

Return of Organization Exempt From Income Tax

2025

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2025** calendar year, or tax year beginning , **2025**, and ending , **20**

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

C Name of organization **THE BRIDGE WELLNESS SOUTH, CORPORATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 EAGLES WALK
 City or town, state or province, country, and ZIP or foreign postal code
STOCKBRIDGE, GA 30281

D Employer identification number
58-2060722

E Telephone number
(770) 359-8004

G Gross receipts
\$ **466,819**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTPS://THEBRIDGEWELLNESS.ORG/**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1993** **M** State of legal domicile: **GA**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER INDIVIDUALS FACING UNEXPECTED PREGNANCIES BY PROVIDING COMPASSIONATE, HOLISTIC CARE THAT ADDRESSES MEDICAL, EMOTIONAL, AND SPIRITUAL NEEDS, FOSTERING ABUNDANT LIFE THROUGH EDUCATION RESOURCES, AND HOPE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	433,559	466,819
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	433,585	466,819
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	249,076	267,906
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,559
	b Total fundraising expenses (Part IX, column (D), line 25)	38,269	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	226,287	289,506
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	475,363	558,971
19 Revenue less expenses. Subtract line 18 from line 12	(41,778)	(92,152)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	888,775	799,863
	21 Total liabilities (Part X, line 26)	35,539	36,321
	22 Net assets or fund balances. Subtract line 21 from line 20	853,236	763,542

Part II Signature Block

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

Sign Here

Signature of officer: **SONJA HEGWOOD** Date: **03-30-2026**

Type or print name and title: **SONJA HEGWOOD, EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Preparer's name: **SAMUEL KELLY, EA** Preparer's signature: **SAMUEL KELLY, EA** Date: _____ Check if self-employed PTIN: **XXXXXXXXXX**

Firm's name: **CTA FINANCIAL** Firm's EIN: _____
 Firm's address: **2890 HIGHWAY 212 SUITE 114 CONYERS GA 30094** Phone no.: **678-570-8762**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER INDIVIDUALS FACING UNEXPECTED PREGNANCIES BY PROVIDING COMPASSIONATE, HOLISTIC CARE THAT ADDRESSES MEDICAL, EMOTIONAL, AND SPIRITUAL NEEDS, FOSTERING ABUNDANT LIFE THROUGH EDUCATION RESOURCES, AND HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 313,732 including grants of \$) (Revenue \$) See SERVICES page for a description of this program service.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 313,732