# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

ΑI	For the	2017 calenda	ar year, or tax year beginning Apri	1 , <b>2017</b> , a	and ending	Ma	irch 31	, 20	18		
В	Check if ap	oplicable:	C Name of organization			D Emplo	yer identifica	tion numbe	er .		
	Address c	hange BRIDGE OF HOPE GREATER DENVER					47-1837869				
	Name cha	hange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele						E Telephone number			
=	Initial retur		PO BOX 27783				720-576-	1538			
=	Final return/terminated Amended return  City or town, state or province, country, and ZIP or foreign postal code  F G					F Group	o Exemption				
=					Numb	oer 🕨					
G	Account	ting Method:	☐ Cash		Н	Check ▶	· 🔲 if the o	rganizatior	is <b>not</b>		
	<b>N</b> ebsite		.BRIDGEOFHOPEDENVER.ORG				to attach Sc	-			
J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or							0, 990-EZ, c	r 990-PF).			
_			☐ Corporation ☐ Trust ☐ Asso								
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross re	ceipts are \$200,000 or m	ore, or if tota	al assets					
(Pa	rt II, col	umn (B) belov	y) are \$500,000 or more, file Form 990 instead of Fe	orm 990-EZ			<b>\$</b>	1	86,002		
	art I		e, Expenses, and Changes in Net Asse				tions for F				
		Check if	the organization used Schedule O to respo	and to any question in	n this Part	١			. 🗸		
	1		ns, gifts, grants, and similar amounts receive				1		10,163		
	2		ervice revenue including government fees and			_	2				
	3	-	p dues and assessments			_	3				
	4	Investment				[	4				
	5a	Gross amo	unt from sale of assets other than inventory	5a							
	b		or other basis and sales expenses	<del></del>							
	С		ss) from sale of assets other than inventory (S		ne 5a)		5c				
	6		d fundraising events		,						
	а	Gross inc	ome from gaming (attach Schedule G if	greater than							
ne											
Revenue	b	Gross inco	me from fundraising events (not including \$	53,426 <b>of</b>	contributio	ns					
ž		from fundr	aising events reported on line 1) (attach Sch								
_		sum of suc	h gross income and contributions exceeds \$	15,000)   <b>6b</b>		75,839					
	С	Less: direc	t expenses from gaming and fundraising ever	nts <b>6c</b>		75,839					
	d		e or (loss) from gaming and fundraising eve		6b and su	btract					
		line 6c) .					6d		0		
	7a	Gross sale	s of inventory, less returns and allowances .	7a							
	b	Less: cost	of goods sold	7b							
	С	Gross prof	t or (loss) from sales of inventory (Subtract lir	ne 7b from line $7a$ ) .			7c				
	8	Other reve	nue (describe in Schedule O)				8				
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .			. ▶	9	1	10,163		
	10	Grants and	similar amounts paid (list in Schedule O) .				10				
	11	Benefits pa	uid to or for members			[	11				
es	12	Salaries, o	her compensation, and employee benefits .				12		69,056		
Su:	13	Profession	al fees and other payments to independent co	ontractors			13		1,854		
Expenses	14	Occupancy	r, rent, utilities, and maintenance				14		18,222		
	15	Printing, po	ublications, postage, and shipping				15		233		
	16	Other expe	nses (describe in Schedule O)			[	16		16,227		
_	17	Total expe	nses. Add lines 10 through 16	<u></u> .	<u></u> .	▶_	17		05,592		
S	18		deficit) for the year (Subtract line 17 from line				18		4,571		
set	19		or fund balances at beginning of year (from								
As		end-of-yea	r figure reported on prior year's return)				19		60,939		
Net Assets	20	Other char	ges in net assets or fund balances (explain in	Schedule O)		[	20		0		
<b>Z</b>	21	Net assets	or fund balances at end of year. Combine lin	es 18 through 20 .		. ▶	21		65,510		
For	Paper	work Reduct	on Act Notice, see the separate instructions.	Cat	No. 10642I		Form	990-EZ			

Form 990-EZ (2017) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 52,640 **22** 22 Cash, savings, and investments 61,271 0 23 23 Land and buildings . . . . . . . 0 24 Other assets (describe in Schedule O) 10,874 **24** 6,014 25 Total assets . . . . . . . 63,514 25 67,285 26 Total liabilities (describe in Schedule O) 2,575 **26** 1,775 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 60.939 27 65,510 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section SEE SCHEDULE O What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. PROVIDED RENTAL AND OTHER ASSISTANCE BENEFITING THREE FAMILIES IN TOTAL 28a (Grants \$ If this amount includes foreign grants, check here 19,810 29 29a (Grants \$ ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 32 19,810 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation KEVIN HOMER **BOARD CHAIRMAN** 10 0 0 0 KEN HENSLEY 0 0 **BOARD VICE-CHAIRMAN** 4 ADAM JEFFRESS **TREASURER** 4 0 0 AJAY BAJAJ **BOARD MEMBER** 3 0 0 ANGEL TUCCY 0 0 **BOARD MEMBER** 3 0 CHRISTY LODWICK 0 **BOARD MEMBER** 0 0 NANCY SULLIVAN **BOARD MEMBER** 3 0 0 0 LINDSAY MOORE **DIRECTOR** 40 10,048 0 0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . 0 39 Section 501(c)(7) organizations. Enter: 39a 0 Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► 0 ; section 4955 ► 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912. 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► CO 41 **42a** The organization's books are in care of ► LINDSAY MOORE 720-576-1538 Telephone no. ▶ Located at ▶ 2632 S LAFAYETTE ST, DENVER, CO ZIP + 4 ▶ 80210 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

OIIII 33	0-62 (20	,,,,								age ¬
									Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o								
Part '	VI	Section 501(c)(3) organizations All section 501(c)(3) organization	only						or line	l √ es
		50 and 51.	garage and the que		0_,	р.	010 11.10			
		Check if the organization used Sc	hedule O to respond	l to any question i	n this Par	t VI .				
4-	D: 1 11			504(1)					Yes	No
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tll					47		1
48		organization a school as described in								<b>√</b>
49a b		ne organization make any transfers to s," was the related organization a se		_				49a 49b		<b>✓</b>
50	Comp	olete this table for the organization's	five highest compen	sated employees (	other than	officers,	directo	rs, truste		
	empio	byees) who each received more than	1 \$100,000 of comper	isation from the or		. If there lealth bene		, enter "N	ione.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	utions to emplemental to the properties of the p	nployee deferred	(e) Estimate other con		
NONE										
f 51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest compe	ensated independe	ent contra	 ctors wh	o each	received	more	than
	(a)	Name and business address of each independ	dent contractor	<b>(b)</b> Type of	service		(c)	Compensat	on	
NONE										
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶					
52		he organization complete Scheduleted Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) or				a ► ✓ Yes	: 🗆 I	No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other than					of my kno	wledge and	d belief,	it is
Sign		Signature of officer				Date				
Here		ADAM JEFFRESS, TREASURER				Date				
		Type or print name and title								
Paid Prop	arar	Print/Type preparer's name	Preparer's signature		Date	-	neck 🗌 If-employe	I		
Prepa Use (		Firm's name				Firm's Ell	Firm's EIN ▶			
		Firm's address ▶				Phone no				
Mav th	ne IRS	discuss this return with the prepare	r snown above? See i	instructions			>	Yes	:	Nο

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

rust.

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Insp

Employer identification number

Open to Public Inspection

BRID	GE OF HOPE GREATER DENVER						37869
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	organization is not a private founda		,		-	•	
1	A church, convention of church	hes, or associati	on of churches descri	bed in <b>s</b> e	ection 17	0(b)(1)(A)(i).	
2	A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local governown An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in		•	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:	ization described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full tincome and unifiter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Co	ceptions, ne (less so mplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its
11	An organization organized and	•	•	-			
12	An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		•	•	
а	☐ <b>Type I.</b> A supporting organ the supported organization supporting organization. <b>Y</b>	(s) the power to	regularly appoint or e	lect a ma	ijority of t	• • • • • • • • • • • • • • • • • • • •	,, , , , ,
b	☐ <b>Type II.</b> A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(						ally integrated with,
d	☐ Type III non-functionally integer that is not functionally integer in the state of the state						
	requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	☐ Check this box if the organ functionally integrated, or ☐	Гуре III non-func	tionally integrated sup	porting	organizat	ion.	
f	Enter the number of supported of	organizations .					
g	Provide the following information					T	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (c) 2015 (e) 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 17,705 53,410 114,464 110,163 295,742 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 17,705 53,410 114,464 110,163 295,742 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 99,689 Public support. Subtract line 5 from line 4 196,053 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . . . . . 17,705 53,410 114,464 110,163 295,742 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 2,020 1,410 3,430 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 75,839 0 5.446 14,616 95,901 **Total support.** Add lines 7 through 10 11 395,073 Gross receipts from related activities, etc. (see instructions) 12 145,306 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 % 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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 falls to qualify	under the te	sts listed bei	Jw, piease co	impiete rait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>r</i> u	received from disqualified persons .						
	· · · · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	<u> </u>						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support		T				
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					▶ ┌
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2017 (line 8	B, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sch		-			16	%
Secti	on D. Computation of Investment Inc	ome Perce	ntage				
17	Investment income percentage for 2017 (I			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2016			-		18	%
19a	331/3% support tests—2017. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2016. If the organiz	_	_	-		_	
~	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	Private foundation If the organization di	_	=	•	-		_

## 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**

			Yes	Nο
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes" answer 10b below	10		
h	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
D	determine whether the organization had excess business holdings.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the expenientian expects for the handit of any supported expenientian other than the supported	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occin	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
0	Activities Test Answer (a) and (b) helew		Vaa	Na
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	iu		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
Section 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	ly int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	
Secti	on D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<b>700</b>	,,,,,
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Page 8

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISI	NG EVENTS
2014 AMOU	NT: \$ 0.
2015 AMOU	INT: \$ 5,446.
2016 AMOU	INT: \$ 14,616.
2017 AMOU	INT: \$ 75,839.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

BRIDGE OF HOPE GREATER DENVER

#### 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** 

47-1837869

2017

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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