PUBLIC DISCLOSURE COPY

Form **990** (Rev. January 2020)

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change IN THE GAP, INC. Name change 27-2841135 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 5517 NW 23RD STREET (405) 748-0712571,873. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 73127 OKLAHOMA CITY, OK H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHAD CHRISTIANSEN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.INTHEGAP.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2010 M State of legal domicile: OK Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF IN THE GAP **Activities & Governance** EQUIP AND INSPIRE YOUNG ADULTS TO BE POSITIVE LEADERS WHO MODEL Check this box X if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** 376,123.404,190.Contributions and grants (Part VIII, line 1h) 8 Revenue 103,182. 161,111. Program service revenue (Part VIII, line 2g) 1.174. 1,021. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 251. 5,551. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 480,730. 571,873. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 186,873. 221,408. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 425,318. 428,767. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 650,175. 612,191. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -131,461. -78,302. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 5 3,988,001. 129,704. Total assets (Part X, line 16) $24,\overline{247}$ 9,627. 21 Total liabilities (Part X, line 26) 三年 963,754. 120,07722 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHAD CHRISTIANSEN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/20 self-employed P00234298 W. LYNDEL LACKEY W. LYNDEL LACKEY Paid Firm's name | HOGANTAYLOR LLP Firm's EIN > 73-1413977Preparer Firm's address 1225 N BROADWAY AVENUE, SUITE 200 Use Only Phone no. 405-848-2020 OKLAHOMA CITY, OK 73103

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Pa	Statement of Program Service Accomplishments	77
	·	X
1	Briefly describe the organization's mission:	
	EQUIP AND INSPIRE YOUNG ADULTS TO BE POSITIVE LEADERS WHO MODEL INTEGRITY, PASSIONATELY LOVE JESUS CHRIST, AND EFFECTIVELY INFLUENCE	
	CHILDREN TO DO THE SAME.	
	CHILDREN TO DO THE SAME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ü	If "Yes," describe these changes on Schedule O.	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$ 539,628 • including grants of \$) (Revenue \$ 166,662	•)
	PROVIDING PROGRAMS THAT MINISTER TO THE SPIRITUAL NEEDS OF CHILDREN AND	
	YOUTH.	
	IN THE GAP EXISTS TO PROCLAIM THE GOSPEL OF JESUS CHRIST AND TO EQUIP	
	UPCOMING GENERATIONS TO PURSUE MORAL EXCELLENCE , WHOLE-HEARTEDLY STAND	,
	FOR WHAT IS RIGHT, AND TO BECOME POSITIVE ROLE MODELS WHO WILL	
	TRANSFORM OUR COMMUNITY, STATE, AND NATION FOR GENERATIONS TO COME. WE	
	ARE PASSIONATE ABOUT EQUIPPING AND INSPIRING YOUNG ADULTS TO BE	
	POSITIVE LEADERS WHO MODEL INTEGRITY, PASSIONATELY LOVE JESUS CHRIST,	
	AND EFFECTIVELY INFLUENCE CHILDREN TO DO THE SAME.	
	IN 2019 WE IMPACTED OVER 7,424 ELEMENTARY CHILDREN'S LIVES THROUGH	
	CHARACTER CLASSROOM PRESENTATIONS, AFTER-SCHOOL BIBLE CLUBS, OPERATION	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
	-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 539,628.	

Form 990 (2019) IN THE GAP, INC.

Part IV Checklist of Required Schedules

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

Form 990 (2019) IN THE GAP, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		122
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		v	
	Schedule N, Part II	32	Х	-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		T
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		 I	
	5-1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a. 2	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	(manyle library) and the state of the state	1c	Х	
	(gambling) winnings to prize winners?	<u> </u>	000	<u> </u>

IN THE GAP, INC. 27-2841135 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b

4a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for Financial Actions	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	to If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization meceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(?) organizations. Section 501(c)(?) organizations. Fire: Note: See the instructions for additional infor				
	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 contribution	ns or gifts			
			6b		
7					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	ı	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f			7f		X
g			7g		
h			7h		
8		by the			
			8		
9					
а			9a		
			9b		
10	· · · · · -	1			
а					
		10b			
11	· · · · · ·	1			
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			12a		
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			40-		
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D		40h			
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		•	110		Х
			14a		-22
			14b		
IJ			15		х
			15		-27
16		incomo?	16		Х
10		income?	10		-27
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019)

IN THE GAP, INC.

Part VI Governance, Management, and Disclosure

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
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 the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B Policies (This Continue B comments information about a division and the little and between B comments information about a division and the little and between B comments information about a division and the little and between B comments information about a division and the little and between B comments information are a division and the little and between B comments information are a division and the little and the l	1 3		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the examination have lead chanters branches or effiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	IUa		- 21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?			Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Λ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3.7	
	in Schedule O how this was done	12c	Х	77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• ,		
	Own website X 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, an	d finan	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (405) 748-0712			
	5517 NW 23RD STREET, OKLAHOMA CITY, OK 73127			

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IN THE GAP, INC.

Form 990 (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		JCI aii		l	1711 43		from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e 0r	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	Former			
(1) ROBERT GREENLAW	1.00	l							•	
CHAIRMAN	1 00	Х						0.	0.	0.
(2) DR. TERRILL HULSON	1.00								•	
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(3) BETTY HULSON	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(4) CAROL LARSON	1.00	3,7							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) COL. LLOYD SMITH BOARD MEMBER	1.00	37							0	•
(6) SUSAN SMITH	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) CHAD CHRISTIANSEN	40.00	Λ						0.	0.	<u> </u>
EXECUTIVE DIRECTOR	40.00			х				54,137.	0.	0.
EMBCOTTVE DIRECTOR								J=,1J/•	0.	<u></u>
					_	_				
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	<u> </u>			<u> </u>						5 000 (2242)

IN THE GAP, INC.

Name and title Average hours per week (list any) hours for related organizations below line) 10 Subtotal C Total from continuation sheets to Part VII, Section A d Total [add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organizations (w.2/1099-MISC) Estimated amount of the compensation from related organizations (w.2/1099-MISC) (W.2/1099-MISC) Estimated amount of the compensation from related organizations (w.2/1099-MISC) (W.2/1099-MISC) Estimated amount of the compensation from the organizations (w.2/1099-MISC) Total from continuation sheets to Part VII, Section A d Total [add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on	Fai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
Description		(A)	(B)			•	•			(D)	(E)			(F)	
Complete to the organization Section Sec		Name and title	1	(do					one	1	-		l '		
Subtotal										1 '	•		l		of
related organization below line) 1b Subtotal 1 Total from continuation eheets to Part VIII, Section A 1 Total add lines to and 16) 2 Total number of individuals (including but not limited to those listed above) who received more than \$10,000 of compensation and other compensation from the organization and other compensation from the organization. The other compensation from the organization of individual for services and other compensation from the organization. The other compensation from the organization of the calendar year ending with or within the organization is tax year. A				_	T	I		T u.o	T				l		
related organization below line) 1b Subtotal 1 Total from continuation eheets to Part VIII, Section A 1 Total add lines to and 16) 2 Total number of individuals (including but not limited to those listed above) who received more than \$10,000 of compensation and other compensation from the organization and other compensation from the organization. The other compensation from the organization of individual for services and other compensation from the organization. The other compensation from the organization of the calendar year ending with or within the organization is tax year. A			1 '	lirecto							•				
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1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a² // ""ys," complete Schedule J for such individual For any individual listed or nine 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000" // "ys," complete Schedule J for such individual A For any individual listed or nine 1a, is the sum of reportable compensation and other compensation from the organization and related organization from the organization from any unrelated organization individual or services rendered to the organization? // "ys," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization of services (A) Report Compensation from the organization of services NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than				ruste	l trus		ee.	mpen		(** 27 1033 141100)					
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Section B. Independent Contractors Section B. Independent Contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Section B. Independent contractors (including but not limited to those listed above) who received more than Yes No Yes No Yes No No Yes No No Yes No Yes No No Yes No No No No No No No N	<u>d</u>								<u> </u>	•					0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual nad related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	2		ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			,
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than		compensation from the organization												Yes	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than	4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	_												4		<u> X</u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	• •	•				•			· ·	dual for services		_		v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	Sec		iplete Schedule	e <i>J f</i>	or si	ıch <u>i</u>	oers	on					5		
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		·	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than			the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than			address	NO	NE	₹.					ervices	C			1
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•		Takahasan kasa di	- alcale de la	-1."						- It as a Visit of the Control of th	H				
	2			ot lir	nited	o to	_		sted	above) who received mo	ore tnan				

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Form 990 (2019) IN THE GAP, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any line	e in this Part VIII			
		Oncom a conseque o conseque a respons		(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
اع ق	c						
ifts,	d	. =					
e i	e						
Sir		All other contributions, gifts, grants, and					
je Ei	•	similar amounts not included above	404,190.				
흥된	g		101/1301				
Ν	_	Total. Add lines 1a-1f		404,190.			
0 10		Total. Add lines 1a-11	Business Code	101/1901			
	2 a	FACILITY RENTAL	531120	84,642.	84,642.		
je	z a b	ED 3 TATTAGO MONTENIA	611600	76,469.	76,469.		
ser Iue			011000	70,403.	70,403.		
Men S	C						
gra Re	d						
Program Service Revenue	e						
_	f	All other program service revenue		161,111.			
	g 3	Investment income (including dividends, inte		101,111.			
	3	other similar amounts)		1,021.			1,021.
	4	Income from investment of tax-exempt bond		1,021.			1,021.
	4 5	Royalties	•				
	3	(i) Real	(ii) Personal				
	6 -		(ii) i crooriai				
	6 a						
	b						
	C	` ,					
	d	\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(ii) Other				
	<i>r</i> a	.,	(II) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ng		and sales expenses 75 Gain or (loss) 7c					
eve		. ,					
her Revenue		Net gain or (loss)	P				
‡	8 а	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See	.				
		Part IV, line 18					
	b		D .				
	C	` '	P				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses	D				
	40 -	, , ,	P				
	10 a	Gross sales of inventory, less returns					
			Da				
			Ob				
	С	Net income or (loss) from sales of inventory	Business Oct				
S		OUDD DEMENTE	Business Code	E EE1	E EE1		
leor Le	11 a		900099	5,551.	5,551.		
llan (en	b		-				
Miscellaneous Revenue	C		-				
Ξ̈́	d			5,551.			
	<u>e</u>	Total. Add lines 11a-11d	·····	571 873.	166 662.	0 -	1 021.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 54,137. 54,137. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 149,263. 136,484. 12,779. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,008. 12,084. 5,924. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 9,374. 2,739. 6,635. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,431. 98. column (A) amount, list line 11g expenses on Sch O.) 7,333. 20,984. 20,984. Advertising and promotion 12 28,685. 27,451. 1,234. 13 Office expenses 3,552. 3,552. Information technology 14 Royalties 15 153,048. 142,071. 10,977. 16 Occupancy 9,517. 8,784. 733. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 542. 2,967. 2,425. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 81,876. 76,004. 5,872. Depreciation, depletion, and amortization 22 46,724. 46,299. 425. 23 Other expenses. Itemize expenses not covered 24 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.) 27,861. 27,861. INTERNSHIP PROGRAMS STAFF DEVELOPMENT 22,497. 11,366. 11,131. COMMUNITY PROGRAMS 14,191. 14,191. 60. 60. d BANK SERVICE CHARGE e All other expenses 650,175. 539,628. 110,547. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet						
		Check if Schedule O contains a response or	note to a	any line in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		85,598.	1	69,494.		
	2	Savings and temporary cash investments				94,761.	2	60,210.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ubstantia	I contributor, or 35%				
		controlled entity or family member of any of t	these pe	rsons	L		5	
S.	6	Loans and other receivables from other disqu	ualified p	ersons (as defined				
		under section 4958(f)(1)), and persons descri		6				
	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use			8			
ğ	9	D					9	
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10	a	0.			
	b	Less: accumulated depreciation	10	o	0.	3,807,642.	10c	0.
	11	Investments - publicly traded securities			L		11	
	12	Investments - other securities. See Part IV, lin	ne 11				12	
	13	Investments - program-related. See Part IV, li	L		13			
	14	Intangible assets	L		14			
	15	Other assets. See Part IV, line 11	L		15			
	16	Total assets. Add lines 1 through 15 (must e		3,988,001.	16	129,704.		
	17	Accounts payable and accrued expenses				24,247.	17	9,627.
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			-		20	
	21	Escrow or custodial account liability. Comple					21	
es	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
iab		controlled entity or family member of any of t	-		·····- -		22	
_	23	Secured mortgages and notes payable to un					23	
	24	Unsecured notes and loans payable to unrela			·····-		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X				
		of Schedule D			·····	24,247.	25	9,627.
	26	Total liabilities. Add lines 17 through 25		\		24,24/•	26	9,041.
S		Organizations that follow FASB ASC 958, o	спеск пе	ere 🕨 🔛				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions					07	
ala	27 28	Net assets with donor restrictions					27 28	
<u>Б</u>	20	Organizations that do not follow FASB AS			·····-		20	
핊		and complete lines 29 through 33.	C 936, C	HECK HEIE				
5	29	Capital stock or trust principal, or current fur	nde			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, o				0.	30	0.
Ass	31	Retained earnings, endowment, accumulated			······	3,963,754.	31	120,077.
Net Assets or Fund Balances	32	Total net assets or fund balances				3,963,754.	32	120,077.
Z	33	Total liabilities and net assets/fund balances				3,988,001.	33	129,704.
	აა	rotal liabilities and het assets/fund dalances				3,200,001.	აა	149,1

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>73.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			75.		
3	Revenue less expenses. Subtract line 2 from line 1	3			02.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,96	3,7	<u>54.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9 -	3,76	5,3	75.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	12	0,0	77.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
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 reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization IN THE GAP 27-2841135 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	313,623.	253,770.	4246867.	376,123.	404,190.	5594573.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	313,623.	253,770.	4246867.	376,123.	404,190.	5594573.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						5594573.			
	ction B. Total Support				I					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	313,623.	253,770.	4246867.	376,123.	404,190.	5594573.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	212	2.47	4 001	1 174	1 001	C C75			
	and income from similar sources	212.	247.	4,021.	1,174.	1,021.	6,675.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital			21,662.	251.	5,551.	27,464.			
	assets (Explain in Part VI.)			21,002.	231.	3,331.	5628712.			
	Total support. Add lines 7 through 10	ata (aga inatu satia	, no)			12	627,016.			
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to			027,010.			
13	organization, check this box and stop	-			-		ightharpoonup			
Sec	ction C. Computation of Publi	c Support Per	centage		• • • • • • • • • • • • • • • • • • • •					
	Public support percentage for 2019 (I			olumn (fl)		14	99.39 %			
15	Public support percentage from 2018					15	99.48 %			
	33 1/3% support test - 2019. If the o									
	stop here. The organization qualifies					······	. 37			
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o							
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"						. —			
b	10% -facts-and-circumstances test									
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•			
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >			

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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 five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	-		
	7		
	8		
	9a		
	Ju		
	9b		
	00		
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2019

Par	t IV	Supporting Organizations (continued)			
		·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
		r		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sect	ion L	D. All Type III Supporting Organizations			
		ſ		Yes	No
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	suppo ion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	一	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uotions)	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	За		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
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 c	omplete Sed	ctions A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	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 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	 S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 IN THE GAP,	, INC.	27-2841135 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

]	IN THE GAP, INC.	27-2841135
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 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	
Note: Only a section 501 General Rule For an organizat	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Special Rule and Special Rule and Special Rule and a Speci	g \$5,000 or more (in money or
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educularly to children or animals. Complete Parts I, II, and III.	-
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fat the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization Employer identification number

27-2841135 IN THE GAP, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 103,695.	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
2	Name, address, and ZIF + 4	\$ 24,000.	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
3		\$18,855.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and Zir + 4	\$30,000.	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		\$ 38,220.	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		\$ 29,000.	Person X Payroll

Name of organization Employer identification number

IN THE GAP, INC.

27-2841135

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

Employer identification number

IN	THE	GAP,	INC
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27-2841135

tron any one contributor. Complete out of exhausty eligibles. A contribute of the control of the	Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year
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SCHEDULE N

(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization 27-2841135 IN THE GAP, INC.

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.								ıal	
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exen	C section of section o	
		1			1			Voc	No

2	Did or will any officer, director, trustee, or key employee of the organization:		
а	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
С	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) 2019

Note: If the organization distributed all of its assets unique the tax year, then Form 990, Part X, column (8), line 16 (rotal assets), and line 26 (Total liabilities), should equal -0. 4 is the organization distributed and of its assets in accordance with 18 and 18	Part	Liquidation, Termination, or Dissolu	ution (continued)							
4a she organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? 4b she filtrage in the organization provide such notice? 5 Did the organization have any tax-exempt bonds outstanding during the year? 5 Did the organization have any tax-exempt bonds outstanding during the year? 5 If "Yes" on line 8d, die the organization defeased or otherwise settled these liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 5 S S S S S S S S S		•	•	• •		• • • • • • • • • • • • • • • • • • • •	•		Yes	No
b If Yes,** did the organization provide such notice? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 Did the organization discharge or pay all of its liabilities and its laws? 5 Did the organization discharge or pay all of its liabilities and its laws? 5 Did the organization discharge or pay all of its liabilities of the organization discharge or pay all of its liabilities of the organization discharge or pay all of its liabilities of the organization or pay all of its liabilities of the organization or pay all of its liabilities of the organization or pay all of its liabilities of the organization or pay all of its liabilities of the organization or pay all or the organization organizat										↓
5 Dit the organization discharge or pay all of its liabilities in accordance with state laws? 5 Dit do grapization have any tracexempt bond isobalizational god uring the year? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 7 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 8 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 8 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 9 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 9 Dit the organization expenses and organization accessing distributed or description or description organization accessing distributed or defease all of its tax exempt bond accessing the accessing dis	4a	Is the organization required to notify the at	ttorney general or oth	her appropriate state offic	cial of its intent to dissolve	e, liquidate, or termina	ate?	4a		<u> </u>
5 Dit the organization discharge or pay all of its liabilities in accordance with state laws? 5 Dit do grapization have any tracexempt bond isobalizational god uring the year? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 6 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 7 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 8 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 8 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 9 Dit the organization descharge or defease all of its tax exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 9 Dit the organization expenses and organization accessing distributed or description or description organization accessing distributed or defease all of its tax exempt bond accessing the accessing dis	b	If "Yes," did the organization provide such	notice?					4b		
Ga Dit the organization have any tax-exempt bonds outstanding during the year?	5	Did the organization discharge or pay all o	f its liabilities in acco	ordance with state laws?				5		
b f*Yes** to line 6a, did the organization discharge or defeased all of its tavexempt bond liabilities during the fax yn in accordance with the Internal Revenue Code and state laws Geb Section Feb Part II Not be organization defeased or otherwise settled themselves s										
c 1	b	If "Yes" to line 6a, did the organization dis	charge or defease al	l of its tax-exempt bond l	iabilities during the tax yr	in accordance with th	ne Internal Revenue Code and state laws	? 6b		
Form 990-EZ, line 36, Part II can be duplicated if additional space is needed. 1 (a) Description of asset(s) (b) Date of distributed or distributed or famount of transaction expenses paid 1 (a) Description of asset(s) (b) Date of distributed or asset (b) distributed or transaction expenses CAMPUS BUILDINGS AND STAFF HOUSES 12/01/19 3,765,375, BOOK VALUE 82-4266431 FULSA, OK 74137 501(C)2 12/01/19 13/05,375, BOOK VALUE 82-4266431 FULSA, OK 74137 501(C)2 12/01/19 13/05,375, BOOK VALUE 82-4266431 FULSA, OK 74137 501(C)2 12/01/19 13/05,375, BOOK VALUE 13/05,375, BOOK VALUE 14/05,375, BOOK VALUE 15/05,375, B										
distributed or transaction expenses paid distribution distribution asset(s) distributed or anset(s) distributed or transaction expenses asset(s) distributed or transaction expenses DEER CREEK HOLDINGS INC 2448 EAST 81ST STREET, SUITE 5 TULSA, OK 74137 501(C)2 Provided the company of types of entity or entity	Part				ization's Assets. Comple	ete this part if the org	anization answered "Yes" on Form 990,	Part IV, lin	e 32, c	or
2448 EAST 81ST STREET, SUITE 5 FULSA, OK 74137 S01(C)2 Polid or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization?	1	distributed or transaction	` '	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exe	oient(s) (if mpt) or ty	f
2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization?							DEER CREEK HOLDINGS INC			
Yes N 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization?							2448 EAST 81ST STREET, SUITE 5			
Yes N 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization?	CAMP	US BUILDINGS AND STAFF HOUSES	12/01/19	3,765,375.	BOOK VALUE	82-4266431	TULSA, OK 74137	501(C)2		
 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? 2a X										
a Become a director or trustee of a successor or transferee organization?									Yes	No
a Become a director or trustee of a successor or transferee organization?	2	Did or will any officer, director, trustee, or	key employee of the	organization:						
		• • • • • • • • • • • • • • • • • • • •		•				2a	Х	
b Become an employee of, or independent contractor for, a successor or transferee organization?	b	Become an employee of, or independent of	contractor for, a succ	cessor or transferee organ	nization?			2b		Х
· · · · · · · · · · · · · · · · · · ·										Х
	4	Receive or become entitled to compense	tion or other similar	navments as a result of the	he organization's significa	nt disposition of sees	rts?	2d		X
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.								<u>Zu</u>		

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

IN THE GAP, INC.	27-2841135
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
INTEGRITY, PASSIONATELY LOVE JESUS CHRIST, AND EFFECTIVELY	INFLUENCE
CHILDREN TO DO THE SAME.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
IMPACT'S BACK-YARD BIBLE CLUBS, AND CHARACTER CAMPS.	
34 YOUNG ADULTS THROUGH IN THE GAP'S LEADERSHIP ACADEMY AN	D AS A RESULT
THEY MENTORED AND TAUGHT OVER 6,434 ELEMENTARY AGED CHILDR	EN IN 14
PUBLIC ELEMENTARY SCHOOLS ACROSS THE GREATER OKLAHOMA CITY	AREA.
IN THE GAP'S LEADERSHIP ACADEMY IS A FOUR SEMESTER RESIDEN	CY TRAINING
PROGRAM GEARED TO INSPIRE, EQUIP, AND MOBILIZE CHRISTIAN Y	OUNG ADULTS
TO DEVELOP A PASSION FOR JESUS, A HEART TO SERVE OTHERS, A	ND THE
CONFIDENCE TO SPEAK TRUTH INTO THE LIVES OF OTHERS, SPECIF	ICALLY
CHILDREN. OUR LEADERSHIP ACADEMY IS FOR MATURE, FOCUSED, A	ND PASSIONATE
YOUNG ADULTS TO HELP THEM BECOME EFFECTIVE LEADERS WHO WIL	L LEAD WITH
EXCELLENCE, INTEGRITY, AND EXAMPLE. WE OFFER STUDENTS EFFE	CTIVE TOOLS
AND HAND-ON EXPERIENCE IN ORDER TO EFFECTIVELY COMMUNICATE	TRUTH IN
BOTH CHRISTIAN AND SECULAR SETTINGS IN OKLAHOMA CITY AND B	EYOND.
WE WERE HONORED TO HAVE 174 VOLUNTEERS GIVE OF THEIR TIME	TO MAKE A
DIFFERENCE IN SO MANY CHILDREN'S LIVES AND ARE SO GRATEFUL	FOR OUR
LOCAL 22 OKLAHOMA CITY CHURCHES WHO PARTNERED WITH US TO B	RING THE
COSPET. OF TESTIS CHRIST TO THEIR COMMINITY THROUGH OPERATIO	м тмрасті 52

WEEK-LONG BIBLE CLUBS WERE CONDUCTED,

921 CHILDREN ATTENDED A BIBLE

Name of the organization **Employer identification number** IN THE GAP, INC. 27-2841135 CLUB, 430 INDIVIDUAL GOSPEL PRESENTATIONS WERE MADE, 100 BIBLES WERE GIVEN, 34 PEOPLE (CHILDREN AND ADULTS) TRUSTED IN JESUS AS THEIR SAVIOR! WE ARE SO GRATEFUL FOR EVERYONE WHO PRAYED, GAVE FINANCIALLY, AND SERVED THE CHILDREN ACROSS OKLAHOMA CITY! OVER 8,400 VOLUNTEER HOURS WERE GIVEN SO THAT BOYS AND GIRLS COULD SEE, KNOW, AND FEEL JUST HOW MUCH JESUS LOVES THEM! THANK YOU!! FORM 990, PART VI, SECTION A, LINE 2: DR. TERRILL HULSON AND BETTY HULSON ARE HUSBAND AND WIFE. LLOYD AND SUSAN SMITH ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11B: BEFORE OUR 990 FORM IS SUBMITTED, THE EXECUTIVE DIRECTOR AND FINANCE MANAGER REVIEW THE FORM TO DOUBLE-CHECK ITS ACCURACY. FORM 990, PART VI, SECTION B, LINE 12C: WE ARE VIGILANT TO MAKE SURE THIS POLICY IS NOT VIOLATED. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION FOR THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS IS AVAILABLE UPON REQUEST. OUR 990 FORM CAN ALSO BE FOUND AT: WWW.GUIDESTAR.ORG/PROFILE/27-2841135 (CURRENT AND PRIOR YEARS). ADDITIONAL

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-2841135

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year		Direct o	(f) controlling ntity)
								(g) on \$12(b)(13) ontrolled entity?
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, t	pecause it had one	or more r	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	contr	rolled
				501(c)(3))			Yes	No
DEER CREEK HOLDINGS INC - 82-4266431 2448 EAST 81ST STREET SUITE 5900		OM MON	F01/GV/2V					
TULSA, OK 74137	TITLE HOLDING CORPORATION	OKLAHOMA	501(C)(2)					Λ

IN THE GAP, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner? Yes No	Percentage ownership
	country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No	,
										4
									\vdash	+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
								Yes	No
	_								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions was	with one or more re	lated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
	Gift, grant, or capital contribution to related organization(s)				1b		X			
	Gift, grant, or capital contribution from related organization(s)				1c	Х				
					1d		X			
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		X			
	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		X			
	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r	Х				
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered r	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1) I	EER CREEK HOLDINGS INC	K	30,000.	CASH						
(2) I	EER CREEK HOLDINGS INC	R	3,765,375.	BOOK VALUE						
(3) I	DEER CREEK HOLDINGS INC	С	29,000.	CASH						
(4)										

(5)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs	all s sec.)(3)	(f) Share of total income		Dispr tion alloca	opor- nate tions?		Gener mana partn	(k) For Percenta ing ownersh
		Country)	sections 512-514)	Yes	No	lincome	assets	Yes	No	(Form 1065)	Yes	10
											Н	
											Н	
											Н	
											H	