Juanita Sims Doty Foundation in Jackson, Mississippi. Corporate sponsors provide mentors for middle-school aged males. Currently the A-TEAAM is completing its first session at Olmsted North Academy. We offer after school homework assistance for students at Maupins Elementary School.





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Samuel L. Whitlow, Jr.	N/A
Angela Allen	N/A
Darrell Aniton	N/A
Duane Lightfoot, Sr.	N/A
Violet Montgomery	N/A
Kevin Gibson	N/A
Larry Dowlet	N/A
Nina Wilson *Non-voting member	N/A

**Describe the Board term limit policy:**

At this time, our Board does not implement a term-limit policy

Three Highest Paid Staff Names	Annual Salary
Nina Wilson, Executive Director	\$17,000
Mary Smith , Teacher	\$ 8,400
Carolyn Belmar, Program Manager	\$ 4,000



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Bridging the Gap Learning Academy, LLC began as a summer learning program, and is currently extending its services year-round. Bridging the Gap Learning Academy is located in the Parkland area in Jefferson County, in District 1.

BTGLA primarily serves the African-American population and the percentage of low-to-moderate income individuals who live in the vicinity of our District is greater than 51%. We are located in one Louisville's toughest neighborhoods which is characterized by high levels of economic distress, low levels of educational attainment and poor health outcomes for both children and adults.

A study conducted by the Kids Count Data Center indicates that of 16,000 families in Louisville, 72% of elementary-school aged children (ages 6 to 12) reside with parents who are in the labor force and only earn at or below \$38,000.

Additional material is attached to this document as indicated above, e.g. flyers, planning minutes, designs, etc.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Program expenses provided by this funding source are proposed as listed:

Field Trip Admissions and related costs

T-Shirts - Every year, we provide t-shirts to establish a unified community within the program participants during field trips and on selected special occasions.

Fuel, Parking, Transportation related expenses

Program materials - (1) Presentation Projector, Smart Board - a digital whiteboard with touchscreen capabilities to increase learning and to enhance engagement.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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N/A

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## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

Measurable outcomes include and are proven to keep kids safe, improve academic performance overall, and it helps working families. The Jr. Leader program gives students the academic, social and career-ready skills they need to succeed. Students who attend our array of in and out-of-school programs (ost) have better grades and better conduct and behavior when they return to school; they exhibit better peer relations and incidences of petty menaces are reduced.

Research provided by the Department of Community Services and Revitalization found youth who participate in quality, structured OST programs are more likely to graduate from high school and less likely to get involved in risky behaviors (identified as crime, violence, drugs and other substances, etc.) OST programs provide youth with the skills and education to be self-reliant, healthy, engaged and economically thriving.

Bridging the Gap utilizes internal surveys, observation methods and assessment data provided by JCPS through its CASCADE data assessment program to determine the measurable outcomes described above.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

Center for Non-profit Excellence - Provides Board management resources and connections to free resources such as computer equipment, office furniture, office supplies, and other tangible and viable assets for program use.

Louisville Metro Department of Community Services & Revitalization - CAP Summer Food Program - Provides nutritional services during the summer months for up to 75 participants.

Louisville Metro Foster Grandparent Program - Foster Grandparents have been an integral part of Bridging the Gap for several years. They are trained to help the Counselors and Teachers to implement their tracks in reading, to provide one-on-one tutoring as needed and help in mild disciplinary tactics where that component is needed.

TARC - Provides transportation to various community locations identified by the Program Manager as program field trips.

JCPS - Partners with Bridging the Gap in the A-TEAAM program - A national mentoring initiative for middle school-aged boys; also provides metrics for tracking attendance, academic status through CASCADE; partnership with lower grades in after school homework assistance.





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	46750	46750
B: Rent/Utilities	0	200	200
C: Office Supplies	0	2975	2975
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	200	200
H: Program Materials	1600	2500	4100
I: Community Events & Festivals (See Detailed List on Page 8)	1000	535	1535
J: Machinery & Equipment	0	580	580
K: Capital Project	0	1280	1280
L: Other Expenses (See Detailed List on Page 8)	2400	6730	9130
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5000	61750	66750
%	%	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	Private Contributions
Fees Collected from Program Participants	Parent Fees
Other (please specify)	Individual Donors
Total = Review for Column 2 Expenses **	

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
(Other Expenses fr Pg 7)			
Snacks	600	600	1200
Gym rental	1000	1025	2025
T-shirts	300	300	600
Miscellaneous transportation and related fees for field trips	250	350	600
(Festival) Talent Show, Science & Health Fair, Fundraising Expenses	250	4455	4705
<b>Total</b>	2400	6730	9130



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
r Contribution fr Lou Metro Foster Grandparent	Unknown	Stipend
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>		

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** 2/18/2015

**Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?** NO  YES

**If YES, please explain:**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

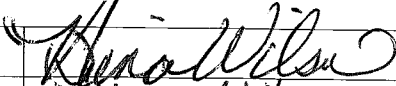
#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: 		Date: 3/16/2017
Legal Signatory: (please print): NINA WILSON		Title: EXECUTIVE DIRECTOR
Phone: (502) 387-5273 (502) 384-5123	Extension:	Email: NINAWILSON827@gmail.com

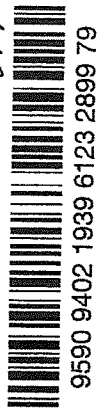




**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*FRS*  
*P.O. Box 192*  
*Covington, KY 41012-0192*



2. Article Number (Transfer from service label)  
**7016 1970 0000 1252 3334**  
 PS Form 3811, July 2015 PSN 7560-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below

**RECEIVED**  
**FEB 03 2017**

Service Type

Adult Signature Restricted Delivery  
 Certified Mail®  
 Collect on Delivery Restricted Delivery  
 Signature Confirmation™ Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™ Restricted Delivery

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

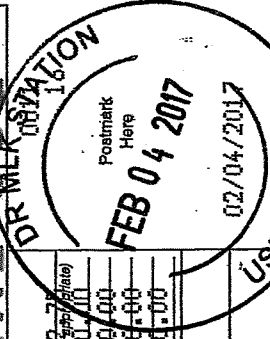
**COVINGTON, KY 41012**  
**DR MEX ALI USE**

Certified Mail Fee \$3.35  
 Extra Services & Fees (check box, add fee \$ apply rate)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.91  
 Total Postage and Fees \$7.01

Sent To *FRS*  
 Street and Apt. No., or PO Box No. *P.O. Box 192*  
 City, State, ZIP+4® *Covington, KY 41012-0192*

PS Form 3800, April 2015 PSN 7502-000-9047 See Reverse for Instructions



DR MARTIN LUTHER KING JR  
 2727 W BROADWAY  
 LOUISVILLE  
 KY  
 40211-9998  
 2048020011  
 (800)275-8777 10:09 AM

Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (COVINGTON, KY 41012) (Weight: 0 Lb 2.60 Oz) (Expected Delivery Day) (Monday 02/06/2017)	1	\$0.91
Certified (®)USPS Certified Mail # (70161970000012523334)	1	\$3.35
Return Receipt (®)USPS Return Receipt # (9590940219396123289979)	1	\$2.75
Postage (Affixed Amount: \$1.96)		
<b>Total</b>		<b>\$5.05</b>
Credit Card Remitd (Card Name: MasterCard) (Account #: XXXXXXXXXX1265) (Approval #: 886631) (Transaction #: 229)		\$5.05

\*\*\*\*\*  
 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.  
 \*\*\*\*\*  
 Text your tracking number to 28777 (2USPS) to get the latest status.



**User Fee for Exempt Organization  
 Determination Letter Request**  
 ▶ Attach this form to determination letter application.  
 (Form 8718 is NOT a determination letter application.)

For IRS Use Only	OMB No. 1545-1798
	Control number _____
	Amount paid _____
	User fee screener _____

1 Name of organization	2 Employer Identification Number
------------------------	----------------------------------

**Caution.** Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

**3 Type of request**

<b>a</b>	<input checked="" type="checkbox"/>	Initial request for a determination letter for:		<b>Fee</b>
		<ul style="list-style-type: none"> <li>• An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years or</li> <li>• A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶</li> </ul>		<b>\$400</b>
		<b>Note.</b> If you checked box 3a, you must complete the <i>Certification</i> below.		

**Certification**

I certify that the annual gross receipts of Bridging the Gap Learning Academy, LLC  
name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_

**b**  Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years ▶ **\$850**

**c**  Group exemption letters . . . . . ▶ **\$3,000**

**Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2015-8, 2015-1 I.R.B. 235, or latest annual update.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

**Where To File**

Send the determination letter application and Form 8718 to:

Internal Revenue Service  
 P.O. Box 12192  
 Covington, KY 41012-0192

**Who Should File**

Organizations applying for federal income tax exemption, other than filers of Form 1023, Application for Recognition of Exemption Under Section 501(c)(3), or Form 1023-EZ (filed only electronically), should file Form 8718.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt status.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where To File*, above.





**Application for Recognition of Exemption  
 Under Section 501(c)(3) of the Internal Revenue Code**

(00) OMB No. 1545-0056

*Note: If exempt status is approved, this application will be open for public inspection.*

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your <b>organizing document</b> )		<b>2</b> c/o Name (if applicable)	
Bridging the Gap Learning Academy, LLC			
<b>3</b> Mailing address (Number and street) (see instructions)		Room/Suite	<b>4</b> Employer Identification Number (EIN)
1368 So. 28th St.			47-3322565
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
Louisville, KY 40214		10	
<b>6</b> Primary contact (officer, director, trustee, or <b>authorized representative</b> )		<b>b</b> Phone: (502) 387-5273	
a Name: Nina L. Wilson		<b>c</b> Fax: (optional)	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>9a</b> Organization's website: <a href="http://www.bridgingthegapla.org">www.bridgingthegapla.org</a>			
<b>b</b> Organization's email: (optional) <a href="mailto:bridgingthegapla@gmail.com">bridgingthegapla@gmail.com</a>			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation: (MM/DD/YYYY)		2 / 18 /	2015
<b>12</b> Were you formed under the laws of a <b>foreign country</b> ? If "Yes," state the country.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1** Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  Yes  No
- 2** Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  Yes  No
- 3** Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  Yes  No
- 4a** Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  Yes  No
- b** Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  Yes  No
- 5** Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  Yes  No

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1** Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Already provided this docume
- 2a** Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b** If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. We already submitted this documentaion to the IRS
- 2c** See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a** List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Nina Wilson	Executive Director	1368 So. 28th St Louisville, KY 40211	17,000
TBD (Rotating, New each year)	Counselors (2)	1368 So. 28th St Louisville, KY 40211	7,000
TBD (Rotating, New each year)	Counselors (2)	1368 So. 28th St Louisville, KY 40211	7,000
Carolyn Belmar	Program Manager	1368 So. 28th St Louisville, KY 40211	4,000
Mary Smith	Teacher	1368 So. 28th St Louisville, KY 40211	8,400





**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

**c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Listed in Part V Above			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship.  Yes  No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  Yes  No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  Yes  No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  Yes  No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
  - a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No
  - b** Do you or will you approve compensation arrangements in advance of paying compensation?  Yes  No
  - c** Do you or will you document in writing the date and terms of approved compensation arrangements?  Yes  No



**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source?  Yes  No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
- 
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.  Yes  No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
- 
- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- 
- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases.  Yes  No
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  Yes  No
- 
- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  Yes  No
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
- 
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  Yes  No



**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.  Yes  No *(Already provided this)*
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.  Yes  No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  Yes  No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.  Yes  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.



**Part VIII Your Specific Activities (Continued)**

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.)  **Yes**  **No**
- |   |  |
|---|--|
| <input type="checkbox"/> mail solicitations                         | <input type="checkbox"/> phone solicitations                                   |
| <input type="checkbox"/> email solicitations                        | <input checked="" type="checkbox"/> accept donations on your website           |
| <input type="checkbox"/> personal solicitations                     | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input type="checkbox"/> government grant solicitations                        |
| <input checked="" type="checkbox"/> foundation grant solicitations  | <input checked="" type="checkbox"/> Other                                      |

Attach a description of each fundraising program.

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.  **Yes**  **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.  **Yes**  **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.  **Yes**  **No**

**5** Are you **affiliated** with a governmental unit? If "Yes," explain.  **Yes**  **No**

**6a** Do you or will you engage in **economic development**? If "Yes," describe your program.  **Yes**  **No**

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  **Yes**  **No**

**b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.  **Yes**  **No**

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  **Yes**  **No**

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.  **Yes**  **No**

**b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.  **Yes**  **No**





**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  Yes  No
- 
- 12a** Do you or will you operate in a **foreign country or countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  Yes  No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  Yes  No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  Yes  No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form.  Yes  No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.  Yes  No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  Yes  No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  Yes  No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  Yes  No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  Yes  No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  Yes  No



**Part VIII Your Specific Activities (Continued)**

- 15 Do you have a **close connection** with any organizations? If "Yes," explain.  Yes  No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain.  Yes  No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain.  Yes  No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain.  Yes  No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  Yes  No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C.  Yes  No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F.  Yes  No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  Yes  No

**Note:** Private foundations may use Schedule H to request advance approval of individual grant procedures.



**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From <u>11/01/16</u> To <u>03/01/17</u>	(b) From <u>11/01/15</u> To <u>10/31/16</u>	(c) From <u>11/01/14</u> To <u>10/31/15</u>	(d) From..... To .....	
<b>Revenues</b>	<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)	10,740.00	30727	466		
	<b>2</b> Membership fees received	0	29009	34271		
	<b>3</b> Gross investment income	0	0	0		
	<b>4</b> Net unrelated business income	0	134	0		
	<b>5</b> Taxes levied for your benefit	0	0	0		
	<b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		
	<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	2		
	<b>8</b> Total of lines 1 through 7	10,740.00	59870	34737		
	<b>9</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	2500	2395	0		
	<b>10</b> Total of lines 8 and 9	13000	62265	34737		
	<b>11</b> Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		
	<b>12</b> Unusual grants	0	0	0		
	<b>13</b> Total Revenue Add lines 10 through 12	3000	62265	34737		
<b>Expenses</b>	<b>14</b> Fundraising expenses	2792	1950	1349		
	<b>15</b> Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
	<b>16</b> Disbursements to or for the benefit of members (attach an itemized list)	0				
	<b>17</b> Compensation of officers, directors, and trustees	750	6000	17613		
	<b>18</b> Other salaries and wages	0	38003	0		
	<b>19</b> Interest expense	0	0	0		
	<b>20</b> Occupancy (rent, utilities, etc.)	0	180	180		
	<b>21</b> Depreciation and depletion	0	0	0		
	<b>22</b> Professional fees	226		1951		
	<b>23</b> Any expense not otherwise classified, such as program services (attach itemized list)	0	22388	15166		
	<b>24</b> Total Expenses Add lines 14 through 23	3768	66571	36259		



**Part IX Financial Data (Continued)**

**B. Balance Sheet (for your most recently completed tax year)**

Year End: **2016**

<b>Assets</b>		(Whole dollars)
<b>1</b>	Cash . . . . .	<b>1</b> 62265
<b>2</b>	Accounts receivable, net . . . . .	<b>2</b>
<b>3</b>	Inventories . . . . .	<b>3</b>
<b>4</b>	Bonds and notes receivable (attach an itemized list) . . . . .	<b>4</b>
<b>5</b>	Corporate stocks (attach an itemized list) . . . . .	<b>5</b>
<b>6</b>	Loans receivable (attach an itemized list) . . . . .	<b>6</b>
<b>7</b>	Other investments (attach an itemized list) . . . . .	<b>7</b>
<b>8</b>	Depreciable and depletable assets (attach an itemized list) . . . . .	<b>8</b>
<b>9</b>	Land . . . . .	<b>9</b>
<b>10</b>	Other assets (attach an itemized list) . . . . .	<b>10</b> (See List)
<b>11</b>	<b>Total Assets (add lines 1 through 10)</b> . . . . .	<b>11</b> 62265
<b>Liabilities</b>		
<b>12</b>	Accounts payable . . . . .	<b>12</b>
<b>13</b>	Contributions, gifts, grants, etc. payable . . . . .	<b>13</b>
<b>14</b>	Mortgages and notes payable (attach an itemized list) . . . . .	<b>14</b>
<b>15</b>	Other liabilities (attach an itemized list) . . . . .	<b>15</b> 66571
<b>16</b>	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	<b>16</b> 66571
<b>Fund Balances or Net Assets</b>		
<b>17</b>	<b>Total fund balances or net assets</b> . . . . .	<b>17</b>
<b>18</b>	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	<b>18</b> 66571
<b>19</b>	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.  Yes  No
- b** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2** Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.  Yes  No
- 3** Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.  Yes  No
- 4** Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?  Yes  No
- 5** If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
- The organization is not a private foundation because it is:
- a** 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
  - b** 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
  - c** 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
  - d** 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.





**Part X Public Charity Status (Continued)**


- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

**6** If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

**a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization

  
(Signature of Officer, Director, Trustee, or other authorized official)

*NINA WILSON*  
(Type or print name of signer)

*3/16/2017*  
(Date)

\_\_\_\_\_  
(Type or print title or authority of signer)

For IRS Use Only

\_\_\_\_\_  
IRS Director, Exempt Organizations

\_\_\_\_\_  
(Date)

**b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).

- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

**7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No



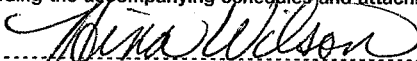
**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes  No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here

  
(Signature of Officer, Director, Trustee, or other authorized official)

NINA WILSON  
(Type or print name of signer)

3/10/2017  
(Date)

EXECUTIVE Director  
(Type or print title or authority of signer)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.



**Schedule G. Successors to Other Organizations**

**1a** Are you a **successor** to a **for-profit organization**? If "Yes," explain the relationship with the **predecessor** organization that resulted in your creation and complete line 1b.  Yes  No

**b** Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

**2a** Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation.  Yes  No

**b** Provide the tax status of the predecessor organization.

**c** Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved.  Yes  No

**d** Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption.  Yes  No

**e** Explain why you took over the activities or assets of another organization.

**3** Provide the name, last address, and EIN of the predecessor organization and describe its activities.

**Name:** Calvary Baptist Church Inc.

**EIN:** 61-1048226

**Address:** 1368 So. 28th Street; Louisville, KY 40211

**4** List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Name	Address	Share/Interest (if a for-profit)
Samuel L. Whitlow, Jr.	1368 So. 28th Street Louisville, KY 40211	

**5** Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest.  Yes  No

**6a** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof.  Yes  No

**b** Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions.  Yes  No

**c** Provide a copy of the agreement(s) of sale or transfer.

**7** Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed.  Yes  No

**8** Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined.  Yes  No

**9** Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined.  Yes  No



March 10, 2017

Bridging the Gap Learning Academy – 47-3322565  
1368 So. 28<sup>th</sup> Street  
Louisville, KY 40211

Form 1023 Package  
**EXPEDITE REQUEST**

Name of Grant organization – Louisville Metro Government Neighborhood Development Fund

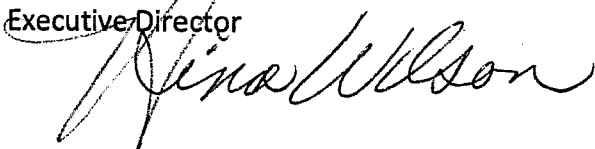
Amount of Grant - \$5,000

Date grant will be submitted – End of March, 2017

Impact the grant will have on the organization if not received – This grant requires sponsorship with your district councilperson, who has already committed to sponsor us for the amount request. If not received, the impact it will have on the organization will result in a shortage of resources to purchase items available in order to conduct our day to day activities at the start of our 2017 program as well as in the operational areas such as our office and program supplies, transportation, and wage and salaries for our teachers and counselors to begin work.

A delay in submitting this grant will have a significant adverse impact on the start and sustainability of the program if it is not submitted within the required timeframe.

Nina Wilson  
Executive Director

A handwritten signature in black ink that reads "Nina Wilson". The signature is written in a cursive style and is positioned below the typed name and title.





**2017 PROJECTED BUDGET (MARCH - SEPTEMBER 2017)**

STAFF	# Needed	Hourly	Daily Total	Days/wk	Weekly Total	Total	NOTES
Instructors	4	\$ 21.00	\$ 84.00	3	\$ 252.00	\$ 2,016.00	
Counselors (8 hours)	4	\$ 14.50	\$ 58.00	5	\$ 290.00		\$580.00 per week per Counselor
Camp Coordinator	1	\$ 15.00	\$ 120.00	5	\$ 600.00	\$ 5,400.00	(9 Weeks)
Camp Program Manager	1	\$ 15.00	\$ 120.00	5	\$ 600.00	\$ 5,400.00	(9 Weeks)
Jr Leadership Academy Coord	1	\$ 15.00	\$ 120.00	5	\$ 600.00	\$ 5,400.00	(9 Weeks)
Executive Dir	1		\$ -	5	\$ -	\$ 26,250.00	based on \$45,000/yr
Intern (Exe Dir)	1					\$ 500.00	Stipend
Custodian	1	\$ 10.00	\$ 80.00	5	\$ 400.00	\$ 3,600.00	
<b>TOTAL STAFFING COSTS</b>	<b>14</b>		<b>\$ 582.00</b>		<b>\$ 2,742.00</b>	<b>\$ 50,928.00</b>	\$ 50,928.00
<b>TRANSPORTATION</b>							
Wednesday & Friday Transportation (School buses - 2 stops - 9 weeks)					\$ 164.00	\$ 2,952.00	
Jr Leadership Academy Van Driver	1					\$ 200.00	(5) 4/hr Trips @ \$10/hr
Incidentals						\$ 300.00	
Selma Alabama Civil Rights Tour						\$ 5,000.00	
Final Trip Transportation						\$ 1,370.00	
<b>TOTAL TRANSPORTATION COSTS</b>						<b>\$ 9,822.00</b>	\$ 9,822.00
<b>TRIP ADMISSIONS</b>							
Jr Leadership Academy Vision Trips	5				\$ 15.00	\$ 750.00	5 Trips x \$15 per person
Field Trip Admissions (78)					\$ 15.00	\$ 10,530.00	
Lodging for Overnight Trip						\$ 5,000.00	
Swimming Admissions (50 - Mary T. Meagher Aquatic Center)					\$ 2.00	\$ 900.00	
<b>TOTAL TRIP ADMISSIONS</b>						<b>\$ 17,180.00</b>	\$ 17,180.00
<b>ADMINISTRATION/OPERATIONS</b>							
<b>Class Equipment &amp; Facilitators</b>							
Computer Lab	10					\$ 24,000.00	Desktops, Monitors, Printers, Peripherals
Nutrition Class						\$ 3,500.00	
Jr. Leader Mentor Program (Mentors/Wkshp Facilitators)							
<b>Supplies</b>							
T-Shirts (Campers & Staff - 50 campers, 6 Jr Leaders, 8 Grannies, 16 Staff, teachers, others - Approx 80 (130) total) *Quantity for resale - 50; Staff polo shirts	80					\$ 1,300.00	
Arts & Crafts Supplies						\$ 1,050.00	
Games, prizes, awards						\$ 750.00	
Utilities (LGE, Water) portion of 45 days						\$ 2,300.00	
Fees: Educational, Licenses, Permits, Training, Memberships, Office Supplies (includes Books, Maintenance, Ink, Paper, Stamps, Copies, flash drives)						\$ 1,270.00	
Insurance						\$ -	Rider
<b>ADMINISTRATION/OPERATIONS</b>						<b>\$ 34,170.00</b>	\$ 34,170.00
<b>TOTAL</b>						<b>\$ 122,900.00</b>	\$ 122,900.00
<b>Operational Revenue +</b>						\$ 67,900.00	
<b>Total 2017 Projected Budget</b>						<b>\$ 55,000.00</b>	\$ 55,000.00



**STATE OF CASH RECEIPTS AND DISBURSEMENTS  
BRIDGING THE GAP LEARNING ACADEMY  
FOR THE FISCAL YEAR NOVEMBER 1, 2015 THROUGH OCTOBER 31, 2016**

Cash balance, November 1, 2015

BTGLA Inc. ( <i>Operating Fund</i> ) 7217	\$ 2,633.58
Greater Calvary Inc. ( <i>BTGLA/Scholarship Transfer Fund</i> ) 6806	\$ 4,000.00
BTGLA Scholarship Fund ( <i>Opened New October 2016</i> ) 0420	\$ -

**RECEIPTS**

BTGLA Inc. ( <i>Operating Fund</i> ) 7217	\$62,265.09	
Greater Calvary Inc. ( <i>BTGLA/Scholarship Transfer Fund</i> ) 6806	\$ -	
BTGLA Scholarship Fund ( <i>Opened New October 2016</i> ) 0420	\$ -	
Total Receipts	\$62,265.09	
Total cash available		\$ 68,898.67

**DISBURSEMENTS**

Contract labor	\$46,748.00
Field trips	\$ 1,966.00
T-Shirts	\$ 604.80
Food/nutrition	\$ 1,024.93
Supplies	\$ 3,174.24
Transportation & Maintenance	\$ 1,735.00
Rental, Parking, Utilities	\$ 680.00
Business Expenses	\$ 8,528.72
Fund Raising Expenses	\$ 1,950.19
Bank charges & checks	\$ 159.28
Total disbursements	\$66,571.16

Cash Balance on October 31, 2016 \$ 2,327.51

Bank Balances on October 31, 2016

BTGLA Inc. ( <i>Operating Fund</i> ) 7217	\$ 827.51
Greater Calvary Inc. ( <i>BTGLA/Scholarship Transfer Fund</i> ) 6806	\$ 500.00
BTGLA Scholarship Fund ( <i>Opened New October 2016</i> ) 0420	\$ 1,000.00
	<u>\$ 2,327.51</u>



Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

OMB No. 1545-1150

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning Nov 1, 2015, and ending Oct 31, 2016

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

**C** Name of organization  
Bridging the Gap Learning Academy, LLC  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
1368 South 28th Street  
 City or town, state or province, country, and ZIP or foreign postal code  
Louisville KY 40211

**D** Employer identification number  
47-3322568

**E** Telephone number  
(502) 776-3749

**F** Group Exemption Number . . . . . ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1)  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 62,265.

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part . . . . . <input checked="" type="checkbox"/>	
<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>U</b> <b>E</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	62,265.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule O if greater than \$15,000) . . . . . <b>6a</b>		
<b>b</b> Gross income from fundraising events (not including . . . . . of contributions from fundraising events reported on line 1) (attach Schedule O if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>			
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>			
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>			
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	62,265.	
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses	<b>16</b>	66,571.
	<b>17</b> Total expenses. Add lines 10 through 16 . . . . . ▶	<b>17</b>	66,571.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-4,306.	
<b>A</b> <b>S</b> <b>N</b> <b>E</b> <b>T</b> <b>T</b> <b>S</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	6,634.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	2,328.



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,634.	22 2,328.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	6,634.	25 2,328.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,634.	27 2,328.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educational and recreational activities  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>To provide a structural environment for youth to engage in educational and recreational activities</u>		
(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	62,265.
29 -----		
(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 -----		
(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	62,265.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None		0.	0.	0.
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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

**33** Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O  **Yes**  **No**

**34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  **Yes**  **No**

**35 a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  **Yes**  **No**

**b** If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O  **Yes**  **No**

**35 b**  **Yes**  **No**

**35 c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III  **Yes**  **No**

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N  **Yes**  **No**

**37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions  **37 a**  **Yes**  **No**

**b** Did the organization file Form 1120-POL for this year?  **Yes**  **No**

**37 b**  **Yes**  **No**

**38 a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  **Yes**  **No**

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved  **38 b**  **Yes**  **No**

**39** Section 501(c)(7) organizations. Enter:

**a** Initiation fees and capital contributions included on line 9  **39 a**  **Yes**  **No**

**b** Gross receipts, included on line 9, for public use of club facilities  **39 b**  **Yes**  **No**

**40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955

**b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  **Yes**  **No**

**40 b**  **Yes**  **No**

**c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

**d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886  **Yes**  **No**

**40 e**  **Yes**  **No**

**41** List the states with which a copy of this return is filed

**42 a** The organization's books are in care of  Telephone no.   
 Located at   KY ZIP + 4

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  **Yes**  **No**  
 If 'Yes,' enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

**c** At any time during the calendar year, did the organization maintain an office outside the U.S.?  **Yes**  **No**  
 If 'Yes,' enter the name of the foreign country:

**42 b**  **Yes**  **No**

**42 c**  **Yes**  **No**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  **43**  **Yes**  **No**

**44 a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  **Yes**  **No**

**44 a**  **Yes**  **No**

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  **Yes**  **No**

**44 b**  **Yes**  **No**

**c** Did the organization receive any payments for indoor tanning services during the year?  **Yes**  **No**

**44 c**  **Yes**  **No**

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  **Yes**  **No**  
 If 'No,' provide an explanation in Schedule O

**44 d**  **Yes**  **No**

**45 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  **Yes**  **No**

**45 a**  **Yes**  **No**

**b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  **Yes**  **No**

**45 b**  **Yes**  **No**



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Yes No  
46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Yes No  
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49 a

b If 'Yes,' was the related organization a section 527 organization? Yes No  
49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2, 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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. My declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Print/Type preparer's name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: Norris Christian  
 Preparer's signature: Norris Christian  
 Date: 02/24/17  
 Check  if self-employed PTIN: P01207292  
 Firm's name: Christian Tax Service LLC  
 Firm's address: 1106 Windosong Way  
Louisville KY 40207  
 Firm's EIN: 45-3996444  
 Phone no.: (502) 896-4129

May the IRS discuss this return with the preparer shown above? See instructions Yes No



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

Name of the organization: **Bridging the Gap Learning Academy, LLC** Employer identification number: **47-3322568**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test — 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>33-1/3% support test — 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test — 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test — 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7 a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> Add lines 9, 10c, 11, and 12						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

**19 a 33-1/3% support tests – 2015.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests – 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain . . . . .		
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ) . . . . .		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) . . . . .		
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 1946 (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 in 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 in 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 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.) . . . . .		



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year . . . . .	1	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization . . . . .	2	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) . . . . .	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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	
<b>2</b> 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	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard . . . . .	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities . . . . .	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement . . . . .	2b	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . . . . .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard . . . . .	3b	



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

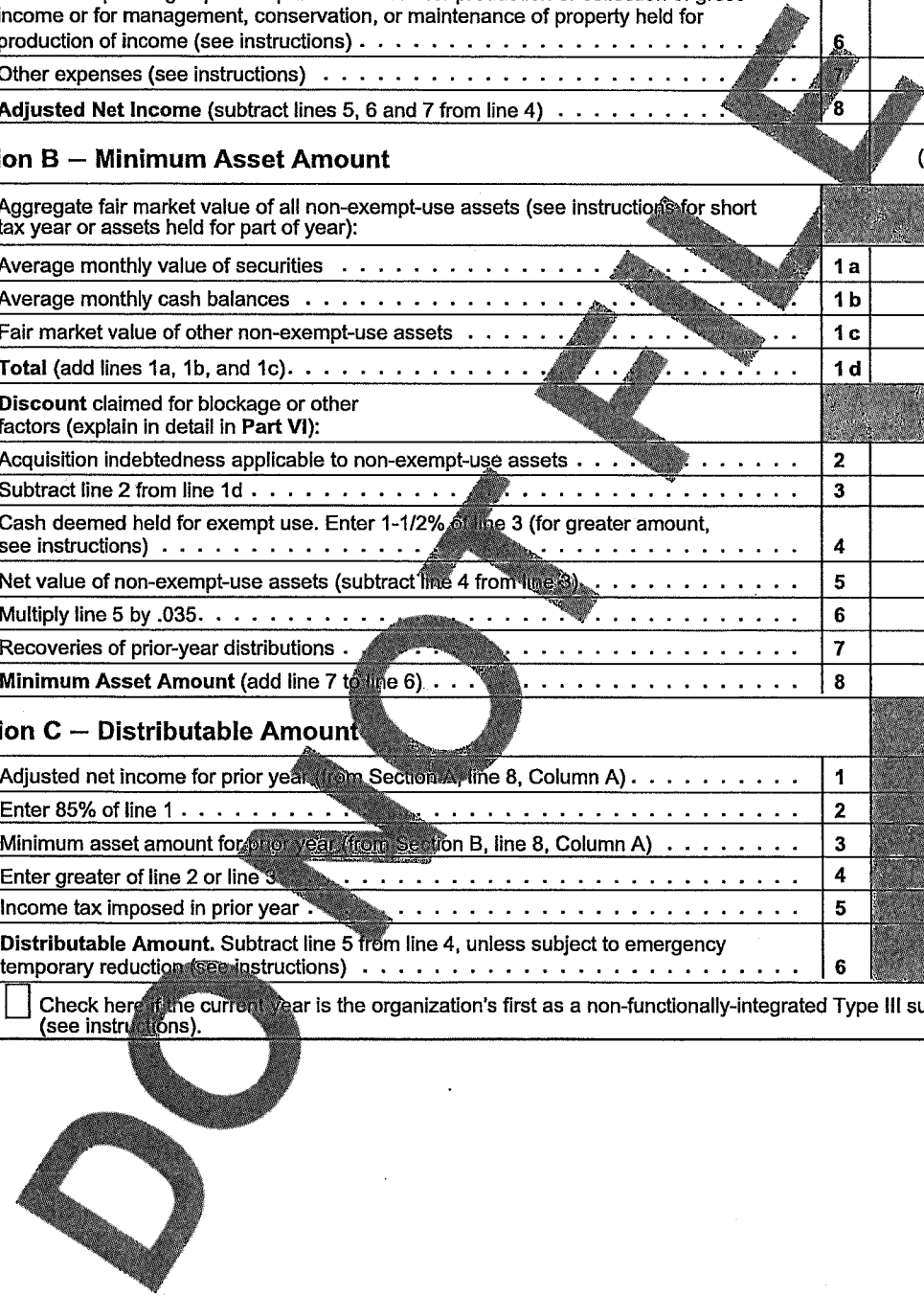
1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities . . . . .	1 a	
b	Average monthly cash balances . . . . .	1 b	
c	Fair market value of other non-exempt-use assets . . . . .	1 c	
d	<b>Total</b> (add lines 1a, 1b, and 1c). . . . .	1 d	
e	<b>Discount</b> 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 1-1/2% of line 3 (for greater amount, see instructions) . . . . .	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . .	5	
6	Multiply line 5 by .035. . . . .	6	
7	Recoveries of prior-year distributions . . . . .	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .	8	

Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A) . . . . .	1	
2	Enter 85% of line 1 . . . . .	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . .	3	
4	Enter greater of line 2 or line 3 . . . . .	4	
5	Income tax imposed in prior year . . . . .	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . .	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).







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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .	
4 Amounts paid to acquire exempt-use assets . . . . .	
5 Qualified set-aside amounts (prior IRS approval required). . . . .	
6 Other distributions (describe in Part VI). See instructions . . . . .	
7 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. . . . .	
9 Distributable amount for 2015 from Section C, line 6 . . . . .	
10 Line 8 amount divided by Line 9 amount . . . . .	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6 . . . . .			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) . . . . .			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e . . . . .			
g Applied to underdistributions of prior years . . . . .			
h Applied to 2015 distributable amount . . . . .			
i Carryover from 2010 not applied (see instructions) . . . . .			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years . . . . .			
b Applied to 2015 distributable amount . . . . .			
c Remainder. Subtract lines 4a and 4b from 4 . . . . .			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2j (if amount greater than zero, see instructions) . . . . .			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c . . . . .			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

BAA



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

**DO NOT FILE**



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Employer identification number

Bridging the Gap Learning Academy, LLC

47-3322568

**DO NOT FILE**



**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2015**

**Part I – Identifying Information**

Employer Identification Number . 47-3322568

Name . . . . . Bridging the Gap Learning Academy, LLC

Doing Business As . . . . . Bridging The Gap Learning Academy, LLC

Address . . . . . 1368 South 28th Street Room/Suite . \_\_\_\_\_

City . . . . . Louisville State . KY ZIP Code . . 40211

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number . . . . . (502) 776-3749 Extension . . . . . \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . . . . \_\_\_\_\_

Eligible for hurricane tax relief legislation benefits, check here

**Part II – Type of Return**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T   |
| <input type="checkbox"/> Form 990 only               | <input type="checkbox"/> Form 990 with Form 990-T  |
| <input type="checkbox"/> Form 990-PF only            | <input type="checkbox"/> Form 990-PF with Form 990-T   |
| <input type="checkbox"/> Form 990-T only             | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

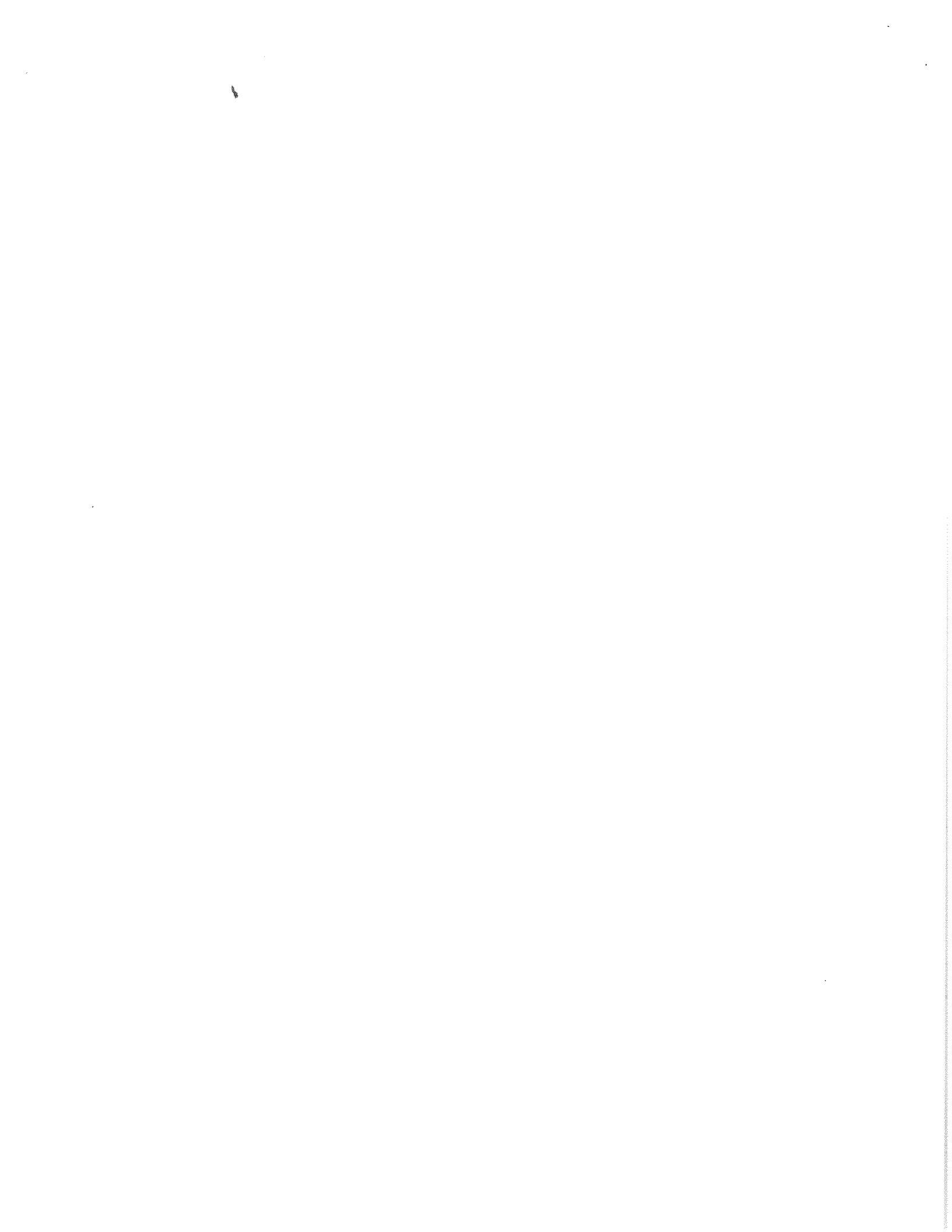
**Part III – Type of Organization**

- |   |                              |   |
|---|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association      | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                                   | _____ (subsection number)    | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                               |                              | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                                   |                              | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                                   |                              | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association | <input type="checkbox"/>     | <input type="checkbox"/> 527 Organization   |
| Or Trust . . . . .  | <input type="checkbox"/>     | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year – Ending month . . . 10
- Short year – Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)





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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Part I, Line 16 Other Expenses

---

## Other expenses (describe in Schedule O)

Contractual Labor	46,748.
Field Trips	1,966.
T-Shirts	605.
Food/Nutrition	1,025.
Supplies	3,174.
Transportation & Maintenance	1,735.
Rental, Parking & Utilities	680.
Business Expenses	8,529.
Non-Professional Fundraising	1,950.
Bank Charges	59.
Total	66,571.

**DO NOT FILE**



# Bridging the Gap Learning Academy Limited Liability Company

## General Information

**Organization Number** 0914289  
**Name** Bridging the Gap Learning Academy Limited Liability Company  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KLC - Kentucky Limited Liability Company  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 2/18/2015 9:24:38 AM  
**Organization Date** 2/18/2015 9:24:38 AM  
**Last Annual Report** 6/4/2016  
**Principal Office** 1368 So. 28th St.  
 Louisville, KY 40211  
**Managed By** Members  
**Registered Agent** Bridging the Gap Learning Academy  
 1368 So. 28th St.  
 Louisville, KY 40211

## Current Officers

**Member** [Nina Wilson](#)  
**Member** [Duane Lightfoot Sr](#)  
**Member** [Samuel L. Whitlow Jr](#)  
**Member** [Violet Montgomery](#)  
**Member** [Darrell Aniton](#)  
**Member** [Larry Dowlet](#)  
**Member** [Dwight Witten](#)

## Individuals / Entities listed at time of formation

**Organizer**

[Nina Wilson](#)

**Organizer** Violet Montgomery  
**Organizer** Duane Lightfoot  
**Organizer** Samuel Whitlow  
**Organizer** Darrel Anitton  
**Organizer** Larry Dowlat

**Images available online**

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

**Annual Report** 6/4/2016 1 page PDF  
**Articles of Organization** 2/18/2015 9:24:38 AM 1 page PDF

**Assumed Names**

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/4/2016 5:38:24 PM	6/4/2016 5:38:24 PM	
Add	2/18/2015 9:24:38 AM	2/18/2015 9:24:38 AM	

**Microfilmed Images**

**Alison Lundergan Grimes, Secretary of State**

Secretary of State  
Received and Filed  
2/18/2015 9:24:38 AM  
Fee receipt: \$40.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Organization  
Non-profit Limited Liability Company**

**NLC**

For the purposes of forming a non-profit limited liability company in Kentucky pursuant to KRS Chapter 275, the undersigned organizer hereby submits the following Articles of Organization to the Office of the Secretary of State for filing:

**Article I:** The name of the company is

**Bridging the Gap Learning Academy Limited Liability Company**

**Article II:** The street address of the company's initial registered office in Kentucky is

**1368 So. 28th St., Louisville, KY 40211**

and the name of the initial registered agent at that address is **Bridging the Gap Learning Academy**

**Article III:** The mailing address of the company's initial principal office is

**1368 So. 28th St., Louisville, KY 40211**

**Article IV:** The limited liability company is to be managed by **Members**

**Article VI:** The purpose of the company is: **To offer children and teens a safe and structured place to maximize their full potential to become productive, caring and responsible citizens**

Executed by the Organizers on Wednesday, February 18, 2015

Name of Organizer: **Nina Wilson**

Signature of individual signing on behalf of Organizer: **Nina Wilson**

Name of Organizer: **Violet Montgomery**

Name of Organizer: **Duane Lightfoot**

Name of Organizer: **Samuel Whitlow**

Name of Organizer: **Darrel Aniton**

Name of Organizer: **Larry Dowlat**

I, **Bridging the Gap Learning Academy**, consent to serve as the Registered Agent on behalf of the limited liability company.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

**Nina Wilson**



Org ID: 0914289  
2016 Annual Report  
Due June 30, 2016  
State: KY Fee: \$15.00

Bridging the Gap Learning Academy Limited Liability Company 0914289

Shaded items cannot be changed on this card.  
Principal Office 1368 So. 28th St., Louisville KY 40211  
Registered Agent Bridging the Gap Learning Academy, 1368 So. 28th St., Louisville KY 40211  
List the names and addresses of all members / managers. All LLCs must list at least one (1) member / manager.  
Addresses default to principal office unless otherwise specified.

The LLC is managed by its members.

Avoid a penalty fee of \$100. File online at <http://laco.sos.ky.gov/lac/0914289> OR sign and return the required \$15.00 filing fee no later than June 30, 2016. I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct as of today.

**X** *Nina Wilson*  
Signature of member of manager (Required) *Executive*  
Title (Required) \_\_\_\_\_  
Date (Required) \_\_\_\_\_

# Commonwealth of Alison Lundergan Grimes

## Annual Online

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

**Company:** Bridging the Gap Learning Ac  
**Company ID:** 0914289  
**State of origin:** Kentucky  
**Formation date:** 2/18/2015 9:24:38 AM  
**Date filed:** 6/4/2016 5:38:24 PM  
**Fee:** \$15.00

**Principal Office**  
1368 So. 28th St.  
Louisville, KY 40211

**Registered Agent Name/Address**  
Bridging the Gap Learning Academy  
1368 So. 28th St.  
Louisville, KY 40211

Members/Managers		
Member	Nina Wilson	1368 So. 28th St Louisville, KY 40211
Member	Duane Lightfoot Sr	1368 So. 28th St Louisville, KY 40211
Member	Samuel L Whitlow Jr	1368 So. 28th St Louisville, KY 40211
Member	Violet Montgomery	1368 So. 28th St Louisville, KY 40211
Member	Darrell Aniton	1368 So. 28th St Louisville, KY 40211
Member	Larry Dowlet	1368 So. 28th St Louisville, KY 40211
Member	Dwight Witten	1368 So. 28th St Louisville, KY 40211

**Signatures**  
**Signature** \_\_\_\_\_  
**Title** Nina Wilson  
Executive Director





# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Calvary Baptist Church, Inc.**

**2** Business name/disregarded entity name, if different from above  
**Bridging the Gap Learning Academy**

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **C**  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**1368 So. 28th Street**

**6** City, state, and ZIP code  
**Louisville, KY 40211**

**7** List account number(s) here (optional)

Requester's name and address (optional)  
**Louisville Metro Council Neighborhood Development Fund**

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-							
OR										
Employer identification number										
4	7		-	3	3	2	2	5	6	5

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶  Date ▶ **2/20/2017**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Calvary Baptist Church, Inc.</b>	
	2 Business name/disregarded entity name, if different from above <b>Bridging the Gap Learning Academy</b>	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>C</b> <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>1368 So. 28th Street</b>	Requester's name and address (optional) <b>Louisville Metro Council Neighborhood Development Fund</b>
	6 City, state, and ZIP code <b>Louisville, KY 40211</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
or											
<b>Employer identification number</b>											
4	7	-	3	3	2	2	5	6	5		

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>2/20/2017</b>
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**General Instructions**

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**Purpose of Form**

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- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

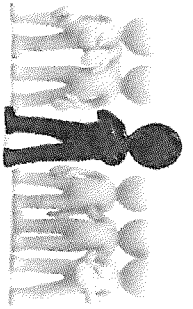
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If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

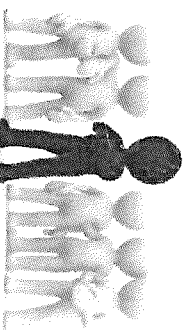




# BTGLA Jr. Leader Academy Program Schedule

A Program of Bridging the Gap Learning Academy

*\*Program schedule subject to change*



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Topic:</b> Time	Leadership Concepts COOPERATIVE LEARNING	Communication	Money Mgmt & Social Economics COOPERATIVE LEARNING	Social/Emotional Intelligence COOPERATIVE LEARNING	Vision Trip/ Leadership Practicum
<b>9:00a</b>	Power Walk BTGLA Mission JLA Pledge	Power Walk Public Speaking "Teens on Toast" Based on Toastmasters	Power Walk Financial Fitness Money101 Track	Power Walk Active Leadership Development	Power Walk VISION TRACKS LECTURE
<b>10:00a</b>	LEADERSHIP/VALUES TRACK - Facilitators - TBA	Vocab Boot-Camp	Life Card Game	*Leadership Assessments	College & Career Prep
<b>12:00p</b>	Lunch	Lunch	Lunch	Lunch	Lunch
<b>1:00p</b> -	Jeopardy/Leader Tracks	TRACK - Movie/ Dialogue (See List)	Swimming	Cooperative Learning	VISION TRIPS & Practicum/BTGLA So. Star Gym
<b>4:00p</b> -	Journaling	Journaling	Journaling	Journaling	Journaling
<b>4:30p</b>					



## Jr. Leader Vision Trip

Dear Parent,

The Jr. Leaders are invited to be my guests on a radio broadcast called "In the LOUp" which is simulcast on WLOU 1350AM and 104.7FM and sponsored by Louisville Metro Community Services. It will take place on Tuesday, July 26 at 2:00 pm – 2:30 pm.

The purpose for this event is to increase the visibility of Bridging the Gap Learning Academy, and the Jr. Leader Academy. The discussion will be about our current programs and plans for future initiatives.

This will be a learning adventure that will offer insight into how a radio show is produced, and will utilize their communication and public speaking skills which they have been learning during the summer in the Jr. Leader Academy.

The studio is located at 2001 W. Broadway on the 3rd floor, Suite 13. We will be traveling by Car and no money is required.

Please sign below to authorize your teen to attend this exciting event. Thank you.

Parent Print SAUNDRA GIBSON

Parent Sign Saundra Gibson 7/26/16





**"Bridging The Gap" Youth Summer Day Camp  
Daily Rotating Schedule**

as of 2/26/15

Arrival Sign In: Prayer Room (Entrance - top of the orange handicap ramp - Level 1 as you enter the glass door from parking lot)

Departure Sign Out: Prayer Room (Entrance - top of the orange handicap ramp - Level 1 as you enter the glass door from parking lot)

7:30 AM 8:20 AM Sign out and pick up campers - exit from Prayer Room - Level 1  
Camp day begins with arrival of campers  
Assembly / Morning Announcements  
Roll call / Group Organization

8:30 AM 9:00 AM Breakfast

	6-7 yrs	8-9 yrs	10-11 yrs	12-13 yrs
	<b>ROCKETS' Red Group</b>	<b>ENGINEERS' Green Group</b>	<b>SCIENTISTS - Yellow Group</b>	<b>EXECUTIVES - Blue Group</b>
9:00 AM	Math	Reading / Writing	Language Arts	Science
9:45 AM	Reading / Writing	Language Arts	Science	Math
10:30 AM	Language Arts	Science	Math	Reading / Writing
11:15 AM	Science	Math	Reading / Writing	Language Arts
11:55 AM	Lunch Activities	Lunch Activities	Lunch Activities	Lunch Activities
1:00 PM	N-AC-S-AC-FF	English	Team Building	Recreation
2:10 PM	English	Recreation	N-AC-S-AC-FF	Team Building
3:20 PM	Recreation	Team Building	English	N-AC-S-AC-FF
4:30 PM	Team Building	N-AC-S-AC-FF	Recreation	English
5:30 PM	Snack **	Snack **	Snack **	Snack **
5:45 PM	Reassemble /	Social Time /	Prep For Home /	Parent Pick up

**Activities and times may change due to field trips, swimming, special activities/events, and other presentations.**

Lunch Period Activities - Lunch Readiness (restroom / handwashing), Lunch and Social Time

\*\* Snacks daily except for Mondays. Snacks are incorporated into the nutrition time.

**N-AC-S-AC-FF**

- Mondays - Nutrition - EDIBLE ART
- Tuesdays - Arts & Crafts
- Wednesdays - Swimming
- Thursdays - Arts & Crafts
- Fridays - Friday Fun

**Camper will read books for Louisville Public Library Summer Reading Program. Theme: "UNDER THE SEA"**

The breakfast period will start at 8:30 am and will end promptly at 9:00am.  
The lunch period will start at 12 noon, ending at 1:00 pm (times were predetermined by the  
Summer Food Program Sponsored by Louisville/Jefferson County Metro Government Community  
Services and Revitalization Community Action Program.

**It is very important for all campers to be in attendance and ready for the daily activities by 9:00 A.M.**



## 2016 Bridging The Gap Learning Academy Daily Rotating Schedule

as of 5/1/16		Arrival Sign In and Departure Sign Out: "Walter Barnes Welcome Center"	
<i>(Prayer Room - Entrance - top of the orange handicap ramp - Level 1 as you enter the glass door from parking lot)</i>			
7:30 AM	8:00 AM	Camp day begins	
8:00 AM	8:30 AM	Breakfast	
8:30 AM	9:00 AM	Good Morning BTGLA	<i>(Mission, updates, news, birthdays, vision, bragging points, wrist bands, book reports, etc.)</i>
		<b>ROCKETS</b> Red Group	<b>ENGINEERS</b> Green Group
9:00 AM	9:40 AM	Math	Language Arts / Reading / Writing
9:45 AM	10:25 AM	Language Arts / Reading / Writing	Life Skills
10:30 AM	11:10 AM	Life Skills	Science
11:15 AM	11:55 AM	Science	Math
11:55 AM	1:00 PM	Lunch Activities	Lunch Activities
1:00 PM	2:00 PM	Arts & Crafts	RL-LD-RL
2:10 PM	3:10 PM	RL-LD-RL	SL-CR-SL
3:20 PM	4:20 PM	SL-CR-SL	N-N-T <i>3rd</i>
4:30 PM	5:30 PM	N-N-T <i>4th</i>	Arts & Crafts
5:30 PM	5:45 PM	Snack **	Snack **
5:45 PM	6:00 PM	Reassemble /	Social Time /
Activities and times may change due to field trips, swimming, special activities/events, and other presentations.			
Lunch Period Activities - Lunch Readiness (restroom / handwashing), Lunch and Social Time			
** Snacks daily at 5:30 only. Exception: On Mondays snacks are incorporated into the nutrition time.			
N-N-T		Mondays - Nutrition	Tuesdays - Nutrition
SL-CR-SL		Mondays - Science Lab	Tuesdays - Conflict Resolution
RL-LD-RL		Mondays - Reading Lab	Tuesdays - Leadership Development
Campers will read books for Louisville Public Library Summer Reading Program. Theme: "READING IS MAGICAL"			
The breakfast period will start at 8:00 am and will end promptly at 8:30am.			
The lunch period will start at 12 noon, ending at 1:00 pm.			
<b>It is very important for all campers to be in attendance and ready for the daily activities by 8:30 A.M.</b>			

as of 5/1/16		Arrival Sign In and Departure Sign Out: "Walter Barnes Welcome Center"	
<i>(Prayer Room - Entrance - top of the orange handicap ramp - Level 1 as you enter the glass door from parking lot)</i>			
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8:30 AM	9:00 AM	Good Morning BTGLA	<i>(Mission, updates, news, birthdays, vision, bragging points, wrist bands, book reports, etc.)</i>
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9:45 AM	10:25 AM	Language Arts / Reading / Writing	Life Skills
10:30 AM	11:10 AM	Life Skills	Science
11:15 AM	11:55 AM	Science	Math
11:55 AM	1:00 PM	Lunch Activities	Lunch Activities
1:00 PM	2:00 PM	Arts & Crafts	RL-LD-RL
2:10 PM	3:10 PM	RL-LD-RL	SL-CR-SL
3:20 PM	4:20 PM	SL-CR-SL	N-N-T <i>3rd</i>
4:30 PM	5:30 PM	N-N-T <i>4th</i>	Arts & Crafts
5:30 PM	5:45 PM	Snack **	Snack **
5:45 PM	6:00 PM	Reassemble /	Social Time /
Activities and times may change due to field trips, swimming, special activities/events, and other presentations.			
Lunch Period Activities - Lunch Readiness (restroom / handwashing), Lunch and Social Time			
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Fri June 10

# BRIDGING THE GAP LEARNING ACADEMY 2016

## Group Assignments

as of 5/23/16

ROCKETS	ENGINEERS	SCIENTISTS	EXECUTIVES
Bell, Alyssa	Abernathy, Aaron	Abernathy, Adrian	Amobi, Adaora
Bell, Kayla	Bell, Alayna	Bartlett, Ja'Kyrra	Carman, Breanna
Diakhate', Amina	Birch, Kasaa	Brown, Jr., Adam	Carter, Jr. Terrence
English, Ja'Veon	Brady, Galen	Clark, III, Jaymone C.	Cole, Greg
Henderson, Nariah	Clark, Jaymes	English, Jr., Jason	Hill, Jr., Timothy
Lumpkin, Gabriel	English, Jaylan	Gibson, Kayla	Lewis, Destinee
Milan, Shaniya	Hunt, Dasean	Hill, Andrew	Malone, Mershon
Pearson, Zion	Hunt, Kendriel	Hill, Danielle	Muir-Stewart, Ezra
Stephens, Jeremiah	Hunter, Christian Alexander	Hoosier, Ashton	Polion, Josh
Taylor, Alijah	Hunter, Taylor Charles	Howard, Paige	Stepteau, Camiryn
Voegborlo, Jalynn	Kimbrough, Catherine	Lumpkin, Savannah	Stroud, Ayanna
Walker, Deion	Malone, Marcellous	Malone, Jocelyn	Talley, Mariah
Winburn, Cameron	Matthews, Aaniyah	<del>Matthews-</del>	
Wright, Billie	Milan, Jr., Anthony	Parks, Tyonna	
Wright, Rashid	Poyntz, Mariah	Quick, Niara	
	Quick, Ingram	Sands, Bryson W.	
	Redden, Adrian	Taylor, SaNiya	
	Stepteau, Kyle		
	Walker, Michiah		

*Barker, Mark*

## 2016 BTGLA Daily Schedule

**All groups rotate**

*(Schedule or activities are subject to change)*

<b>9 AM – Noon</b>	<b>1 PM – 5:30 PM</b>
Math - Classroom 1 (Basement)	Arts & Crafts - Classroom 2 (Basement)
Science - Classroom 202 (Conf Rm 2nd floor)	Nutrition - Fellowship Hall (Mon/Tue)
Language Arts - Sanctuary	Reading Lab - Library and War Room (if needed)
Life Skills - Fellowship Hall	Leadership Development - Fellowship Hall
	Science Lab - Room 202 (Science Room Mon/Thur)
	Conflict Resolution - Room 202 (Science Room Tues)
	Recreation - outside lot except rainy days
	Team Building - Fellowship Hall, church grounds
	Social Economics - (Life Card Board Game) - Fellowship Hall (Wed)



	TEACHERS					
	JR. LEADERS	COUNSELORS	(2 - 3 days per week)	3+ Days Weekly	OTHERS	
<b>GRANNIES</b>						
Baldon, Anita	Crawford, Gardazly	Davis, Cedric		Brown, Doris	Belmar, Carolyn	
Biliscoe, Nancy	Gibson, Jordyn	English, Gary		Haines-Lewis, Karen	Butler, Chinita	
Malone, Patrice	Lewis, Jaelyn	TBA		Harris, Eric		
Reed, Evelyn	Blackburn, D'Ziyah	Burage, Tausha	Malone, Patrice	Ray, Buddy		
Scott, Barbara	Parks, Amaria		Murphy, Gwen			
Shaffer, Annie	Polton, Danielle		Smith, Mary (full day)			
Thompson, Phyllis	Richardson, Timothy					
	Richardson, Victoria					
	7	8	4	6	4	2
						31







Language Arts  
Curtis

Week 1  
6/6 class introductions / ice breakers / overview of summer  
6/7 intro to Pinkalicious / vocabulary  
6/9 Pinkalicious crossword puzzle  
Week 2  
6/13 intro to personal narrative  
6/14 draft of personal narrative  
6/16 peer review personal narrative  
Week 3  
6/20 peer corrections due  
6/21 meet w you about narrative/ questions  
6/23 final narrative due  
Week 4  
6/27 intro to memoir  
6/28 draft of memoir  
6/30 peer review memoir  
Week 5  
7/4 peer corrections  
7/5 meet w you about memoir / questions  
7/7 final memoir  
Week 6  
7/11 intro to haiku  
7/12 have the kids work w a partner to construct a haiku  
7/14 present their haiku in class  
Week 7  
7/18 intro to sonnets  
7/19 have kids work in a group to construct a sonnet  
7/21 present sonnet in class  
Week 8  
7/25 introduce final project /get started on it (have the kids pick any type of poem they want)  
7/26 have the kids work on their poems  
7/28 bring snacks and each kid present their poem to the class

## BRIDGING THE GAP LEARNING ACADEMY 2016 FIELD TRIP & IN-HOUSE SCHEDULE

Tuesday	June 7, 2016	10:30 am - 11:30 am		Louisville Free Public Library Bookmobile
Wednesday	June 8, 2016	1:00 pm - 5:30 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	June 10, 2016	9:00 am - 11:30 am	T	Derby Dinner Playhouse, 525 Marriott Drive, Clarksville IN
		2:00 pm - 5:00 pm	V	Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Tuesday	June 14, 2016	6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up camper at park)
Wednesday	June 15, 2016	1:00 pm - 5:30 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	June 17, 2016	9:30 am - 12:30 pm	LT	Skate Odyssey, 7846 Dixie Highway
		2:00 pm - 5:00 pm	V	Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Tuesday	June 21, 2016	10:30 am - 11:30 am		Louisville Free Public Library Bookmobile
		6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up camper at park)
Wednesday	June 22, 2016	1:00 pm - 4:30 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Thursday	June 23, 2016	09:00 am - 12:00 pm		National Olympia Day from Louisville to Riode Janeiro Brazil 2016
Friday	June 24, 2016	9:00 am - 11:30 am	T	Bike Rodeo with Mr. Doug Beckhart Bicycle Safety Ed, Kosair Children's Hospital
		2:00 pm - 5:00 pm	V	Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Tuesday	June 28, 2016	6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up camper at park)
Wednesday	June 29, 2016	1:00 pm - 5:30 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	July 1, 2016	2:00 pm - 5:00 pm	V	Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Monday	July 4, 2016	<b>NO CAMP - CLOSED FOR JULY 4 HOLIDAY</b>		
Tuesday	July 5, 2016	10:30 am - 11:30 am		Louisville Free Public Library Bookmobile
		6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up camper at park)
Wednesday	July 6, 2016	1:00 pm - 5:00 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	July 8, 2016	9:00 am - 12:00 pm	VTL	Paint Spot Shelbyville Road Plaza, 4600 Shelbyville Road
		2:00 pm - 5:00 pm		Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Monday	July 11, 2016	1:00 pm - 2:10 pm		Louisville Water Company
Tuesday	July 12, 2016	10:30 am - 11:30 am		Louisville Free Public Library Bookmobile
		1:00 pm - 2:10 pm		Louisville Water Company
		6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up at park)
Wednesday	July 13, 2016	1:00 pm - 5:00 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Thursday	July 14, 2016	9:00 am - 11:30 am	T	National Day of Learning Louisville Downtown Civil Rights Trail Walking
Friday	July 15, 2016	9:00 am - 4:00 pm	L	The Parklands of Floyds Fork Beckley Creek Park, 11400 Beckley Creek Pkwy, creek walk with ranger, classroom presentations, playground and spray ground outdoor fun!! Have camper WEAR OLD CLOTHES AND SHOES. NO CAMP T-SHIRT! Wear swim wear under clothes to camp (same as Wednesdays)

Tuesday	July 19, 2016	6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up at park)
Wednesday	July 20, 2016	1:00 pm - 5:00 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	July 22, 2016	9:00 am - 1:30 pm	VTL	Group Photo Big Four Bridge and Waterfront Park
		2:00 pm - 5:00 pm	V	Southern Star Baptist Church Gym Activities, Charles E. Kirby Education Center, 2304 Algonquin Parkway
Tuesday	July 26, 2016	6:30 pm - 8:00 pm	V	West Louisville Tennis Club, Chickasaw Park (Parent pick up at park)
Wednesday	July 27, 2016	1:00 pm - 5:00 pm		Mary T. Meagher Aquatic Center - MTMAC (Fun Swim) - 201 Reservoir Avenue
Friday	July 29, 2016	6:00 pm - 8:00 pm	T	BTGLA Science Fair, Health Fair, Career Day, SSBC Gym, Algonquin Parkway
Tuesday	August 2, 2016	7:30 am - 4:30 pm	\$TL	Frankfort, Kentucky Tour of Attractions in State Capitol City including Kentucky State University
Wednesday	August 3, 2016	5:00 pm - 9:00 pm	T	Family Night, Tennis Party, UL Bass Rudd Tennis Center, Wimbledon Room, 350 Warnock Street

Note: Our In-House schedule also includes the following subjects weekly or bi-weekly: Bullying, ABC's of Bullying, Conflict Resolution, Grooming, Manners, Math, Science, Language Arts, Reading/Writing, Arts & Crafts, Cyber Bullying, Internet Safety, Socio Economics, Nutrition and others.

The first time listed is the designated time to leave for each facility for that day. The second time listed is the time to leave the designated site. Field trips are planned in advance and are based on enrollment numbers. Due to reservations, bus fees, insurance and group rates, each camper is expected to attend each field trip as if they were in attendance for the day. FIELD TRIPS ARE SUBJECT TO CHANGE.

- |   |
|---|
| <p>T - Please have campers wear BTGLA T-shirts.</p> <p>L - Please send a lunch for the corresponding field trip activity. We have children enrolled who have deadly nut allergies.<br/> ➔ <i>Please do not include peanut butter in your child's lunch.</i></p> <p>\$ - Spending money allowed - Please allow no more than \$10.00 per camper.<br/> All spending money is to be placed in a sealed envelope with camper's name<br/> <i>and amount on the outside and given directly to the BTGLA Program Manager; otherwise, staff is not responsible.</i></p> <p>V - Campers and staff will be transported by van.</p> |
|---|

# **Bridging the Gap Learning Academy, LLC**

## **CORE VALUES**

### **Accountability –**

**We will model integrity and reflect an alignment between what we say and what we do and the attitude that propels how we do it.**

### **Excellence –**

**We strive to reach the highest levels of service and performance to achieve greater impact**

### **Integrity –**

**We commit to being honest and transparent in what we say and we accept responsibility for our collective and individual actions.**

### **Respect –**

**We affirm the dignity, potential and contribution of our participants, donors, staff and directors.**

### **Responsible Stewardship –**

**We carefully use the time and the talents of those working with the organization and we are committed to careful stewardship of all material, human and financial resources.**

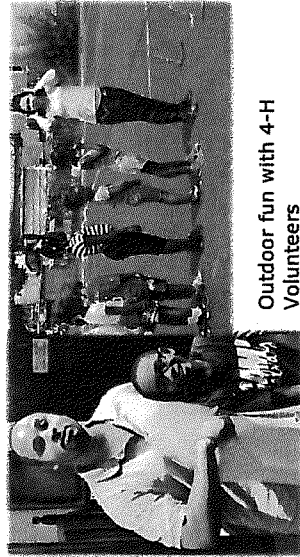


## What We Do

One of the key components is our educational programming. Students are afforded academic support through a variety of industries, professions and alliances with the public school system.

- ◆ Retired public school teachers
- ◆ Volunteers
- ◆ Tutors
- ◆ Community Alliances
- ◆ Metro Government Agencies

**Pictured above: Volunteers in action Anna-Lysa Gayle, Reporter from WLKY-TV**



Outdoor fun with 4-H Volunteers

Pictured here: Parent involvement during the annual award ceremony

## Activities

Academics are our central focus, however we also offer recreational and holistic activities that include life skills, supervised trips to college campuses, museums, parks and pools, farms, cultural arts centers and other activities, including our annual essay scholarship all of which extend the opportunity for summer and out-of-school learning.



## COMMUNITY & NATIONAL PARTNERSHIPS

- Our mission now is to maintain the strong community partnerships.
- We work with other persons and agencies who align with our mission. (partial listing)
- ◆ Jefferson County Public Schools
  - ◆ Center for Non-Profit Excellence
  - ◆ Megdar Evers A-Teaam Program
  - ◆ WLKY-TV
  - ◆ iHeart Radio
  - ◆ Louisville Metro Foster Grandparents

## Who We Are

### OUR VISION

The vision of Bridging the Gap Learning Academy is to offer children from underserved communities age-appropriate and affordable programming from which to learn and thrive, bridging the gaps in community development to effect lasting and meaningful change.

### OUR OBJECTIVES

We aim for every child to be safe, healthy, and engaged in learning during the summer. To realize this we connect with providers, communities, and families to deliver high-quality summer learning opportunities to help close the achievement gap and to support healthy development.

#### Contact Us:

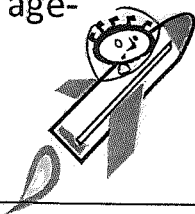
Bridging the Gap Learning Academy, LLC  
1368 South 28th Street  
Louisville, KY 40211  
Phone: 502-384-5128  
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Email: [info@bridgingthegapla.org](mailto:info@bridgingthegapla.org)  
Visit us on the Web:  
[www.bridgingthegapla.org](http://www.bridgingthegapla.org)





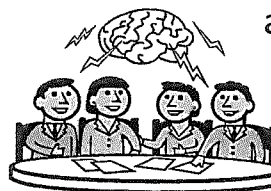
**ROCKETS: 6 & 7 yr old - 1<sup>st</sup> & 2<sup>nd</sup> Graders**

Our expectations for this age group is that they are learning to read, expressing ideas and feelings clearly, and listening to others respectfully among other literary skills. They will be participating in movement and muscular coordination through recreational activities, have basic computer and mathematical skills, exhibit social awareness, good hygiene, and thinking skills using our age-appropriate metrics



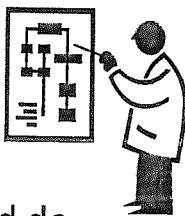
**ENGINEERS: 8 & 9 year old – 3<sup>rd</sup> & 4<sup>th</sup> Graders**

Our expectations for this age group is they are able to read multi-syllable words, use the dictionary; understand the components and basic usage of computers software, and computer communicate clear messages, solve using critical thinking skills, understand grade-appropriate academic subjects; participate in team activities that improve endurance, muscular coordination, balance, strength, flexibility and fitness.

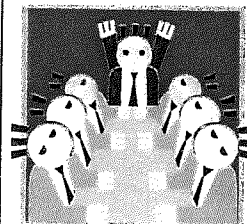


**SCIENTISTS: 10 & 11 year old – 5<sup>th</sup> & 6<sup>th</sup> Graders**

Our expectations for these age groups is they are able to read multi-syllable words, use the dictionary and do research on computers, communicate clear messages, problem solve using critical thinking skills, understand complex math and science processes and systems as well as all other age-appropriate academic subjects; they should be able to participate in team activities that improve endurance, muscular coordination, balance, strength, flexibility and fitness.



**EXECUTIVES: 12 & 13 year old – 7<sup>th</sup> & 8<sup>th</sup> Graders**



Our expectations for this age group is to obtain and maintain acceptable levels of all the age-appropriate academic skills to include critical thinking, workplace knowledge such as team leader and member dynamics, personal organization and time management, advanced social and computer skills, and understanding self-control, self-discipline, self-motivation, and good study habits and skills.

