Form **99**0

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 2023 Open to Rublic

<u>A</u>	For the	2023 calendar year, or tax year beginning	, and ending			
В	Check if ap	oplicable: C Name of organization			D Employer	identification number
	Address cl	nange FOOTBREDGE, INC.	1 *			_
亓	Name char		ACTIC	10 T	46/5	034865
님		Number and street to P.P. box it mail is not delivered to street against	ッししに	Room/suite	E Allebhone	thumber
닏	Initial return			- r - '	-330-	CACCATO
	Final return terminated					
「	Amended	WELCOME NC 2737	4	·	G Gross rec	eipts \$ 207,717
님		P Name and address of principal dilicer.		H(a) Is this a gr	oup return for s	subordinates? Yes X No
Ш	Application			''	·	
		1363 GEORGE HEGE RD		H(b) Are all sub		
			<u> 27295</u>	If "No,"	attach a list.	See instructions
1	Tax-exem		4947(a)(1) or 527			
J	Website:	WWW.FOOTBRIDGE.WORLD		H(c) Group exe		<u> </u>
K		rganization: X Corporation Trust Association Other		L. Year of formation: 2	014	M State of legal domicile: NC
	attil	Summary				
		driefly describe the organization's mission or most significant acti	vities:			
Ф	1	SEE SCHEDULE O	***************************************			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
يَ	Ι΄					
Governance	Ι.	••••••				
ove Ove	2 0	Check this box if the organization discontinued its operations	or disposed of more than 2	5% of its net assets		***************************************
	3 1	lumber of voting members of the governing body (Part VI, line 1a			3	12
ණ ග	4	lumber of independent voting members of the governing body (P	art VI line 1h)		. 4	12
Activities		otal number of individuals employed in calendar year 2023 (Part				0
훓		"atal number of valuatoes (actions if accessed)			ا م ا	316
Ă					🗀	0
		otal unrelated business revenue from Part VIII, column (C), line				0
	1 0 1	let unrelated business taxable income from Form 990-T, Part I, li	IIE II	Prior Yes		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)			2,926	206,621
E	9 5	Program service revenue (Part VIII, line 2g)			0	0
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			985	1,096
8	144 6	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11a\		-583	-478
		otal revenue (Part VIII, column (A), lines 5, 60, 60, 90, 100, and			3,328	207,239
					7,614	56,673
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		···	0	30,073
			(A) lines E (A)		0	0
Š	15 8	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5–10)		0	0
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				
Expenses	_bT	otal fundraising expenses (Part IX, column (D), line 25)		* In a blank and would the a blank and		With Filling Transport of Franchistation and Company of Contraction of
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,737	206,739
		otal expenses. Add lines 13-17 (must equal Part IX, column (A),	line 25)		3,351	263,412
_		Revenue less expenses. Subtract line 18 from line 12			0,023	-56,173
(Assets or	§	Total associa (Plant V. Kina 46)		Beginning of Cu	5,269	End of Year 407,841
989	20 1	Total assets (Part X, line 16)		40		407,041
¥.		otal liabilities (Part X, line 26)			5 260	407 041
		let assets or fund balances. Subtract line 21 from line 20		46	5,269	407,841
	?art II					
		atties of perjury, I declare that I have examined this return, including according to appropriate Declaration of property (ether than efficie) is based on			f my knowle	dge and belief, it is
	ue, come	ct, and complete. Declaration of preparer (other than officer) is based on	an information of which prepare	i nas any knowledge.		
			,			
Sig	-	Signature of officer			Date	
He	re	DANIEL SPAINHOUR	PRESIDEN	IT		
		Type or print name and title				
		Print/Type preparer's name Preparer's sign	nature	Date	Check	if PTIN
Pal			HARRIS, JR.	06/03	/24 self-em	
	parer		L.P.		imi's EIN	56-0727655
Use	e Only	2160 COUNTRY CLUB RD				
		Firm's address WINSTON-SALEM, NC 2	7104-4208	F	Phone no.	336-725-0635
Ma	y the IR	S discuss this return with the preparer shown above? See instruc	tions			X Yes No
		ork Reduction Act Notice, see the separate instructions.				Form 990 (2023)
DAA						

Form 990 (202	3) FOOTBRIDGE,	INC.	46-5034865	Page 2
Part III	Statement of Prog	ram Service Accomplish		
	Check if Schedule C	contains a response or ne	ote to any line in this Part III	<u>X</u>
1 Briefly de	escribe the organization's n	nission:		
SEE S	CHEDULE O			
			<u></u>	
• • • • • • • • • • • • • • • • • • • •	Publ	ic insi	pection	CODV
2 Did the d	organization undertake any	significant program services during	the year which were not listed on the	
prior For	m 990 or 990-EZ?			Yes 🗓 Yo
If "Yes,"	describe these new service			
3 Did the d	organization cease conducti	ng, or make significant changes ir	n how it conducts, any program	
services	?			Yes 🗓 Yes
If "Yes,"	describe these changes on	Schedule O.		
		•	ch of its three largest program services, a	·
			to report the amount of grants and alloca	itions to others,
the total	expenses, and revenue, if	any, for each program service rep	orted.	
4a (Code:) (Expenses \$	166,280 includi) (Revenue \$
CONNEC WORLD PHYSIC	T DOCTORS AND TO MISSIONS A CAL AND SPIRIT	O MEDICAL PROFESS AMONG THE WORLD'S FUAL NEEDS. CLINI	SIONALS FROM ALL FIE S POOR IN ORDER TO H ICS WERE HELD IN MAR IENTS WERE SERVED.	LDS OF THE HEALTHCARE ELP MEET THEIR
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*******	***************************************		•••••	
IN THI CHILD UNDER! ENSURE START-	EN NATIONALS TO SELLE COMMUNITY SPONSORHIP PROPERTY OF THEY BECOME OF TUDE FOR DRHIP BEGAN 20	EDUCATIONAL OPPOINTAT THEY MIGHT (IN 2020, ESTAINATMERSHIP IN TOO IDENTS QUALITY CI RESPONSIBLE AND A VOCATIONAL SCH	RTUNITIES IN COLLEGE CARRY ON THE EXPANSI BLISHING A K-12TH GR GO, AFRICA, TO PROVI HRISTIAN EDUCATIONAL PRODUCTIVE CITIZENS GOOL IN TOGO. IN 202 SORS AND 86 CHILDREN	ON OF CHRIST'S WORK ADE DE ORPHANED AND OPPORTUNITES THAT . IN 2021, PROVIDED 3, TOGO STUDENT
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	••••••••••••		•••••	
4c (Code:) (Expenses \$	includi	ng grants of \$) (Revenue \$
N/A				
•				
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4d Other pro	ogram services (Describe o	n Schedule O.)		- W
(Expense		including grants of \$) (Revenue \$)
4e Total pro	gram service expenses	226,203		

Form 990 (2023) FOOTBRIDGE. 46-5034865 Page 3 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule & Schedule of Contributors? See instructions 2 Did the organization empade in direct of indirect political camputing advities on benefit of oil in proposition to candidates for public odicing the year, compute Schedule C, P of D

Section 501(c)(3) organizations. Did the organization engage in locativities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12h Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

21

2.	mental oncoming of Reduired Contention					T	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	nn				Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		х
23	Did the organization answer "Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		O			
	organization and former officers, directors, trustee. (ev employee, and highest contriensated	7		(An	<i>3 \ \</i>	/	l
	employees If "Ye complete Shetive J			UUL	1 2 1 4		X
24a	Did the organization have a tax-exempt bond issue with an outstand g principal amount of more than			1			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b					\ . _
	through 24d and complete Schedule K. If "No," go to line 25a		• • • • • •	• • • • • • • • • • • • • • • • • • • •	24a	┢	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the ye to defease any tax-exempt bonds?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • • •			24d	-	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefi	 St				
	tennestion with a discussified names during the years of #Wood assurated Calculus I. Cost I				25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-						
	If "Yes," complete Schedule L, Part I				25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	key			Ì		İ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						l
	persons? If "Yes," complete Schedule L, Part III				27	para seguir	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Sched	ule			1000		5).
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				القاساة	2.02	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	If					
.	"Yes," complete Schedule L, Part IV				28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				28b		
·	"Von" complete Cabadula I. Dod IV				28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	 .		• • • • • • • • • • • • • • • • • • • •	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		• • • • •		<u></u>		
	conservation contributions? If "Yes," complete Schedule M				30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N. Par	 rt /	•••••	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•	• • •	•••••			
	complete Schedule N, Part II				32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulat	ions					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,						
	or IV, and Part V, line 1				34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
27	related organization? If "Yes," complete Schedule R, Part V, line 2		• • • • •		36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				27		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b		• • • • • •		37	_	-
-	19? Note: All Form 990 filers are required to complete Schedule O.				38	x	
R	Statements Regarding Other IRS Filings and Tax Compliance		. ,		1 00		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u> .	<u></u>	<u></u>	<u></u> .	
		1				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			** **	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					لخناا	الأستا
	reportable gaming (gambling) winnings to prize winners?		<u></u>		1 1c	1	l

Pa	statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	100	h.	1 3.1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the real?			3a		X
b	If "Yes," has it ded a Fam 999 T for this year? If "No" to line to provide an explantition on Schedules C			1 3b		
4a	At any time during the date day year old the organization have an in great it on a tignature of other auti	nonty d	over, U	$'$ \mathbf{M}' \mathbf{V}		
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4		X
b	If "Yes," enter the name of the foreign country			<u>्रकृत</u> करें अस्ति	\mathbb{P}^{2}	E753
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts ((FBAR).	14.65.24 1.64.24	الوغ د مستدع	1 ² j
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					, -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		13.3		alied.
						X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		1	7c	PERMIT	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	12800		
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	p	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	-			سنت	المفارك سلما
_			• • • • • • • • • • • • • • • • • • • •	<u>8</u>	FET TO	(to)
9	Sponsoring organizations maintaining donor advised funds.				Like da I.	
a			• • • • • • • • • • • • • • • • • • • •			
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • •		30	<i>4</i>	-
10	Section 501(c)(7) organizations. Enter:	10a	I	\$\tilde{a}_{2}\$		
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			200	
11	Section 501(c)(12) organizations. Enter:	100		 - - - - - - - - - - - - - - - -		
a	Gross income from members or shareholders	11a	l			
b	Gross income from other sources. (Do not net amounts due or paid to other sources					-
-	against amounts due or received from them.)	11b				Village
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		I	12a	1	Sata Mata
b		12b	[# 4	137	(1)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					to d
а	In the approximation Promond As I have not provided to all the state of the state o			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			13	5.4.7	ly visit
b	Enter the amount of reserves the organization is required to maintain by the states in which				· .	
	the organization is licensed to issue qualified health plans	13b		14.		ι,
C	Enter the amount of reserves on hand	13c		1		1 (44)
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16	2.27.22	X
	If "Yes," complete Form 4720, Schedule O.			السناء		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			1	k k	<u>.</u>

Pa	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se			.
	Check if Schedule O contains a response or note to any line in this Part VI		·····	X
Sec	tion A. Governing Body and Management			T
1a	Enter the trumber of voling mention of the governing tody at the entrol the tax ear. If there are material difference is virtual rights among members of the overning body of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	y	Yes /	No
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12		Kin-i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	x	2.2
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
•			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	====	i	
12a	Did the organization have a written conflict of interest policy? If *No," go to line 13	12a	<u> </u>	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	₩.
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	will in	25
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		re	37
	with a taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		he. F	
		466		
500	organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		Ь
<u>380</u>	List the states with which a copy of this Form 990 is required to be filled NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	• • • • • • • • •		• • • • • •
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
. D	ANIEL SPAINHOUR 1363 GEORGE HEGE ROAD			
L	EXINGTON NC 27295 33	6-81	7-9:	383

Form 990	(2023)	FOOTBRIDGE,	INC.

46-5034865

Page 7

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent (Contractors								

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

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

- 1a Complete the rabba for all persons experient to be listed. Report compensation for the calendar year ending with or within the organization's tart year.

 List all of the organizations current officers, directors, trustiles (whether in viduals or enganizations) regardless of amounts compensation. Enter -0- in countrie (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo of	x, unk ficer a	ss pe	ition more rson i	than o s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	enployee englest compensated	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DANIEL SPAINHOUF PRESIDENT	8.00	x		x				0	0	0
(2) RANDAL LEONARD	4.00	x		x				0	0	0
(3) LINDSEY SOWERS	1.00	x		x				0	0	0
(4) DR. AMY TEMPLE	1.00									
MEDICAL DIRECTOR (5) MARSHA DEVANE	1.50	X						0	0	0
AST. MED. DIRECTOR (6) DAVID MCNEIL	1.00	X						0	0	0
MEDICAL CLINIC DIREC (7) KENNETH FOSTER	1.50	X	_					0	0	0
PROGAM MANAGER (8) CONRAD FRITTS	2.00	X						0	0	0
ADVISORY BOARD (9) TIM HANAUER	0.00	x						0	0	0
ADVISORY BOARD (10) VICKY PRUITT	0.00	x		_	-			О	0	0
ADVISORY BOARD (11) STEVE ROBERTSON	0.50	х						0	0	0
ADVISORY BOARD	0.50	x						0	0	0

(A) Name and title	(B) Average hours	(de	o not ch x, unles	(C) Positi neck m	ion nore ti	han one	e n	(D) Reportable compensation	(E) Reportable compensation	E	(F) stimated amount of other	
Pub	per week ((ist any nous for nested constrations below dotted line)	Individual busies or director	Institute and impstee	Office	Key mp ye	Highe complessed employee	Forme	e construction (N-2)	from related organizations 64/2/ 1099-15C/ 1099-15C)		compensation from the rganization and echlorophrizations	
(12) DAVID SPAINHO (12) ADVISORY BOARD	UR 0.50 0.00	x						0	0			0
(13)												
(14)												
(15)												
(16)												
(17)										-		
(18)												
(19)												
1b Subtotal		ectio	nA.	••••								
Total number of individuals (increportable compensation from the compensation from	luding but not lim	ited						who received more than \$10	00,000 of			
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization. 5 Did any person listed on line 1s for services rendered to the organization. 	complete Schedul 1a, is the sum o izations greater the	le Jif frep nan \$	for su ortabl \$150,0 omper	ch in e coi 000?	mper mper if "Y	dual nsatio 'es," (on a	and other compensation from applete Schedule J for such unrelated organization or ind	n the		Yes 3 4	X X X
Section B. Independent Contractor 1 Complete this table for your five	e highest comper	nsate	d inde	epen	dent	cont	ract	tors that received more than	\$100.000 of			
compensation from the organiz	ation. Report com (A) business address	pens	sation	for t	the c	alend	lar		he organization's tax year. (B) on of services		(C) Compensatio	n
			-						-			
1						\dashv						
Total number of independent or received more than \$100,000 c	ontractors (includi of compensation f	ng b	ut not the o	l limit rgani	ted t	o tho	se I	listed above) who	. 0		Form 990	(2023)

Pa	rt V			f Revenue edule O cont	ains a	respor	se or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Giffs, Grants and Other Similar Amounts	b c d e f g	Federated camp Membership due Fundraising ever Related organiza Government grants (or All other contributions, and similar amounts no Noncash contributions lines 1a-1f Total. Add lines	nts ations ontribution gifts, gra at included included	ants, ed above in			3,310 203,311 130 Business Code	206,621	ON	Cor	from tax under sections 512-514
Program Service	b c d e f g		n servi 2a–2f	ice revenue							
	4 5	other similar amount income from inverse Royalties	ounts) estmer	nt of tax-exempt	bond p	roceeds		1,096			1,096
	b	Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real		(ii)	Personal				
	7a	Net rental incom Gross amount from sales of assets other than inventory Less: cost or other	7a	(i) Securities			i) Other				
er Revenue	С	basis and sales exps. Gain or (loss) Net gain or (loss	7b 7c								
Other	8a	Gross income from (not including \$ of contributions rep 1c). See Part IV, lin	fundra orted o	aising events 3,310	8a		478				13.
		Less: direct expe		om fundraising a	8b		4 / 8	-478			-478
		Gross income from activities. See Pa	om ga	ming	9a		*****	-4.70			-4/0
	b	Less: direct expe			9b			电子工程制度			
	С	Net income or (le	oss) fr	om gaming activ	ities						
		Gross sales of in returns and allow	wances	S	10a						
		Less: cost of goo			10b						
_	С	Net income or (le	oss) fr	om sales of inve	ntory		Tp., -				
Miscellaneous Revenue	11a						Business Code				
ella	D						_				
lisc	d	All other revenue								-	
2		Total. Add lines									State William Control
_	- Constitution	Total revenue.	No. of the last					207,239		0 0	618
_		. our revenue.	JJU 11					201,239		-1 0	018

Form 990 (2023) FOOTBRIDGE, INC.

Part IX Statement of Functional Expenses

Contact Schedule Contains a response or note to any line in this Part X Contains a manufacture provided on lines 68, 76 Fig. 30, and 100 per Part X	Section	on 501(c)(3) and 501(c)(4) organizations must con	-		ete column (A).	П
So As and Young Property VII. Total expenses Programs services Programs servic	<u> </u>				(C)	(D)
Corporation of control (Septiment Control (Septim		TO A SECTION OF A		Program service	Management and	Fundraising
Advantage Adva		The second secon	non	O TIO	gerietai exerisos	CAPCINGS
2 Grants and other assistance to domestic individuals. See Part IV, line 12 and foreign individuals. See Part IV, line 15 and 16 foreign domestic individuals. See Part IV, line 15 and 16 foreign individuals. See Part IV, line 16 and 16 foreign individuals. See Part IV, line 17 foreign governments, and foreign individuals. See Part IV, line 17 foreign governments, and foreign individuals. See Part IV, line 16 foreign governments, and foreign individuals does not individual down to disqualified persons (as defined under section 46580)(19) and persons described in section 46950)(19) and persons described in section 46950)(19) and persons described in section 46950)(19) and 46050 employer contributions of the section 47010 and 46050 employer contributions of the section 47010 and 46050 employee benefits. 10 Fees for services (nonemployees) 11 Fees for services services (nonemployees) 12 Fees for services services (nonemployees) 13 Managament 14 Legal			111501			
Individuals See Part IV, line 22	2					
3 Grants and other assistance to foreign corganizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation or furnitive of the property of the presence of the presen	_		-			
Comparisations, foreign governments, and foreign infoldutals: See Part IV, line 15 and 16 S6,673	3					
Tregin Individuals, See Part IV, lines 15 and 16 56 , 673 57 , 673 57						
4 Banefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of unided above to disqualified persons (as defined under section 4958((r)) and persons described in section 4958((r)) and persons described in section 4958((r)) and persons described in section 4958((r)) and person of the described in section 4958((r)) and 4958(r) and person of the described in section 4958(r) and variety of the described in section 4978(r) and 4978(r) a			56,673	56,673		
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f) and afficient person described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and persons described in section 4958(f)(f) and 495(f) employer contributions (include section 491(f)) and 495(f) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 31,010 31,010 14 Lobbying 0 15 Coccounting 31,010 31,010 15 Logal 16 Lobbying 0 16 Other three transparent fees 164 164 164 164 164 164 164 164 164 164	4					2081, 20 C
6 Compensation not included above to disqualified persons (as defined under section 4958(c/3)(8) persons described in section 491(8) and 492(8) persons described in section 491(8) persons described in section 49	5					
6 Compensation not included above to disqualified persons (as defined under section 4958(c/3)(8) persons described in section 491(8) and 492(8) persons described in section 491(8) persons described in section 49		trustees, and key employees				
persons described in section 4958(p)(3)(8) 7	6					
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundasing services. See Part IV, line 17 f Investment management fees 9 Other, (If line 11g services consisted to 0) 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 15,949 15,949 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Cocupancy 10 Insurance 11 Insurance 11 Insurance 12 Insurance 13 Insurance 14 Insurance 15 Insurance 16 Insurance 17 Insurance 18 Insurance 19 Insurance 10 Insurance 10 Insurance 10 Insurance 11 Insurance 11 Insurance 11 Insurance 12 Insurance 13 Insurance 14 Insurance 15 Insurance 17 Insurance 18 Insurance 19 Insurance 19 Insurance 10 Insurance 10 Insurance 10 Insurance 11 Ins						
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal	8					
10 Payroll taxes	_					
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (if lier 11g arount exceeds 10% of lier 25, column (A) arount, list line 11g expenses on Schedule O) 12 Advertising and promotion 3 ,617 3 ,617 3 ,617 3 Office expenses 5 ,949 5 ,949 1 Information technology 1 Advertising and promotion 3 ,617 3 ,250 3 ,250 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 1 Payments to affiliates Depreciation, depletion, and amortization 1 Insurance 1 Office expenses not covered above, (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 124e expenses on Schedule O) DENTAL CLINIC EXPENSES P (MEALS AND ENTERTAINMENT) TAVEL All other expenses All other expe						
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (if the 11g amount screecks 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 15,010 15,010 15,010 15,010 15,010 17,010 18,017 19 Office expenses 19 Office expenses 19 Occupancy 11 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Expenses 11 Payments to affiliates 12 Depreciation, depletion, and amortization 10 Insurance 11 Depreciation, depletion, and amortization 10 Juny 379 10 Insurance 11 Depreciation, depletion, and mortization 10 Juny 379 10 Insurance 10 Interest 11 Depreciation, depletion, and amortization 10 Juny 379 10 Insurance 10 Depreciation, depletion, and mortization 10 Juny 379 10 J						
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 31,010 164 164 164 164 164 164 164 165 30 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 15,010 15,01		50 Approved				
C Accounting 31,010 31,010						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Otter, (if line 11g arount exceeds 10% of line 25, column (A) arount, list line 11g expenses on Schedule O.) 15, 010 15, 0		Accounting	31,010		31,010	
e Professional fundraising services. See Part IV, line 17 f Investment management fees			0=/,===		/	
For Investment management fees 164	е	Professional fundraising services. See Part IV, line 17		Early Hallerton		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 15,010 15,010 15,010 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 5,949 5,949 5,949 5,949 5,949 6,020 6,020 6,020 6,020 6,020 7,020	f	3.70	164		164	
12 Advertising and promotion 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 3,617 5,949 5,949 14 Information technology 3,250 3,250 5,949	g			275.LE 284 8 2		
13 Office expenses 5,949 5,949 14 Information technology 3,250 3,250 15 Royalties					100	
14	12	Advertising and promotion		3,617		
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 DENTAL CLINIC EXPENSES 2 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Topy, 379 3 Insurance 3 Topy, 379 4 Other expenses on Schedule O.) 2 DENTAL CLINIC EXPENSES 4 Payments to affiliates 5 Total functional expenses. Add lines 1 through 24e 2 Canal of the expenses 2 Total functional expenses. Add lines 1 through 24e 2 Canal of the expenses 2 Total functional expenses. Add lines 1 through 24e 2 Canal of the expenses 2 Total functional expenses. Add lines 1 through 24e 2 Canal of the expenses 2 Total functional expenses. Add lines 1 through 24e 3 Joint costs. Complete this line only if the		Office expenses		2.050	5,949	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2a DENTAL CLINIC EXPENSES 29,129 29,1		Information technology	3,250	3,250		
17 Travel						
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DENTAL CLINIC EXPENSES PENT/LEASE T, 900 TRAVEL All other expenses All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the						
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 86 86 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DENTAL CLINIC EXPENSES b RENT/LEASE 1,900 c MEALS AND ENTERTAINMENT d TRAVEL All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the						
19 Conferences, conventions, and meetings 86 86 20 Interest 86 86 21 Payments to affiliates	10	Complete the control of the control of the property of the control				
20 Interest	19					
21		Internal	86		86	
Depreciation, depletion, and amortization 109,379 109,379	21					
23 Insurance	22	Depreciation, depletion, and amortization	109,379			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DENTAL CLINIC EXPENSES b RENT/LEASE 1,900 1,900 C MEALS AND ENTERTAINMENT 1,391 1,391 TRAVEL All other expenses 25 Total functional expenses. Add lines 1 through 24e 263,412 226,203 37,209	23		5,731	5,731		
Iine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DENTAL CLINIC EXPENSES 29,129 29,129 b RENT/LEASE 1,900 1,900 c MEALS AND ENTERTAINMENT 1,391 1,391 d TRAVEL 123 123 e All other expenses 26 263,412 226,203 37,209 26 Joint costs. Complete this line only if the	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a DENTAL CLINIC EXPENSES b RENT/LEASE 1,900 1,900 c MEALS AND ENTERTAINMENT 1,391 1,391 1,391 TRAVEL All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the						
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b RENT/LEASE 1,900 1,900 c MEALS AND ENTERTAINMENT 1,391 1,391 d TRAVEL 123 123 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 263,412 226,203 37,209 26 Joint costs. Complete this line only if the			20 120	20 120		
c MEALS AND ENTERTAINMENT 1,391 1,391 d TRAVEL 123 123 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 263,412 226,203 37,209 26 Joint costs. Complete this line only if the 263,412 226,203 37,209						
d TRAVEL 123 123 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 263, 412 226, 203 37, 209 26 Joint costs. Complete this line only if the						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 263,412 226,203 37,209 26 Joint costs. Complete this line only if the	0.70					
26 Joint costs. Complete this line only if the		** ,				
	25	Total functional expenses. Add lines 1 through 24e	263,412	226,203	37,209	0
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Total liabilities and net assets/fund balances . .

Form 990 (2023) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 89,493 145,150 Cash-non-interest-bearing 101,296 Pledges and grants receivable, 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 94,447 94,447 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 711,321 10a b Less: accumulated depreciation 10b 209,675 604,390 106,931 10c 11 Investments—publicly traded securities 15,997 15,674 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 407,841 465,269 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions 445,269 387,841 27 20,000 20,000 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 407,841 465,269 32 Total net assets or fund balances 32

407,841 Form 990 (2023)

465,269

33

Form	990 (2023) FOOTBRIDGE, INC. 46-5034865			<u>Pa</u>	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		07,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		63,	
3	Revenue Stappenses. Subtract line 2 from line 1	3		56,	
4	Net assett of fund palancies and egipning of year (musifequal Part X line 32 column (A))		1014	\$ 5,3	<u> 269</u>
5	Net assets of fund balances a beginning of year (musikequal Cart X line 32 column (A)) Net unrealized gails (fisses) on investments	16		-1,	255
6	Donated services and use of facilities	6	T J		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4	07,	841
Pa	TXIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			7	De la
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 cg/9, 12	5	
	reviewed on a separate basis, consolidated basis, or both.			1 N.	1 4
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		100
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			13 3 4	- 'i=-
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			المراسية	in .
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				1 4 7
	Schedule O.		in the second	性態	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required qualit or quality explain why on Schedule O and describe any stens taken to underno such audits		l 3h	l	I

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Explorer identification number

Open to Public

				INCOC	70		46-563	
	ırt l			Status (All organizations			tiris part.) See instruction	B. J. Y
The	orgai			it is: (For lines 1 through 12, che	-			1)
1	Ц	A church, cor	nvention of churches, or asso-	ciation of churches described in	section 1	170(b)(1)(<i>i</i>	A)(i).	
2	Ш	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990).)			
3	Ш	A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii)	•	
4	Ш	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,
	_	city, and state	ə: 				*************	
5	\sqcup	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in	
		section 170	(b)(1)(A)(iv). (Complete Part I	II.)				
6	Ш	A federal, sta	te, or local government or go	vernmental unit described in sec	ction 170(b)(1)(A)(v	').	
7	X		on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	a governi	mental un	it or from the general public	
8	П	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	l.)			
9	П	An agricultura	al research organization descr	ribed in section 170(b)(1)(A)(ix) operated	in conjun	ction with a land-grant college	
	_	or university of university:	or a non-land-grant college of	agriculture (see instructions). En	iter the na	me, city, a	and state of the college or	
10	\Box		on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	tributions,	membership fees, and gross	
,	_	_	•	t functions, subject to certain exc			• • •	
			-	I unrelated business taxable inco	•		1 tax) from businesses	
	$\overline{}$			1975. See section 509(a)(2). (
11	Н	_	- ,	clusively to test for public safety		•	** *	
12	Ш	-	•	clusively for the benefit of to pe				
		,		ns described in section 509(a)(cribes the type of supporting orga	•	•	., .	neck
	а	Type I. A	supporting organization oper	ated, supervised, or controlled b	y its supp	orted orga	anization(s), typically by giving	
				er to regularly appoint or elect a		the direct	tors or trustees of the	
				mplete Part IV, Sections A and				
	þ			ervised or controlled in connection			•	
			· management of the supporti ion(s). You must complete I	ng organization vested in the sai	me person	s that cor	itrol or manage the supported	
	_		•	·	in connecti		and functionally interested with	
		its suppo	rted organization(s) (see inst	upporting organization operated in ructions). You must complete P	Part IV, Se	ctions A,	D, and E.	
	đ	_		. A supporting organization opera)
				organization generally must satis	-	-		
	е		•	ust complete Part IV, Sections				
	•			ived a written determination from -functionally integrated supporting			Type I, Type II, Type III	
	f		nber of supported organization					
	g	Provide the fo	ollowing information about the	supported organization(s).	• • • • • • • • • • • • • • • • • • • •		***************************************	
(1) Nam	e of supported	(ii) EiN	(iii) Type of organization	(îv) is the	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docur	1	instructions)	instructions)
/41					Yes	No		
(A)								
(B)								
(C)								
(D)							<u> </u>	
(E)								
T -4-					That etten	सिक्षिक के _{वि} स्त		

Schedule A (Form 990) 2023

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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	In:	spe	CTIO	n	JOD	V
	include any "unusual grants.")	646,792	245,422	197,291	202,926	206,621	1,499,052
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	646,792	245,422	197,291	202,926	206,621	1,499,052
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)						2,662
6	Public support. Subtract line 5 from line 4						1,496,390
Sec	tion B. Total Support						2/150/550
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	646,792	245,422	197,291	202,926	206,621	1,499,052
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,272	985	1,096	3,353
9	Net income from unrelated business activities, whether or not the business is regularly carried on						91
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					III ASSESSADE	1,502,405
12	Gross receipts from related activities, etc. (s					12	846
13	First 5 years. If the Form 990 is for the org	anization's first, sec	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)		
200	organization, check this box and stop here tion C. Computation of Public Su	nnort Dorsonto					
14				0)		144	
15	Public support percentage for 2023 (line 6, c	column (1) divided by	/ line 11, column (r)))		14	99.60 %
16a	Public support percentage from 2022 Sched 33 1/3% support test — 2023. If the organi	ization did not check	the boy on line 1	3 and line 14 is 33	1/3% or more, show	ok this	99.61 %
	box and stop here . The organization qualified						X
b	33 1/3% support test — 2022. If the organi	ization did not check	ca box on line 13	or 16a, and line 15	is 33 1/3% or more	check	
-	this box and stop here. The organization qu				13 30 17370 01 111016	, CHECK	
17a	10%-facts-and-circumstances test — 202				or 16b, and line 14	1 is	Ш
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact						
	organization						
b	10%-facts-and-circumstances test — 202						
	15 is 10% or more, and if the organization n						
	in Part VI how the organization meets the fa				•		
	organization						
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						
111							A (Form 990) 2023

Page 3

Schedule A (Form 990) 2023

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

(Complete only if you checked t	ne box on line 10 of Part I or i	f the organization failed	to qualify under Part II.
If the organization fails to qualif	under the tests listed below,	please complete Part II.	.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	In:	sne	CTIC	n	COD	V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		op c	0410			<i>y</i>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					_	
	Add lines 7a and 7b			To the latest and the			
8	Public support. (Subtract line 7c from		是 文化 4 mm		Jan Ashin		
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9		(a) 2019	(b) 2020	(6) 2021	(u) 2022	(6) 2023	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here						
Sec	tion C. Computation of Public Su		age				······
15	Public support percentage for 2023 (line 8,			(f))		15	%
16	Public support percentage from 2022 Sched	lule A, Part III, line	15	······································			%
Sec	tion D. Computation of Investmen	nt Income Per	centage			handa balan ba	
17	Investment income percentage for 2023 (lin	e 10c, column (f),	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part III	line 17			40	%
19a	33 1/3% support tests — 2023. If the orga	nization did not che	eck the box on line	14, and line 15 is r	nore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box						📙
b	33 1/3% support tests — 2022. If the orga line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						
						Schedule	e A (Form 990) 2023

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and col	mplete Part V.)
Sect	ion A. All-Supporting Organizations	
1	Are all of the organization's supported organizations isted by name in the organization stocked in	O O Y/s No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
2	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).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	
Ju	lines 3b and 3c below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	organization made the determination.	3b
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	
	despite being controlled or supervised by or in connection with its supported organizations.	4b
C	Did the organization support any foreign supported organization that does not have an IRS determination	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	A = 1 mg (日本) mg (
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	
	was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	
	designated in the organization's organizing document?	5b
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7 Tark 2002 UST US
•	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8
Ja	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	2-21-24
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	
	supporting organizations)? If "Yes," answer line 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	
	determine whether the organization had excess business holdings.)	10b

Schedul	e A (Form 990) 2023	FOOTBRIDGE,	INC.	46-5034865	Page 5
Part	NV Supporting	Organizations (continued)			
				Yes	No
11	Has the organization as	ccepted a gift or contribution from a	ny of the following persons?		Day 1995 Balley
	~	. •	together with persons described on lines 11b and	(1) 전 경기 (1	1
_		ne body of a supported organization	-	11a	
h			COCCION		
		person described on line 1 ia above?			in the All
C		takenson described on iner11ac	and the state of the state of the		7.00
0-4	provide detail in Part V		.	<u>■ 110 ⊌</u>	
Section	on B. Type I Supp	oorting Organizations			
				Yes	No No
1	Did the governing body	, members of the governing body, o	fficers acting in their official capacity, or membershi	p of one or	(計) 独电角
	more supported organiz	zations have the power to regularly	appoint or elect at least a majority of the organization	on's officers,	
	directors, or trustees at	t all times during the tax year? If "No	," describe in Part VI how the supported organizati	ion(s)	
		- -	ion's activities. If the organization had more than o		
		•	emove officers, directors, or trustees were allocated	10.5	,
	-	* * * * * * * * * * * * * * * * * * * *	, if any, applied to such powers during the tax year		Have the same that and
•	=				
2		• ••	ed organization other than the supported		
		•	supporting organization? If "Yes," explain in Part		70. A
			the supported organization(s) that operated,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ed the supporting organization.		2	
Section	on C. Type II Sup	porting Organizations			
				Yes	No_
1	Were a majority of the	organization's directors or trustees of	luring the tax year also a majority of the directors		
		=	ation(s)? If "No," describe in Part VI how control	V dist	
		• • • •	in the same persons that controlled or managed		
	the supported organiza		ar the same persons that some six manages	1	الا سم كالاست الأ
Section		Supporting Organizations			
0000	on D. An Type in	Cupporting Organizations			
_	5 111			Yes	No No
1		· · · · · ·	zations, by the last day of the fifth month of the		
	organization's tax year,	(i) a written notice describing the ty	pe and amount of support provided during the prior	tax	
	year, (ii) a copy of the l	Form 990 that was most recently file	d as of the date of notification, and (iii) copies of the	∍ <u>laiki biri</u> a	
	organization's governing	g documents in effect on the date o	f notification, to the extent not previously provided?	1	
2	Were any of the organi	ization's officers, directors, or trustee	es either (i) appointed or elected by the supported		
	organization(s) or (ii) se	erving on the governing body of a s	upported organization? If "No," explain in Part VI		
	how the organization n	naintained a close and continuous v	orking relationship with the supported organization	(s). 2	
3	-		id the organization's supported organizations have	P. 200 C. C.	*** 1
•	•	•	and in directing the use of the organization's		
	=	- · ·	describe in Part VI the role the organization's		
		• •	describe in Fait vi the role the Organization's	Salah Palah	فللمناجعين إسه
Cooki		s played in this regard.	-ti Oti	3	
		nctionally Integrated Suppo			
1	Check the box next to	the method that the organization use	ed to satisfy the Integral Part Test during the year (s	see instructions).	
а	The organization s	satisfied the Activities Test. Complete	line 2 below.		
b	The organization is	s the parent of each of its supported	organizations. Complete line 3 below.		
C	The organization s	supported a governmental entity. Des	scribe in Part VI how you supported a governmenta	al entity (see instructions).	
2	Activities Test. Answe.	r lines 2a and 2b below.		Yes	No No
а	Did substantially all of	the organization's activities during th	e tax year directly further the exempt purposes of	그렇게 밝혀?	
		· · ·	s responsive? If "Yes," then in Part VI identify		
		= = = = = = = = = = = = = = = = = = = =	activities directly furthered their exempt purposes,	1	
		· · · · · · · · · · · · · · · · · · ·	• • • • • •		
	_		rganizations, and how the organization determined	00	فتحششت أشت
		nstituted substantially all of its activities		2a	7.7.3
þ			divities that, but for the organization's		
			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	P. (2.4 F. (2.1)	
	have engaged in these	e activities but for the organization's	involvement.	2b	
3	Parent of Supported O	Organizations. Answer lines 3a and	3b below.		
а	Did the organization ha	ave the power to regularly appoint or	elect a majority of the officers, directors, or		
	trustees of each of the	supported organizations? If "Yes" o	r "No," provide details in Part VI.	3a	
b		- · ·	tion over the policies, programs, and activities of ea	nch Time	7.5 0 1.74 19 4 14 1 1
			the role played by the organization in this regard.	3b	

Schedu	le A (Form 990) 2023 FOOTBRIDGE, INC.		46-50348	B65 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 1970	(explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must of	complete	Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	OH A AGUSCU NOT HOUSE		(/,/ / / / / / / / / / / / / / / / / / /	(optional)
1	Net short-term capital gain		n + c	\mathbf{n}
2	Recoveries of prior-year distributions	2		$\mathcal{L}\mathcal{L}\mathcal{L}$
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
8	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	Tech St		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		3-
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III su	pporting organization	
	(see instructions).			

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023 FOOTBRIDGE, INC.		46-50	34865	Page 7
Parl	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continued)		
Secti	on D – Distributions			Cı	ırrent Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes organizations in excess of income from activity	ACTIO	$n \in$	2	\/
3 4	Administrative expenses paid to accomplish exempt purposes of support Amounts paid to acquire exempt-use assets	orted organizations		3 /	y —
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ile in Part VA		5	
6	Other distributions (describe in Part VI). See instructions.	iis iii Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	tion is responsive		8	
-	(provide details in Part VI). See instructions.	adir io rooponare			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) stributable ount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
c	From 2020			es Clark	
d	From 2021				
е	From 2022	(24) 经国际的证券的证据			
f	Total of lines 3a through 3e			A PROPERTY	Potato Const
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years			Self-Self-Self-Self-Self-Self-Self-Self-	
	Applied to 2023 distributable amount				
5	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ü	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

DAA

Schedule A (Forn		OOTBRIDGE, INC		40-303480	
Part VI	III, line 12; Part IV, Set B, lines 1 and 2; Part I 3a, and 3b; Part V, line	ction A, lines 1, 2, 3b, 3c V, Section C, line 1; Par	, 4b, 4c, 5a, 6, 9a, 9b, 9 t IV, Section D, lines 2 a le 1e; Part V, Section D	t II, line 10; Part II, line 17a 9c, 11a, 11b, and 11c; Part and 3; Part IV, Section E, li , lines 5, 6, and 8; and Par , (See instructions)	IV, Section nes 1c, 2a, 2b,
	Public	c Insp	bectio	on Co	Oy
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					

Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Filers of: Section: 3) (enter number) organization Form 990 or 990-EZ X 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000

Special Rules

contributor's total contributions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a

Name of organization FOOTBRIDGE, INC.

Employer identification number 46-5034865

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	D Rame a farees, and ziFF 2 C C	(c)	(d) Type of contribution
. 1	i ubiic iiispec	\$ 12,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 8,250	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 5,480	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 6		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization
FOOTBRIDGE INC

Employer identification number 46-5034865

FOOT	SKIDGE, INC.		3034003
Part	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	D Radio actives, and RIFF C C C	(c)	(d) Type of contribution
7	Tublic maped	\$ 20,000	Persori X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11.		s 5,330	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name	of the organization		j	Employer	identification number
===	OOTBRIDGE, INC. Organizations Maintaining Donor Advised tun Complete if the organization answered "Yes" of F	diop Ot	her Signilar Junds or Ad	46-5 courts	OPy
			(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year		,,,	<u>,</u>	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that t		ald in donor advised		
J	funds are the organization's property, subject to the organization's exclusions				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			· · · · · · · · · · · ·	🗀 163 🗀 160
·	only for charitable purposes and not for the benefit of the donor or donor				
		•			
Pa	rt Conservation Easements				
	Complete if the organization answered "Yes" on F	orm 990.	Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization (check a				
•	Preservation of land for public use (for example, recreation or educa		Preservation of a historically in	nortant la	and area
	Protection of natural habitat	""" H	Preservation of a certified histo	•	
	Preservation of open space	لــا	. reservation of a continear mon	J.10 30 00.	u.u
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contrib	ition in the form of a conservati	on	
_	easement on the last day of the tax year.			rea	Held at the End of the Tax Year
а	Total number of conservation easements			2a	THE WORLD WITH THE TOTAL TOTAL
h	Total acreage restricted by conservation easements		• • • • • • • • • • • • • • • • • • • •	2b	
c	Number of conservation easements on a certified historic structure include	led on line 2	 a	2c	
d	Number of conservation easements included on line 2c acquired after Jul				
_	an a bistoria eteratura liated in the National Devictor			2d	
3	Number of conservation easements modified, transferred, released, extin		terminated by the organization		<u> </u>
•	tax year	galorioa, or	to organization	adig tile	•
4	Number of states where property subject to conservation easement is to	cated			
5	Does the organization have a written policy regarding the periodic monitor				
•	violations, and enforcement of the conservation easements it holds?	•	•		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of				
•	otal and totalings house sorted to maintaining, mapating, harianing of	, , , , , , , , , , , , , , , , , , ,	a omercing concervation cases		ing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions and er	forcing conservation easements	during th	ne vear
•			including deliber taken dagement	during a	io your
8	Does each conservation easement reported on line 2d above satisfy the	requirement	s of section 170/h)/4\/B\(i)		
•	and section 170(h)(4)(B)(ii)?	•	* * * * * * * * * * * * * * * * * * * *		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easemen				·······
•	sheet, and include, if applicable, the text of the footnote to the organization		•		•
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art,	Historica	Treasures, or Other S	imilar <i>A</i>	Assets
	Complete if the organization answered "Yes" on F				
1a	If the organization elected, as permitted under FASB ASC 958, not to rep	oort in its rev	enue statement and balance sh	eet works	}
	of art, historical treasures, or other similar assets held for public exhibition	n, education	, or research in furtherance of p	ublic	
	service, provide in Part XIII the text of the footnote to its financial stateme	ents that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report	in its revenu	e statement and balance sheet	works of	
	art, historical treasures, or other similar assets held for public exhibition,	education, o	r research in furtherance of put	lic service	э,
	provide the following amounts relating to these items.		·		
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(III) Assets to desired to Free AAA D. 4 M.				_
2	If the organization received or held works of art, historical treasures, or o				
	following amounts required to be reported under FASB ASC 958 relating	to these iter	ns.		
а	Revenue included on Form 990, Part VIII, line 1				\$
h	Assets included in Form 990 Part X				•

Sche	idule D (Form 990) 2023 FOOTBRID	GE, INC.			40-30346	, D.J		٢	'age ∠
Pe	irtill Organizations Maintainin	g Collections of	Art, Historio	cal Treasures,	or Other Simil	ar Assets	(continu	ıed)	
3	Using the organization's acquisition, accessi collection items (check all that apply).								
a		d□	Loan or exchar	nge program					
b	H		Other	4 =					
c	Preservation for future generation	Inc	no	OTIO			1	•	
4	Provide a description of the opartization's A	bllections and explain	ow they wriber	the ofdenization's	exemp purpose in	Pafi	JV	/	
•	XIII.	onconord and appear			Aprilla barboso		-		
5	During the year, did the organization solicit	or racciva danations of	e bistorical to	nacurae or other cir	milae	•			
9			•	·				Г	٦ ٨,
D	assets to be sold to raise funds rather than		art of the organiz	ation's collection?		· · · · · · · · · · · · · · · · · · ·	<u> 10</u>	98	No
i i n	irt IV: Escrow and Custodial A Complete if the organization	_	on Form 00	0 Part IV line (ar rapadad a	an amount	on Eorm		
	990, Part X, line 21.	ii alisweleu Tes	OII I OIIII 99	o, rait iv, line i	s, or reported a	an amount	OH FOIL	ļ	
4-									
та	Is the organization an agent, trustee, custod		•				П.,		٦
	included on Form 990, Part X?						📙 Y	es _	_ No
b	If "Yes," explain the arrangement in Part XII	and complete the folk	owing table.						
							Amoun	<u>t </u>	
C	Beginning balance					1c			
d	Additions during the year	• • • • • • • • • • • • • • • • • • • •				1d			
0	Distributions during the year					1e			
f									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow o	r custodial account I	iability?		T Y	98	No
	If "Yes," explain the arrangement in Part XIII								1
	irt V Endowment Funds			p				··· ,	
	Complete if the organization	n answered "Yes"	on Form 99	0. Part IV. line	10.				
	outpote it and organization	(a) Current year	(b) Prior yes			hree years back	(a) For	r years	hack
12	Beginning of year balance	(4) 50.10.11 /52	(0,1,0	(0,1)	(0)	100 1000 0001	1 (0,1.00	- ,000	-
							+		_
b							+		
C	Net investment earnings, gains, and								
_	losses								
đ	Grants or scholarships								
0	Other expenditures for facilities and								
	programs		L						
f	Administrative expenses								
g									
2	Provide the estimated percentage of the cur		(line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
C									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		on that are held	and administered for	or the				
	organization by:						i	Yes	No
	(i) Unrelated organizations?						3a(i)	. 33	'''
	(ii) Related organizations?		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				<u> </u>
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.	otiona liatori da roquira			••••••	· • • • • • • • • • • • • • • • • • • •	3a(ii)		 -
				٠			. <u>[3b</u>		1
	Describe in Part XIII the intended uses of the		ment tunas.						
	Land, Buildings, and Equ		- 00:	0.00.007.0				_	
	Complete if the organization								
	Description of property	(a) Cost or other	basis (b)	Cost or other basis	(c) Accumulate		(d) Book	value	
		(investment)		(other)	depreciation				
1a	Land					<u> </u>			
b	Buildings			· · · · · · · · · · · · · · · · · · ·					
C	Leasehold improvements								
d	Equipment			711,321	604	,390	10	06,	931
<u> </u>	Other						-		
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part >	C. line 10c. colur	nn (B))	-		10	06.	931

Rant VIII	Complete if the organization answered "Y	es" on Form 990. Part IV. lir	ne 11b. See Form 990. Par	t X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial (2) Closely he (3) Other		spection	n Co	ру
(A) (B)				
(¢)				
(D) (E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related			
	Complete if the organization answered "Y	es" on Form 990, Part IV, lir	•	
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				··
(4) (5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, line 13, col. (B))			i Tigarti kere ili kecamatan il
Part IX	Other Assets		The control of the property of the control of the c	المراكا المالي بيدان بدايد بده هديد
	Complete if the organization answered "Y	es" on Form 990, Part IV, lir	ne 11d. See Form 990, Par	t X, line 15.
***	(a) Desc	cription		(b) Book value
(1)				
(2) (3)				· · · · · · · · · · · · · · · · · ·
(4)		****		
(5)				
(6)				
(7)				
(8) (9)			-	
	(b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities Complete if the organization answered "Y line 25.	es" on Form 990, Part IV, lir	ne 11e or 11f. See Form 99	90, Part X,
1.	(a) Description	on of liability		(b) Book value
 	income taxes			
(2)				-
(3)				
(5)				
(6)				
(7)				
(8)				
	(b) must equal Form 990, Part X, line 25, col. (B))			· · · · · · · · · · · · · · · · · · ·
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's fir	nancial statements that reports the	· · · · · · · · · · · · · · · · · · ·
omanization's I	iability for uncertain tax positions under FASR ASC 74	O Check here if the text of the foots	ote has been provided in Part YIII	. \square

Sche	dule D (Form 990) 2023 FOOTBRIDGE, INC.	46-503	4865	Page 4
Pa	Reconciliation of Revenue per Audited Financial State	nents With Revenue pe	r Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized pains (losses) on investments	26		
b	Donated sanges and secrof recities C			
c	Recoveries of prior year grant	フレキレノト		
d	Net unrealized pains (losses) on investments Donated services and use of reclities Recoveries of priority of grant Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	Reconciliation of Expenses per Audited Financial State	ements With Expenses	er Return	
	Complete if the organization answered "Yes" on Form 990			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b			. 2. 4	
С	-			
d	Other (Describe in Part XIII.)	2d		
0	Add lines 2a through 2d		2ө	
	Subtract line 2e from line 1		3	
			(F) (F)	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		104 275	
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b		The state	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TEXIII Supplemental Information	4b	40 5	
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	/, lines 1b and 2b; Part V, line 4	40 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) The XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
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a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) If XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines 1b and 2b; Part V, line 4; any additional information.	4c 5	
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Schedule D (F	orm 990) 2023 Supplementa	FOOTBRIDGE	, INC.		46-50	034865	Page 5
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SCHEDULE F (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

ш Name of the organization Employer identification number FOOTBRIDGE, 46-5034865 Part I General Information on Activities Outside the United States. Complete if the organization answered Yes on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as, fundraising, program services, a program service, describe specific type of expenditures for of offices in employees. agents, and and investments the region independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region TOGO AFRICA (1) GRANTS SCHOOLING ASSISTANCE 56,673 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Subtotal 56,673 **b** Total from continuation sheets to Part I c Totals (add

56,673

lines 3a and 3b)

Schedule F (Form 990) 2023	FOOTBRIDGE,	INC.	
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46-5034865

Page 2

Part II						e United States. (can be duplicated i			wered "Yes" on Fo	rm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)							1)			
(2)										
(3)										
(4)										
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(13)										
(14)										
(15)										
(16) 2 Ente	er total number of rec	spient organizations li	sted above that are	recognized as	charities by the foreign	country, recognized as	a tax			
exer	mpt 501(c)(3) organiz	ation by the IRS, or f	for which the grant	ee or counsel ha	s provided a section 50	01(c)(3) equivalency lett	er			

Schedule F (Form 990) 2023

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Description of noncash assistance (book, FMV, appraisal, other) TOGO (1) SCHOOLING ASSISTANCE 115 56,673 __(2)____ (4) (5) (6) __(9)_____ (10) (11) (12)___ (13) (14) (15) (16) (17) (18)

FOOTBRIDGE Schedule F (Form 990) 2023 INC Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (See the Instructions to Form 926) Did the or anization a foreign trust during the be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) X No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to X No Certain Foreign Corporations (see the Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

No

Schedule F (Form 990) 2023 46-5034865 FOOTBRIDGE INC Page 5 Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions REGION INVESTMENTS TOGO AFRICA 56,673 \$ 0

SCHEDULE O (Form 990) 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.

2023

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVIT

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

CONNECT DOCTORS AND MEDICAL PROFESSIONALS FROM ALL FIELDS OF THE HEALTHCARE

WORLD TO MISSIONS AMONG THE WORLD'S POOR, IN ORDER TO HELP MEET THEIR

PHYSICAL AND SPIRITUAL NEEDS. ADDITIONALLY PROVIDE ACCESS TO EDUCATIONAL

OPPORTUNITIES TO NATIONALS THAT THEY MIGHT CARRY ON THE EXPANSION OF

CHRIST'S WORK IN THEIR COMMUNITY.

FORM 990 - ORGANIZATION'S MISSION

CONNECT DOCTORS AND MEDICAL PROFESSIONALS FROM ALL FIELDS OF THE HEALTHCARE

WORLD TO MISSIONS AMONG THE WORLD'S POOR, IN ORDER TO HELP MEET THEIR

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OPPORTUNITIES TO NATIONALS THAT THEY MIGHT CARRY ON THE EXPANSION OF

CHRIST'S WORK IN THEIR COMMUNITY.

FORM 990, PART I, LINE 6

MEDICAL PROFESSIONALS AND VOLUNTEERS NECESSARY TO STAFF "NO CHARGE" CLINICS

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

WORLD TO MISSIONS AMONG THE WORLD'S POOR IN ORDER TO HELP MEET THEIRCONNECT

DOCTORS AND MEDICAL PROFESSIONALS FROM ALL FIELDS OF THE HEALTHCARE

FORM 990, PART VI - ADDITIONAL INFORMATION

FOOTBRIDGE, INC. WHISTLEBLOWER PROTECTION POLICY

FOOTBRIDGE, INC. REQUIRES DIRECTORS, OFFICERS, BOARD MEMBERS, INDEPENDENT

CONTRACTORS, AND VOLUNTEERS TO OBSERVE HIGH STANDARDS OF BUSINESS AND

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

Schedule O (Form 990) 2023

Name of the organization

FOOTBRIDGE, INC.

Employer identification number

46-5034865

PERSONAL ETHICS IN THE CONDUCT OF THEIR DUTIES AND RESPONSIBILITIES. AS
REPRESENTEDIVES OF FOODBRIDGE OF MUST PRACTICE HONESTY AND INTEGRITY IN
FULFILLING OUR RESPONSIBILITIES AND COMPLY WITH ALL APPLICABLE LAWS AND
REGULATIONS.

REPORTING RESPONSIBILITY

THIS WHISTLEBLOWER POLICY IS INTENDED TO ENCOURAGE AND ENABLE DIRECTORS,
OFFICERS, BOARD MEMBERS, INDEPENDENT CONTRACTORS, AND VOLUNTEERS TO RAISE
SERIOUS CONCERNS INTERNALLY SO THAT FOOTBRIDGE CAN ADDRESS AND CORRECT
INAPPROPRIATE CONDUCT AND ACTIONS IF THEY SHOULD ARISE. IT IS THE
RESPONSIBILITY OF ALL DIRECTORS, OFFICERS, BOARD MEMBERS, INDEPENDENT
CONTRACTORS, AND VOLUNTEERS TO REPORT CONCERNS ABOUT VIOLATIONS OF
FOOTBRIDGE'S CODE OF ETHICS OR SUSPECTED VIOLATIONS OF LAW OR REGULATIONS
THAT GOVERN FOOTBRIDGE'S OPERATIONS.

NO RETALIATION

IT IS CONTRARY TO THE VALUES OF FOOTBRIDGE FOR ANYONE TO RETALIATE AGAINST ANY DIRECTORS, OFFICERS, BOARD MEMBERS, INDEPENDENT CONTRACTORS, OR VOLUNTEERS WHO IN GOOD FAITH REPORTS AN ETHICS VIOLATION, OR A SUSPECTED VIOLATION OF LAW, SUCH AS A COMPLAINT OF DISCRIMINATION, OR SUSPECTED FRAUD, OR SUSPECTED VIOLATION OF ANY REGULATION GOVERNING THE OPERATIONS OF FOOTBRIDGE. ANY STAKEHOLDER WHO RETALIATES AGAINST SOMEONE WHO HAS REPORTED A VIOLATION IN GOOD FAITH IS SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION OF THEIR HELD POSITION.

REPORTING PROCEDURE

FOOTBRIDGE HAS AN OPEN DOOR POLICY AND SUGGESTS THAT ALL STAKEHOLDERS SHARE
THEIR QUESTIONS, CONCERNS, SUGGESTIONS, OR COMPLAINTS WITH THE PRESIDENT,
WHOM CAN BE EMAILED AT PRESIDENT@FOOTBRIDGE.ORG. IF YOU ARE NOT COMFORTABLE

PAGE 1 OF 8

Employer identification number

46-5034865

SPEAKING WITH THE PRESIDENT OR YOU ARE NOT SATISFIED WITH THE PRESIDENT'S RESPONSE eincouraged to Spear WHOM CAN BE EMAILED AT COOFFOOTBRINGE.ORG. THE PRESIDENT IS RESPONSIBLE FOR ENSURING THAT ALL COMPLAINTS ABOUT UNETHICAL OR ILLEGAL CONDUCT ARE INVESTIGATED AND RESOLVED. THE PRESIDENT WILL ADVISE THE BOARD OF DIRECTORS OF ALL COMPLAINTS AND THEIR RESOLUTION AND WILL REPORT AT LEAST ANNUALLY TO THE BOARD OF DIRECTORS ON COMPLIANCE ACTIVITY RELATING TO ACCOUNTING OR ALLEGED FINANCIAL IMPROPRIETIES. ACCOUNTING AND AUDITING MATTERS FOOTBRIDGE SHALL IMMEDIATELY NOTIFY THE CHIEF FINANCIAL OFFICER OF ANY CONCERN OR COMPLAINT REGARDING CORPORATE ACCOUNTING PRACTICES, INTERNAL CONTROLS, OR AUDITING, AND WORK WITH THE CHIEF FINANCIAL OFFICER UNTIL THE MATTER IS RESOLVED. ACTING IN GOOD FAITH ANYONE FILING A WRITTEN COMPLAINT CONCERNING A VIOLATION OR SUSPECTED VIOLATION MUST BE ACTING IN GOOD FAITH AND HAVE REASONABLE GROUNDS FOR BELIEVING THE INFORMATION DISCLOSED INDICATES A VIOLATION. ANY ALLEGATIONS THAT PROVE NOT TO BE SUBSTANTIATED AND WHICH PROVE TO HAVE BEEN MADE MALICIOUSLY OR KNOWINGLY TO BE FALSE WILL BE VIEWED AS A SERIOUS DISCIPLINARY OFFENSE. CONFIDENTIALITY VIOLATIONS OR SUSPECTED VIOLATIONS MAY BE SUBMITTED ON A CONFIDENTIAL BASIS BY THE COMPLAINANT. REPORTS OF VIOLATIONS OR SUSPECTED VIOLATIONS WILL BE KEPT CONFIDENTIAL TO THE EXTENT POSSIBLE, CONSISTENT WITH THE NEED TO CONDUCT AN ADEQUATE INVESTIGATION. HANDLING OF REPORTED VIOLATIONS FOOTBRIDGE WILL NOTIFY THE PERSON WHO SUBMITTED A COMPLAINT AND ACKNOWLEDGE RECEIPT OF THE REPORTED VIOLATION OR SUSPECTED VIOLATION. ALL REPORTS WILL BE PROMPTLY INVESTIGATED AND APPROPRIATE CORRECTIVE ACTION WILL BE TAKEN IF

Name of the organization

FOOTBRIDGE, INC.

Employer identification number

46-5034865

WARRANTED BY THE INVESTIGATION.

THESE POLICIES COVER ALL RECORDS REGARDLESS OF PHYSICAL FORM OR

CHARACTERISTICS WHICH HAVE BEEN MADE OR RECEIVED BY FOOTBRIDGE, INC.

I.PURPOSE OF POLICIES

THESE POLICIES PROVIDE FOR THE SYSTEMATIC REVIEW, RETENTION AND DESTRUCTION OF RECORDS RECEIVED OR CREATED BY FOOTBRIDGE, INC. IN CONNECTION WITH THE TRANSACTION OF BUSINESS. THESE POLICIES COVER ALL RECORDS, REGARDLESS OF PHYSICAL FORM, CONTAIN GUIDELINES FOR HOW LONG CERTAIN RECORDS SHOULD BE KEPT AND HOW RECORDS SHOULD BE DESTROYED. THESE POLICIES ARE DESIGNED TO ENSURE COMPLIANCE WITH FEDERAL AND STATE LAWS AND REGULATIONS, TO ELIMINATE ACCIDENTAL OR INNOCENT DESTRUCTION OF RECORDS AND TO FACILITATE FOOTBRIDGE'S OPERATIONS BY PROMOTING EFFICIENCY AND FREEING UP VALUABLE STORAGE SPACE. INCLUDED IN THE FEDERAL LAWS NECESSITATING COMPLIANCE WITH THESE POLICIES IS THE SARBANES-OXLEY ACT ("THE AMERICAN COMPETITIVENESS AND CORPORATE ACCOUNTABILITY ACT OF 2002"), WHICH MAKES IT A CRIME TO ALTER, COVER UP, FALSIFY, OR DESTROY ANY DOCUMENT WITH THE INTENT OF IMPEDING OR OBSTRUCTING ANY OFFICIAL PROCEEDING.

II.RECORDS COVERED

THESE POLICIES APPLY TO ALL RECORDS IN ANY FORM, INCLUDING ELECTRONIC

DOCUMENTS. A RECORD IS ANY MATERIAL THAT CONTAINS INFORMATION ABOUT

FOOTBRIDGE'S PLANS, RESULTS, POLICIES, OR PERFORMANCE. ANYTHING THAT CAN BE
REPRESENTED WITH WORDS OR NUMBERS IS A BUSINESS RECORD FOR PURPOSES OF

THESE POLICIES. ELECTRONIC DOCUMENTS MUST BE RETAINED AS IF THEY WERE PAPER

PAGE 3 OF 8

Page 2

Name of the organization

FOOTBRIDGE, INC.

Employer identification number

46-5034865

ONLINE THAT FACT INTO ONE OF THE SOUPENT SEPESON THE SCHEDUCE SOUTH BE MAINTAINED FOR THE APPROPRIATE AMOUNT OF TIME.

III.RECORD RETENTION

FOOTBRIDGE FOLLOWS THE DOCUMENT RETENTION PROCEDURES OUTLINED BELOW.

DOCUMENTS THAT ARE NOT LISTED, BUT ARE SUBSTANTIALLY SIMILAR TO THOSE

LISTED IN THE SCHEDULE WILL BE RETAINED FOR THE APPROPRIATE LENGTH OF TIME.

A. PERMANENT RETENTION:

CORPORATE RECORDS - PERMANENT: ANNUAL REPORTS TO SECRETARY OF

STATE/ATTORNEY GENERAL, ARTICLES OF INCORPORATION, BOARD MEETING AND BOARD

COMMITTEE MINUTES, BOARD POLICIES/RESOLUTIONS, BY-LAWS, CONSTRUCTION

DOCUMENTS, FIXED ASSET RECORDS, IRS APPLICATION FOR TAX-EXEMPT STATUS (FORM

1023), IRS DETERMINATION LETTER, STATE SALES TAX EXEMPTION LETTER

ACCOUNTING AND CORPORATE TAX RECORDS - PERMANENT: ANNUAL AUDITS AND

FINANCIAL STATEMENTS, DEPRECIATION SCHEDULES, GENERAL LEDGERS, IRS 990 TAX

RETURNS

BANK RECORDS - PERMANENT: CHECK REGISTERS

PAYROLL AND EMPLOYMENT TAX RECORDS - PERMANENT: PAYROLL REGISTERS, STATE UNEMPLOYMENT TAX RECORDS

EMPLOYEE RECORDS - PERMANENT: EMPLOYMENT AND TERMINATION AGREEMENTS LEGAL,
INSURANCE AND SAFETY RECORDS - PERMANENT: APPRAISALS, COPYRIGHT
REGISTRATIONS, ENVIRONMENTAL STUDIES, INSURANCE POLICIES, REAL ESTATE
DOCUMENTS, STOCK AND BOND RECORDS, TRADEMARK REGISTRATIONS

PAGE 4 OF 8

Page 2 Employer identification number

Name of the organization

FOOTBRIDGE, INC.

46-5034865

Tublic Inspection Copy

CORPORATE RECORDS:
CONTRACTS (AFTER EXPIRATION) - 7 YEARS
CORRESPONDENCE (GENERAL) - 3 YEARS
ACCOUNTING AND CORPORATE TAX RECORDS:
BUSINESS EXPENSE RECORDS - 7 YEARS
IRS 1099S - 7 YEARS
JOURNAL ENTRIES - 7 YEARS
INVOICES - 7 YEARS
SALES RECORDS (BOX OFFICE, CONCESSIONS, GIFT SHOP) - 5 YEARS
PETTY CASH VOUCHERS - 3 YEARS
CASH RECEIPTS - 3 YEARS
CREDIT CARD RECEIPTS - 3 YEARS
BANK RECORDS:
BANK DEPOSIT SLIPS - 7 YEARS
BANK STATEMENTS AND RECONCILIATION - 7 YEARS
ELECTRONIC FUND TRANSFER DOCUMENTS - 7 YEARS
PAYROLL AND EMPLOYMENT TAX RECORDS:
EARNINGS RECORDS - 7 YEARS
GARNISHMENT RECORDS - 7 YEARS
PAYROLL TAX RETURNS - 7 YEARS
W-2 STATEMENTS - 7 YEARS

FOOTBRIDGE, INC. Employer identification number

46-5034865

EMPLOYEE RECORDS IC INSPECTION CODY RECORDS RELATING TO PROMOTION, DEMOTION OR DISCHARGE - 7 YEARS AFTER Y
TERMINATION
ACCIDENT REPORTS AND WORKER'S COMPENSATION RECORDS - 5 YEARS AFTER
TERMINATION OF CLAIM
SALARY SCHEDULES - 5 YEARS
EMPLOYMENT APPLICATIONS - 3 YEARS
I-9 FORMS - 3 YEARS AFTER TERMINATION
TIME CARDS - 2 YEARS
LEGAL, INSURANCE, AND SAFETY RECORDS:
DONOR RECORDS AND ACKNOWLEDGEMENT LETTERS - 7 YEARS
GRANT APPLICATIONS AND CONTRACTS - 5 YEARS AFTER COMPLETION
LEASES - 6 YEARS AFTER EXPIRATION
OSHA DOCUMENTS - 5 YEARS
OSHA DOCUMENTS - 5 YEARS GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING FOOTBRIDGE'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND ACCESSIBLE
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING FOOTBRIDGE'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND ACCESSIBLE MANNER. ALL DOCUMENTS AND FINANCIAL FILES THAT ARE ESSENTIAL TO KEEPING
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING FOOTBRIDGE'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND ACCESSIBLE MANNER. ALL DOCUMENTS AND FINANCIAL FILES THAT ARE ESSENTIAL TO KEEPING FOOTBRIDGE OPERATING IN AN EMERGENCY WILL BE DUPLICATED OR BACKED UP AT
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING FOOTBRIDGE'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND ACCESSIBLE MANNER. ALL DOCUMENTS AND FINANCIAL FILES THAT ARE ESSENTIAL TO KEEPING FOOTBRIDGE OPERATING IN AN EMERGENCY WILL BE DUPLICATED OR BACKED UP AT
GENERAL CONTRACTS - 4 YEARS AFTER TERMINATION IV.EMERGENCY PLANNING FOOTBRIDGE'S RECORDS WILL BE STORED IN A SAFE, SECURE, AND ACCESSIBLE MANNER. ALL DOCUMENTS AND FINANCIAL FILES THAT ARE ESSENTIAL TO KEEPING FOOTBRIDGE OPERATING IN AN EMERGENCY WILL BE DUPLICATED OR BACKED UP AT LEAST EVERY WEEK AND MAINTAINED OFF SITE.

PAGE 6 OF 8

FOOTBRIDGE, INC. Employer Identification number

46-5034865

FOOTBRIDGE'S PRESIDENT OR OTHER REPRESENTATIVE AS DESIGNATED BY THE
PRESIDENT IS RESPONSIBLE FOR THE SUCCION PROCESS OF IDENTIFYING US RECORDS WHICH HAVE MET THE REQUIRED RETENTION PERIOD AND OVERSEEING THEIR
DESTRUCTION. DESTRUCTION OF FINANCIAL AND PERSONNEL-RELATED DOCUMENTS WILL
BE ACCOMPLISHED BY SHREDDING. DOCUMENT DESTRUCTION WILL BE SUSPENDED
IMMEDIATELY, UPON ANY INDICATION OF AN OFFICIAL INVESTIGATION OR WHEN A
LAWSUIT IS FILED OR APPEARS IMMINENT. DESTRUCTION WILL BE REINSTATED UPON
CONCLUSION OF THE INVESTIGATION OR CLAIM, WHICHEVER IS LATEST.
VI.COMPLIANCE
FAILURE ON THE PART OF DIRECTORS OR EMPLOYEES TO FOLLOW THIS POLICY CAN
RESULT IN POSSIBLE CIVIL AND CRIMINAL SANCTIONS AGAINST FOOTBRIDGE AND ITS
EMPLOYEES AND POSSIBLE DISCIPLINARY ACTION AGAINST RESPONSIBLE INDIVIDUALS.
THE PRESIDENT OR INDIVIDUAL DESIGNATED BY THE PRESIDENT AND BOARD OF
DIRECTORS WILL PERIODICALLY REVIEW THESE PROCEDURES WITH LEGAL COUNSEL OR
THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANT TO ENSURE THAT THEY ARE IN
COMPLIANCE WITH NEW OR REVISED REGULATIONS. QUESTIONS CONCERNING THESE
POLICIES, THE APPLICABILITY OF CERTAIN RECORDS TO THE RETENTION OR
DESTRUCTION POLICIES, MUST BE ADDRESSED TO THE PRESIDENT OR OTHER
INDIVIDUAL AS DESIGNATED BY THE PRESIDENT.
FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
DANNY SPAINHOUR DAVID SPAINHOUR
PRESIDENT BOARD MEMBER

SIBLINGS

Schedule O (Form 990) 2023 Name of the organization	Page Employer Identification number
FOOTBRIDGE, INC.	46-5034865
POOIBRIDGE, INC.	10 0031000
FORM 990, PART VI, LINE 11B - ORGA	ANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 PREVIEWED AT THE HOARS	pection Copy
FORM 990, PART VI, LINE 19 - GOVE	RNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNI	ING DOCUMENTS,
AND FINANCIAL STATEMENTS AVAILABLE	UPON REQUEST.

Form 4562
Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

hment lence No. 179

Name(s) shown on return Identifying number 6-5034865 FOOTBRIDGE ING Business or activit DEPRECI INDIRECT Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1,160,000 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Partill Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 108,052 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (a) Classification of property (f) Method (e) Convention (a) Depreciation deduction placed in only-see instructions) 19a 3-year property HY 200DB 5-year property 6,635 5.0 C 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property MM 27.5 yrs. S/L Nonresidential real 39 yrs. MM S/L property MM Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/I d 40-year 40 yrs. ММ S/L Summary (See instructions.) Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 109,379 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...