Department of the Treasury Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16 Open to Public Inspection

A	For the	20 to calendar year, or tax year beginning	ana enaing				
В	Check if applicable:	C Name of organization		D Employer identifi	ication number		
	Address	BESSIE'S HOPE					
	Name change	Doing business as	-	84-1	236504		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Final return/	P.O. BOX 12675	1,100,11,001,10		830-9037		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	287,951.		
	Amende			H(a) is this a group re			
	Applica-	F Name and address of principal officer; SHARRON BRANDRUP			? Yes X No		
	pending	P.O. BOX 12675, DENVER, CO 80212-06	75		ncluded? Yes No		
	Tax-exen	npt status: X 501(c)(3)	(1) or 527	If "No," attach a	list. (see instructions)		
		:▶ WWW.BESSIESHOPE.ORG		H(c) Group exemption			
KF		rganization: X Corporation Trust Association Other	L Year	of formation: 1993	M State of legal domicile; CO		
Pa		Summary					
•	1 B	riefly describe the organization's mission or most significant activities:	HANCE QU	JALITY OF LI	FE FOR		
anc	N	URSING HOME AND ASSISTED LIVING ELDER	S (APPRO	X 5,000) BY	BRINGING		
ern	2 0	heck this box 🕨 📖 if the organization discontinued its operations or di	sposed of more	e than 25% of its net as			
OV				3	6		
8		umber of independent voting members of the governing body (Part VI, line 1		6			
es		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5			
N.		otal number of volunteers (estimate if necessary)			1974		
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	bN	et unrelated business taxable income from Form 990-T, line 34			0.		
		The state of the s	-	Prior Year 264,665.	Current Year 244,908.		
Revenue		ontributions and grants (Part VIII, line 1h)		13,400.	9,750.		
		rogram service revenue (Part VIII, fine 2g)		0.	0,750.		
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-17,056.	3,954.		
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		261,009.	258,612.		
	+	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		0.	0.		
		rants and similar amounts paid (Part IX, column (A), lines 1·3) enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-		178,997.	185,718.		
Expenses				0.	0.		
ben	b To	rofessional fundraising fees (Part IX, column (A), line 11e)	851.				
Ä		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,621.	65,153.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		250,618.	250,871.		
		evenue less expenses. Subtract line 18 from line 12		10,391.	7,741.		
Se S	10 11			ginning of Current Year	End of Year		
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)		32,385.	40,973.		
ASS d Ba	21 To	otal liabilities (Part X, line 26)		4,427.	5,274.		
甏	22 N	et assets or fund balances. Subtract line 21 from line 20		27,958.	35,699.		
Pa	art II	Signature Block					
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying sche	dules and statem	ents, and to the best of m	y knowledge and belief, it is		
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of	of which preparer	has any knowledge.	1775		
	1	Sharry Brundry		Date	NI		
Sig	n J	Signature of officer		Date			
Her	e	SHARRON BRANDRUP, EXECUTIVE DIRECTOR	λ				
	- 1	Type or print name and title		Date Check	II PTIN		
		Print/Type preparer's name Preparer's signature		il .	000196641		
Paid	_	EREMY J RYAN		self-employ	84-0509647		
	_	irm's name WILSON DOWNING GROUP, LLC					
use	Only F	LAKEWOOD, CO 80228		Phone no 30	3-232-2262		
				Tritolie ito. 5 0	X Yes No		
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	THE PROPERTY OF THE PARTY OF TH		163 L INO		

Form	n 990 (2016) BESSIE'S HOPE 84-1236504 Page	<b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ENHANCE THE QUALITY OF LIFE FOR NURSING HOME AND ASSISTED LIVING	
	ELDERS (APPROX 5,000) BY BRINGING TOGETHER YOUTH, FAMILIES,	
	BUSINESSES, AND ORGANIZATIONS (APPROX 2,500)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	
3	3, 3, 3, 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10
	If "Yes," describe these changes on Schedule O.	
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	
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 216,474 • including grants of \$ ) (Revenue \$ 9,750	
4a	(Code:) (Expenses \$	<u>•</u>
	VISITATIONS BETWEEN SCHOOLS, AND OTHER YOUTH GROUPS, AND NURSING HOME	
	RESIDENTS, ENGAGING THE YOUTH AND THE ELDERS IN MEANINGFUL ACTIVITIES	_
	AND PROVIDING OPPORTUNITIES FOR RELATIONSHIP BUILDING. PARTICIPATING	_
	SCHOOLS INFUSE THIS "SERVICE-LEARNING" EXPERIENCE INTO THEIR STUDENTS'	_
	ACADEMIC CURRICULUM. READING AND WRITING ARE MAJOR COMPONENTS WITHIN	_
	THE INTERGENERATIONAL PARTNERSHIPS.	_
	THE FAMILY AND ELDERS PROGRAM INVOLVES THE TRAINING AND PLACEMENT OF	_
	VOLUNTEERS (YOUTH, ADULTS AND FAMILIES), IN ORDER THAT THEY MAY BECOME	_
	COMPANIONS, ADVOCATES, FAMILIES FOR ELDERS WHO HAVE LITTLE OR NO	_
	VISITATION. THE COMMUNITY AND ELDERS PROGRAM INVOLVES THE ORIENTATION	,
4b	(Code:) (Expenses \$	)
40	(Code ) (Figure 6)	
4c	(Code:) (Expenses \$	_ ′
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses > 216.474.	

# Form 990 (2016) BESSIE'S HOPE 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			3.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	امرا		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

# Form 990 (2016) BESSIE'S HOPE Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
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			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l 🕶
	director, trustee, or direct or indirect owner? 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l 🕶
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35a	2011	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		<del></del>
J	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?	555		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del> -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		<del></del>
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1096. Enter 0. If not applicable 1 is 5 or 5 o		Check if Schedule O contains a response or note to any line in this Part V								
be Enter the number of Forms W-2G included in line 1a. Enter of it not applicable Q in the norganization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, I are provided to the provided of the provided o					Yes	No				
be Enter the number of Forms W.2G included in line 1a. Enter 0- If not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambing) wannings to prize winners?  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  5 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-Me (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account) or other financial account?  4a Laty time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account securities account or other financial account)?  5b If Yes, a did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c Did Did and you taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?  5c Did If Yes, if one that were or tax deductables a charlable contributions?  6c Did He organization shell expanded in the cases of \$3, made party as a contribution or griss were not tax deductables a charlable contributions?  6c Did the organization readeve and the very selicitation an express statement that such contributors or griss	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5							
(gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1 and 2a la greater than 250, you may be required to e-file (see instructions)  8 Did the organization have unrelated business gross income of \$1,000 or more during the year?  9 B If "Yes," has If titled a Form 1907 for this year "I" "No." to file 8b, your owide an explanation in Schedule 0  9 B If "Yes," enter the name of the foreign country. ▶  14 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as bank account, securities account, or other financial accounts?  15 Was the organization apply to a prohibited tax shelter transaction at any time during the tax year?  16 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  16 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  16 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  16 Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was received to the payor?  16 Did the organization that may receive deductible contributions under section 170(c).  17 Organization that may receive deductible contributions under section 170(c).  18 Did the organization that may receive deductible contributions under section 170(c).  29 Did the organization that may receive deductible contributions of care provided?  19 Did the organizatio			0							
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.  1 If all teats one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 A If Yes, 1 has it filed a Form 990-T for this year? If 'No, 10 Inio 3b, provide an explanation in Schedule O  3 B If Yes, 1 has it filed a Form 990-T for this year? If 'No, 10 Inio 3b, provide an explanation in Schedule O  3 B If Yes, 1 has it filed a Form 990-T for this year? If 'No, 10 Inio 3b, provide an explanation in Schedule O  3 B If Yes, 1 has the filed and year, did the organization have an interest in, or a signature or other authority over, a financial account; a formation of the organization and the organization file Form 898-17  5 B If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible or the organization and explanation organization and the very solicitation an express statement that such contributions or grifts were not tax deductible or the organization and the very solicitation an express statement that such contributions or grifts were not tax deductible?  5 If Yes, 1 did the organization schedule appropriate organization and the very solicitation an express statement that such contributions or grifts were not tax deductible?  6 If Yes, 2 did the organization schedule appropriate organization and an explanation received and the very solicitation and	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able gaming							
filed for the calendar year ending with or within the year covered by this return      2a		(gambling) winnings to prize winners?		1c	X					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If "Yes," has if filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendary year, did the organization have an interest in, or a signature or orther authority over, a financial account in a foreign country; Implication of the properties of the properties account, or other financial account; and the properties of the properties account, or other financial account; and the properties of t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  bif 1'Yes, "and it filed a Form 990-T for this year? If 1'No," to line 8b, provide an explanation in Schedule O 3b  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4a X  bif 1'Yes," enter the name of the foreign country; Images as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country in the securities account, or other financial accountly over, a financial account in the securities account, or other financial accountly (see See Instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c X  bid any taxable party notify the organization the form 8867?  5c X  bid I'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).  8 Did the organization receive a payment in excess of \$75 made partly as a confibution and partly for goods and services provided to the payor?  8 If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7 To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i		filed for the calendar year ending with or within the year covered by this return2a	5							
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х					
b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or some sa bank account, securities account, or other financial account? 4b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for the filing		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If 'Yes,' inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax sheller transaction?  5c Was the organization aparty to a prohibited tax sheller transaction?  5c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  5c 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?  6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization shat many receive deductible contributions under section 170(c).  6d Did the organization receive a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  7d If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7d If 'Yes,' indicate the number of Forms 8282 filed during the year and property for which it was required to file Form 8282?  7c If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7d If the organization received a contribution of cars, boats, simples, or other vehicles, did the organization flave for a contribution of cars, boats, simples, or other vehicles, did the organization flave for a contribution of cars, boats, anispines, or other vehicles, did the organization flave for a contribution of cars, boats, anispines, or other vehicles, did the organization fl	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
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a Did the 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?  O Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  2 Did the organization receive any payments for indoor tanning services during the tax year?  14a X		sponsoring organization have excess business holdings at any time during the year?		8						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.								
O Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	а			9a		<u> </u>				
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	b			9b						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	, , , , ,	I							
1 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4 Did the organization receive any payments for indoor tanning services during the tax year?  11a  11b  11c  11a  11b  12a  12b  12a  12b			†							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a X										
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  2 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  2 Did the organization receive any payments for indoor tanning services during the tax year?  14a X			I							
amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  Did the organization receive any payments for indoor tanning services during the tax year? 14a X										
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  Did the organization receive any payments for indoor tanning services during the tax year? 14a X	D									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X	<b>9</b> a	/	1	12a						
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  Did the organization receive any payments for indoor tanning services during the tax year?  14a X		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I	IZU						
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c  13c	_									
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13b  13c  X				13a						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  4a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	_	-								
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	·								
c Enter the amount of reserves on hand										
4a Did the organization receive any payments for indoor tanning services during the tax year?	С									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		X				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b						

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

	Check if Schedule O contains a response or note to any line in this Part VI									
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 1a 6									
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
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, or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b										
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	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									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х							
12a										
b	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									
	in Schedule O how this was done	12c	X							
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?		37							
a	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
40	If "Yes" to line 15a or 15b, describe the process 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			v						
	taxable entity during the year?	16a		X						
р	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	401-								
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE									
17 10		voilab	lo.							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	vallab	ie							
	Own website Another's website X Upon request Other (explain in Schedule 0)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
13	statements available to the public during the tax year.	miail	oidi							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	EVELYN J. BUSTAMANTE - 303.830.9457									
	P.O. BOX 12675, DENVER, CO 80212-0675									

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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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box,	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID GERAS PRESIDENT	1.00	х		X				0.	0.	0.
(2) RICHARD STEPHENSON	1.00	25		42				0.	0.	0.
TREASURER		х		x				0.	0.	0.
(3) SUSAN MARKLEY	3.00			7						
SECRETARY		X		x			ľ	0.	0.	0.
(4) PETER CROUSE	2.00									
BOARD CHAIR		X	7					0.	0.	0.
(5) MIKE HOLBROOK	1.00	R								
VICE CHAIR		X						0.	0.	0.
(6) PAM SILVERBERG	1.00									
BOARD MEMBER	10.00	X				_		0.	0.	0.
(7) SHARRON BRANDRUP	40.00							46.240		•
EXECUTIVE DIRECTOR	40.00			Х		<u> </u>		46,342.	0.	0.
(8) LINDA HOLLOWAY	40.00			х				40,748.	0.	0.
DEVELOPMENTAL DIRECTOR				Δ				40,740.	0.	0.

	ors, Trustees, Key Em	ploye	es,	and	Hig	ghe	st C	ompensated Employe	<b>es</b> (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one				han d	one	Reportable	Reportable	;	Est	timate	d
	hours per	box, u	unless	s pers	son is	s both	h an	compensation	compensation			ount o	of
	week (list any	$\vdash$			1	7 11 43	100)	from	from related			other	<b>.</b> :
	hours for	direct				.		the organization	organization (W-2/1099-MIS			oensa om the	
	related	se or o	stee			nsate		(W-2/1099-MISC)	(** 27 1033 14110	<i>J</i> O,		anizati	
	organizations	trust	al tru		yee	ombe		,				l relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	nizatio	ons
	line)	ib II	Ist	₩,	eğ	em Hig	For						
		1											
		П											
		_	+										
		$\vdash$											
		$\square$	_										
		1											
		$\Box$											
		$\vdash$	+	4									
1b Sub-total				$\mathcal{I}$		]	ightharpoonup	87,090.		0.			0.
c Total from continuation sheets to	Part VII, Section A	<u></u>				l		0.		0.			0.
d Total (add lines 1b and 1c)								87,090.		0.			0.
2 Total number of individuals (includi		ıose li	isted	d abo	ove)	) wh	no re	eceived more than \$100	0,000 of reportab	le			
compensation from the organizatio	on <b>&gt;</b>		4									Yes	No
3 Did the organization list any former	<b>r</b> officer director or tru	ıstee	key	/ emi	nlov	/ee	or l	highest compensated e	mplovee on	ľ			110
line 1a? If "Yes," complete Schedul		2						•			3		Х
4 For any individual listed on line 1a,													
and related organizations greater th	han \$150,000? <i>If</i> "Yes,	" com	nplei	te So	ched	dule	J f	or such individual			4		X
5 Did any person listed on line 1a rec					-					,			
rendered to the organization? If "Ye	es," complete Schedul	e J fo	r su	ch p	ersc	on .					5		X
Section B. Independent Contractors	ala a di a a a a a a a a di a di ia	-1					4	L - 4 5 1 4b	\$400,000 of a co		-41 6		
<ol> <li>Complete this table for your five hig the organization. Report compensa</li> </ol>										ipens	ation ii	rom	
the organization. Report compensa	(A)	cai ci	IGIII	ig wi	1110	)	<u> </u>	(B)	year.		(C	3	
Name and b	ousiness address	NO	NE					Description of s	services	С	omper		า
							$\perp$						
2 Total number of independent contr \$100,000 of compensation from the		iot lim	iited	to t	nos 0	e lis	sted	above) who received m	nore tnan				

84-1236504

Form 990 (2016) BESSIE'S
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any line	a in this Dart VIII			
		Check il Schedule O cont	ali is a response	or note to any line	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
ig j	b	Membership dues	1b					
S, C	С	Fundraising events	1c	105,388.				
ar,		Related organizations						
S, I		Government grants (contribut						
Sign		All other contributions, gifts, gran						
he Li	•	similar amounts not included abo		139,520.				
불히	~	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_		-		244,908.			
9	<u>n</u>	Total. Add lines 1a-1f			244,500.			
		DDOG GEDIT DELTEN	א זהם הוו	Business Code	0.750	0.750		
<u>i</u>	2 a	PROG.SERV.REVEN	UE-KELA	561499	9,750.	9,750.		
eZ e	b							
Program Service Revenue	С							
ev ev	d							
60	е							
٦ [	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			9,750.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta						
	5	Royalties	•	·				
	•	rioyanico	(i) Real	(ii) Personal				
	6.0	Gross rents	(i) Heal	(ii) i ersoriai				
		Less: rental expenses		<del>                                     </del>				
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
I		including \$ 105,3	88. of					
eve		contributions reported on line		1 1				
Ř		Part IV, line 18	•	33,293.				
Other Reven	h	Less: direct expenses		29,339.				
₽					3,954.			3,954.
		Net income or (loss) from fund		·····	3,334.			3,554.
	э а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns	1 1				
		and allowances	а	·				
	b	Less: cost of goods sold	t	·				
	С	Net income or (loss) from sale	s of inventory .					
		Miscellaneous Revenu		Business Code				
İ	11 a							
	b	•						
	c							1
		All other revenue						1
		Total. Add lines 11a-11d						
	12			······ ₹ ŀ	258,612.	9.750.	0.	3.954.

### 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) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 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, 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) 21,102. 162,317. 134,721 6,494. Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 19,423. 23,401. 936. 3,042. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,054. 1,054. Advertising and promotion 12 1,855. 1,577. 278. Office expenses 13 14 Information technology Royalties 15 5,130. 5,764. 317. 317. Occupancy 16 33,685. 33,685. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 5,359. 4,555. 804. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,556. 232. PROFESSIONAL SERVICES 10,039. 285. TELEPHONE 3,898. 3,625. 273. POSTAGE 1,433. 1,275. 158. DUES & MEMBERSHIPS 970. 873. 97. 579. 517. 54. 8. e All other expenses Total functional expenses. Add lines 1 through 24e 250,871. 216,474. 9,546. 24,851. 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 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	32,385.	1	40,973.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Comple	te		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined	under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and control	ibuting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,385.	16	40,973.
	17	Accounts payable and accrued expenses	4,427.	17	5,274.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, truste	ees,		
Ė		key employees, highest compensated employees, and disqualified person			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	Cof		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,427.	26	5,274.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	31,617.
Fund Balances	28	Temporarily restricted net assets		28	4,082.
<u> </u>	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here	· 🗀 📗		
ğ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	25 (22
~	33	Total net assets or fund balances		33	35,699.
	34	Total liabilities and net assets/fund balances	32,385.	34	40,973.

Form **990** (2016)

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_								
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 12.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			71. 41.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3.	<u>5,6</u>	99.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				LX.			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Cash Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
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	d 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	e 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2016)

#### **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 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization BESSIE'S HOPE 84-1236504 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 10 X 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	The portion of total contributions						_
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	(6) 2010	(6) 2014	(u) 2010	(6) 2010	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		<b>,</b>				
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for				-		. □
Sec	organization, check this box and stopetion C. Computation of Publi	c Support Pe					<u></u>
	Public support percentage for 2016 (li			column (f))		14	%
	Public support percentage from 2015					15	
	33 1/3% support test - 2016. If the or						
IUa	stop here. The organization qualifies a	•		•		•	
h	33 1/3% support test - 2015. If the or						
D							IIS DOX
170	and <b>stop here.</b> The organization qualit						or more
ı/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact				•	-	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
40	organization meets the "facts-and-circ						
าช	Private foundation. If the organization	ı dıd not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a	ina see instruction:	s

### 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	ciow, picaco comp	noto i uit ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	228,518.	216,642.	226,117.	250,105.	246,972.	1,168,354.
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	28,314.	34,225.	30,686.			180,167.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	256,832.	250,867.	256,803.	296,067.	287,952.	1,348,521.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,348,521.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012 256, 832.	(b) 2013	(c) 2014 256, 803.	(d) 2015 296, 067.	(e) 2016 287, 952.	(f) Total
	Amounts from line 6	430,034.	250,867.	∠30,003.	290,007.	401,954.	1,348,521.
102	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	305.	102.				407.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	305.	102.				407.
	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.)	257,137.	250,969.	256,803.	296,067.	287,952.	1,348,928.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						<u></u> ▶∟⊥
	ction C. Computation of Publ						
	Public support percentage for 2016 (I			olumn (f))		15	99.97 %
	Public support percentage from 2015					16	99.75 %
	ction D. Computation of Inves					1	0.2
17	. 3					17	.03 %
	Investment income percentage from 2					18	.25 %
19a	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		· ·	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶Ш

## 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 (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.)

1		Yes	No
	1		
	2		
	3a		
	- Gu		
	01		
	3b		
	3с		
	4a		
	4b		
	15		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
m 9	90 or 99	90-EZ	2016

Pa	rt IV Supporting Organizations (continued)			<u> </u>
	(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		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction 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 organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ction 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 yea(see instruction	s).		
a				
b			,	
C		nstructions		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	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>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections 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 <b>Part VI</b> ):			
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-functiona	lly integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions sarry ever, if any, to 2010.			
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_		
4	Distributions for 2016 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	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.)
	7
	*

#### Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

BESSIE'S HOPE 84-1236504

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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 33 1/3% 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 totaling \$5,000 or more during the year \_\_\_\_\_\_\_ 
\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number 84-1236504

I alt I	Contributors (See instructions). Ose duplicate copies of Part I if additional	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>15,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$,000.	Person X Payroll

Name of organization Employer identification number 84-1236504

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 12,500.	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
8		\$ 12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,087.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$7,636.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

BESSIE'S HOPE

84-1236504

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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)		\$(c)	
No. rom art I	(b)  Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	16	\$	990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number BESSIE'S HOPE 84-1236504 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BESSIE'S HOPE

Employer identification number 84-1236504

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	is the organization's accounting for
Par	t III Organizations Maintaining Collections o	of Art Historical Transuras or (	Other Similar Assets
rai	Complete if the organization answered "Yes" on Form	·	Other Sillian Assets.
	-		amont and balance about wayle of art
ıa	If the organization elected, as permitted under SFAS 116 (As	•	
	historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descr		rance of public service, provide, in Part XIII,
h			nt and balance about works of out historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2		paguros, or other similar assets for finance	
2	If the organization received or held works of art, historical tree		nai yaili, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b> \$
a h	Revenue included on Form 990, Part VIII, line 1		
Ø	Assets included in Form 990, Part X		🔻 🔻

Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simila	r Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	nat are a	significant u	se of its	collectio	n items	 S
	(check all that apply):										
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange prog	grams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organiza	ation's exe	empt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or o	ther simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	d "Yes" oı	n Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other a	assets no	t included	_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:		A					
						4			Amount	:	
С	Beginning balance						1c				
d	d Additions during the year 1d										
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial ac	count liab	ility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo					•		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two ye	ears back	(d) Three ye	ars back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held a	and adminis	tered for	the organiza	ation	-		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				•				3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	1		•		<del></del>					
	Description of property	(a) Cost or o			t or other		ccumulated	i	(d) Bool	k value	)
		basis (investn	nent)	basis	(other)	de	preciation				
	Land										
	Buildings					1		-			
	Leasehold improvements					1					
	Equipment					1		-			
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colun	nn (B). line 1	1UC.)						0.

D . 1/11	Investments - Other Securities.
Dart VIII	Invactments - Other Securities
rait viii	IIIVESHIIEHIS - OHIEL SECULIHES.

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) ivietnod of valua	tion: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV	line 11e See Form 000 Port	t V line 12
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
	(b) Book value	(e) Mounda of Valua	den eest er end er jedr mantet valde
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part	t X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		0, Part X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(0)			
(2)			
(3)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

84-1236504 Page 4 BESSIE'S HOPE Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 258,612. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 258,612. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	Z3U,0/1.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	250,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	250,871.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

BESSIE'S HOPE IS EXEMPT FROM FEDERAL AND STATE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE AND THE COLORADO REVISED STATUTES, AND IS CONSIDERED BY THE IRS TO BE AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE TAX-EXEMPT PURPOSE OF BESSIE'S HOPE, COULD BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE WAS NO UNRELATED BUSINESS INCOME SUBJECT TO TAX FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015. BESSIE'S HOPE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

or 990-EZ) Complete

Department of the Treasury
Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**ZUID**Open to Public

Employer identification number

Inspection

BESSIE'S HOPE 84-1236504 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations h Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 BESSIE'S HOPE 84-1236504 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 page.

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.						
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
0			MUSICAL	BOWL-A-THON	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
an G				-		
Revenue	1	Gross receipts	122,155.	16,526.		138,681.
	2	Less: Contributions	90,893.	14,495.		105,388.
	3	Gross income (line 1 minus line 2)	31,262.	2,031.		33,293.
		Ocale autore				
	4	Cash prizes				
m	5	Noncash prizes				
pense	6	Rent/facility costs	13,769.	1,946.		15,715.
Direct Expenses	7	Food and beverages				
՝		Entartainment	11 575			11,575.
	8	Entertainment Other direct expenses	11,575. 1,964.	85.		2,049.
	10				<b>•</b>	29,339.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		<b>&gt;</b>	3,954.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		to N Dull take (instent		 
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Curior direct experiese	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9	En	ter the state(s) in which the organization condu	icts daming activities:			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	•	-	•	Yes No
b	It "	Yes," explain:				

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	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🗀	Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	ءمد ا	1	0.4
	n The organization's facility On outside facility		+	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100		70
	Name ▶  Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	o If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the organization and the amount of gaming revenue retained by the third party   \$ and the amount of gaming revenue retained by the third party   \$ and a			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?  Description Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	Yes	☐ No
Pa	organization's own exempt activities during the tax year  \$\text{IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	II lines 9	9h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		, 00, 10	, 100,

Schedule	G (Form 990 or 990-EZ)	BESSIE'S HOPE	84-1236504 <sub>F</sub>	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		

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

Department of the Treasury

Internal Revenue Service

# 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.

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

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

BESSIE'S HOPE

Employer identification number 84-1236504

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TOGETHER YOUTH, FAMILIES, BUSINESSES, AND ORGANIZATIONS (APPROX 3,000) FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COORDINATION AND FACILITATION OF NURSING HOME VISITS FOR BUSINESSES AND ORGANIZATIONS. THE DREAMS CAN STILL COME TRUE PROGRAM FULFILLS WISHES OF NURSING HOME/ASSISTED LIVING RESIDENTS. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS WILL BE PROVIDED WITH A COPY OF THE 990 FOR REVIEW FORM 990, PART VI, SECTION B, LINE 12C: FORM 990 PART VI SECTION B LINE 11 THE OUTSIDE ACCOUNTANT PREPARES THE FORM 990 BASED ON INFORMATION PROVIDED BY MANAGEMENT AND FROM THE AUDIT REPORT. ONCE THE FORM 990 IS COMPLETED AND DELIVERED THE STAFF AND EXECUTIVE DIRECTOR REVIEWS IT FOR ACCURACY AND UNDERSTANDING. SUBSEQUENTLY THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS OFFERED BY EXECUTIVE DIRECTOR SHARON BRANDRUP AND IS

APPROVED BY LINDA HOLLOWAY, DEVELOPMENT DIRECTOR AND THE BOARD OF DIRECTORS

Name of the organization  BESSIE'S HOPE	Employer identification number $84-1236504$
FORM 990, PART VI, SECTION C, LINE 19: SECTIONS OF THE FO	ORM ARE MADE
AVAILABLE TO THE PUBLIC ON REQUEST, WHETHER WRITTEN OR VE	RBAL.
FORM 990 PART XII LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	