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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 **2014** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	e 2014 calen	dar year, or tax year begi	nning	, and ending		_			
В	Check if	applicable	C Name of organization					D	Employer ic	lentification number
	Address	change								
	Name ch	ange	BridgeWay Mi	<u>inistries Int</u>	ernationa	al			26-14	90819
X	Initial reti	urn	Number and street (or P O box,	if mail is not delivered to street ad	dress)		Room/suite	E	Telephone n	umber
П	Final retu	um/terminated	5201 E Warre	en Avenue					303-6	95-8400
	Amended	d return	City or town, state or province, c	country, and ZIP or foreign postal c	ode			F	Group Exe	mption
П	Application	on pending	Denver	CC	80222				Number	<u> </u>
G	Accour	nting Method:	X Cash Accrua	Other (specify) ▶			н	Check I	▶ X If the	organization is not
ı		te: ▶ <b>N/</b>						required	d to attach So	chedule B
J	Tax-exe	empt status (c	heck only one) — X 501(c)	(3) 501(c)( ) <b>4</b> (inse	ert no ) 4947(a	)(1) or	527	(Form 9	990, 990-EZ,	or 990-PF)
ĸ		of organization		Trust Assoc	ciation	Other				
L	Add line	es 5b, 6c, and 1	7b to line 9 to determine gross	receipts If gross receipts are	e \$200,000 or more	e, or if total as:	sets			
(Pa	rt II, colu	ımn (B) below)	are \$500,000 or more, file For	m 990 instead of Form 990-E	Z				▶ \$	95,574
F	Part I	Rever	nue, Expenses, and (	Changes in Net Ass	ets or Fund E	Balances	(see the ir	nstructio	ons for Part	I)
		Check	if the organization used	Schedule O to respon	d to any questic	on in this Pa	art I			X
	1	Contributions	, gifts, grants, and similar amou	ints received					1	32,595
	2	Program se	rvice revenue including gov	vernment fees and contract	ots				2	61,860
	3	Membership	dues and assessments						3	
	4	Investment	income		•				4	
	5a	Gross amou	unt from sale of assets othe	er than inventory		5a			<u> </u>	
	b	Less: cost of	or other basis and sales exp	penses		5b				
	С	Gain or (loss)	from sale of assets other than	inventory (Subtract line 5b from	m line 5a)				5c	
	6	Gaming and fundraising events								
	a	Gross incor	ne from gaming (attach Sc	hedule G if greater than		. 1				
e		\$15,000)				6a			4	
Revenue	b	Gross incor	ne from fundraising events	(not including \$		of contribut	ions		1 1	
æ		from fundra	ising events reported on lin	ne 1) (attach Schedule Girl	the	1 1				
	1	sum of such	n gross income and contrib	utions exceeds \$15,000)		6b			1 1	
	С		expenses from gaming an			6c			1 1	
	d	Net income	or (loss) from gaming and	fundraising events (add III	nes 6a and 6b an	d subtract				
		line 6c)							6d	
	7a	Gross sales	of inventory, less returns a	and allowances		7a			4	
	b		of goods sold			7b				
	c	•	or (loss) from sales of inve	• •	m line 7a)				7c	4 440
	8		nue (describe in Schedule (	•	-			_	8	1,119
	9		nue. Add lines 1, 2, 3, 4, 5c		- Di	EOEn a		<u> </u>	9	95,574
	10		similar amounts paid (list ii	n Schedule O)		ECEIVE	ΞD	ł	10	2,302
	11	•	id to or for members		101		18	1	11	10 660
es	12		her compensation, and em		E B NOV	<b>24</b> 20	15 0		12	18,660
Expenses	13		al fees and other payments		s Juli	- 20	1001		13	29,828
X	. 14		, rent, utilities, and mainten		OG	DEN			14	1,800
Ш	'	Ų.,	blications, postage, and sh			DEN, L	JF ]		15	16,754
	16	•	nses (describe in Schedule					•	16	69,344
_	17		nses. Add lines 10 through				<del></del>		17	26,230
ţ	18		deficit) for the year (Subtra		olumn (A\\ /m····	agrae with			10	20,230
SSe	19		or fund balances at beginn	• • •	widinin (A)) (musi	ayree with			19	19,051
Net Assets	20	=	figure reported on prior ye		ıle (O)				20	
Ž	20		ges in net assets or fund ba	• •					21	45.281

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Form **990-EZ** (2014)

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (20			<u>ional 26-14</u>	90819		Page 2
Rant II	Balance Sheets (see the instructions for	•	raugetion in this Bort I	11		X
	Check if the organization used Schedule O	to respond to any		ginning of year	Γ	(B) End of year
n 22 Cash savi	ngs, and investments		(1,7,55)	19,051	22	46,074
23 Land and b				0	23	
	ets (describe in Schedule O)			0	24	
25 Total asse	· ·			19,051	25	46,074
	lities (describe in Schedule O)			0	26	793
	s or fund balances (line 27 of column (B) must a	gree with line 21)		19,051	27	45,281
Partill	Statement of Program Service Accor		ee the instructions for	Part III)		
E 2 9ath James w Woman had	Check if the organization used Schedule O	-		100		Expenses
What is the org	ganization's primary exempt purpose?				(R	equired for section
See Sched	ule O				50	1(c)(3) and 501(c)(4)
Describe the o	rganization's program service accomplishments for	or each of its three la	rgest program services,		org	ganizations, optional for
as measured b	by expenses. In a clear and concise manner, description	ribe the services pro	vided, the number of		oth	ners)
persons benefi	ited, and other relevant information for each progra	am title.			<u> </u>	
28 See Sc	hedule O					
				<del></del>		
(Grants \$	2,302) If this amount include	s foreign grants, che	eck here	<u> </u>	28a	68,516
29						
(Grants \$	) If this amount include	s foreign grants, che	eck here	<u> </u>	29a	<del></del>
30						
				. $\Box$		
(Grants \$	) If this amount include	s foreign grants, che	eck here		30a	
31 Other prog	ram services (describe in Schedule O)			. $\Box$		000
(Grants \$	) If this amount include		eck here		31a	828
	gram service expenses (add lines 28a through 31 List of Officers, Directors, Trustees, and Key	a)	h		32	69,344
Partily	Check if the organization used Schedule O to re	spond to any questic	on in this Part IV	nsated — see the	e instru	ctions for Part IV)
		(b) Average	(c) Reportable compensation	(d) Heath ben		e (e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans,	and	other compensation
Peter Y	AUD 6	· · · · · · · · · · · · · · · · · · ·	(if not paid, enter -0-)	deferred compe	nsation	
Preside	_	5.00	0			o
Grant S		3.00_				0 0
Vice Pr	<del>-</del>	0.50	o			o
Gary Go		0.30	<del></del>			<u> </u>
_	ry/ Treasurer	0.50	٥		i	o
Becreca	TY/ II GABULEI	0.30				<del>*</del>
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DAA						Form <b>990-EZ</b> (2014)

BridgeWay Ministries International 26-1490819

33 LX the organization engage in any significant carely not prevail to the IRS? If "Yes," provide a detailed description of each activity in Schodule O 44 Viver any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a deniege to the organization share. Otherwise, explain the change on Schedule O (see instructions) 39 Dd the organization have unreflected business gross income of \$1.000 or more during the year from business actives (such as those reported on lines 2, 6e, and 7e, among others)? 39 Dd the organization have unreflected business gross income of \$1.000 or more during the year from business actives (such as those reported on lines 2, 6e, and 7e, among others)? 39 Dd the organization as school 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice. 39 Pd ("Yes," complete schedule suprised spiciation parts of "Yes," completed spiciation parts of "Yes," complete schedule C, Part I and enter the total amount involved 30 Section 501(c)(7) organization in Schedule N, part II and enter the total amount involved 30 Section 501(c)(7) organizations. Enter amount of parts are parts of the schedule L, Part II and enter the total amount involved 30 Section 501(c)(7) organizations. Enter amount of a schedule spicial contributions included on line 50 Cross receipts, included on line 50 (c) propilic use of club facilities 30 Section 501(c)(7) organizations. Enter amount of a schedule spicial contributions included on line 50 Cross receipts,	Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
detailed description of each activity in Schedule O  Were any significant changes made to the organizary or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35a				Yes	No
44 We any significant changes made to the organizang or governing documents / If Yes,* attach a conformed copy of the ammended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (0 (see instructions)  35 but the congratation have underted business gross income of \$1,000 or more during the year from business section \$2,000 or more during the year from business section \$3 to year. Per provise an explanation in Schedule 0  45 but *Yes,** to the \$54, his the organization file af 6 rm 90 90-17 for the year? If *Yes,* complete schedule 0, 200 or year or year or year or year or year. Per year or year or year or year or year. Per year or year or year or year or year. Per year or year or year or year or year. Per year or year or year or year. Per year or year or year or year. Per year or year or year or year or year. Per year or year or year or year or year. Per year or year or year or year. Per year or year. Per year or year. Per year or year. Per year or year. Per year or year year. Per year or year year year year year year. Per year year year year year year. Per year year year year year year year. Per year year year year year year. Per year year year year year year year ye	33	· · · · · · · · · · · · · · · · · · ·	22		Y
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedulo (Q see instructions)  33 bd the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2. Se, and 7a, among others)?  b) if "Yes," to line 35a, has the organization filed a Form 990-T for the year" if "Yes," provide an explanation in Schedule C. Was the organization undergro a disputation. In the companization subject to section 963349 nonce, reporting, and proxy tax requirements during the year" if "Yes," complete Schedule C, Part III  d) Did the organization undergro a disputation. Intermisents or significant disposition of net assets during the year" if "Yes," complete Schedule C, Part III  d) Did the organization between the placebile parts of Schedule N  73 Enfert amount of political experiodruses, direct or indirect, as described in the instructions  D) Did the organization file Form 1120-PLO. If the year of the complete Schedule C, Part III and other the total amount involved  33 bd W Section 501(27) organizations. Enter:  a Instation fees and capital contributions included on line 9  34 Cress receipts, included on line 9, for public use of club facilities  45 Section 501(27) organizations. Enter:  a Instation fees and capital contributions included on line 9  56 Gross receipts, included on line 9, for public use of club facilities  46 Section 501(27) organizations in the year under section 4915 be section 501(27) organizations in the sequence of the programization organization organization in a proy year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  46 Section 501(27), 301(24), 401 School (27), 401 Sch	24		33		
change on Schedule O (see instructions) 3 but the congratization have writerable business gross-income of \$1,000 or more during the year from business activetes (such as those reported on lines 2. 6s, and 7s, among others)?  b If 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	34				i
Sab   Dit the organization have unrelated business gross income of \$1.000 or more during the year from business activities (euch as those reported on lines 2, 6, and 7a, among otheres)?		··	34		x
sactivites (such as those reported on lines 2, 6a, and 7a, among others!)  b if Yes,* (in lies 35a, has the organization field at Grow 190-T for the year? If Yes,* complete shedule 0  c Was the organization a section 501(c(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy lax requirements duming the year? If Yes,* complete Schedule N  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  duming the year? If Yes,* complete speciately served in the instructions  B 27a  Terrier amount of polinical expenditures, direct or indirect, as described in the instructions  B 27a  Terrier amount of polinical expenditures, direct or indirect, as described in the instructions  B 27a  Terrier amount of polinical expenditures, direct or indirect, as described in the instructions  B 27a  Terrier amount of polinical expenditures, direct or indirect, as described in the instructions  B 27a  Terrier amount of polinical expenditures, direct or indirect, as described in the instructions  B 27b  Did the organization town from, or make any lotter, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  B 1 (Yes,* Complete Schedule L.) Part II and entire the total amount involved  S 25a  S 25ction 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 P  S 25ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations on the organization engage in any section 4958  excess benefit transaction during the year, or did it engage in any excellent schedule L, Part I  S 25ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 495, and 4958  S 25ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations are approximated to a proving the section 4912 P  S 25ction 501(c)(3), 501(c)(4), a	35a				
c Was the organization a section 501(c)(3), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Sphedule (C, Part III)  356			35a		x
reporting, and proxy lax requirements during the year? If "Yes," complete Schedule C, Part II   35c	b		35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 Did the organization borrow from or make any totals to, any officer, director, it ustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 39a Bostion 501(c)(3) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 39b Gross receipts, included on line 9, for public use of citol facilities 39cccoss benefit transaction during the year under section 601(c)(3) organizations. Enter amount of tax increases benefit transaction and proy year that has not been reported on any of sits prior forms 990 or 990-E27 If 1"yes," complete Schedule L, Part I 39cction 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization range is any section 4958 39cction 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 39cction 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 39cction 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax with prior and the section of the prior and the section of the sectio	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
and the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or unifrect, as described in the instructions ▶ 37a		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
137a Einter amount of political expenditures, direct or indirect, as described in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		
b Did the organization file Form 1120-POL for this year?  8 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  8 Did TYes," complete Schedule I., Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:  9 Intelsion fees and capital contributions included on line 9  9 Gross receipts, included on line 9, for public use of club facilities  9 Gross receipts, included on line 9, for public use of club facilities  9 Section 501(c)(3) organizations included on line 9  9 Section 4911 ▶			36		X
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    b   If Yes, Complete Schedule, I. Part II and enter the total amount involved   38b   38a   38a   38b   38a	37a		<b>-</b>		  - <u></u>
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b	b	, ,	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Inhatiton fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39b   30b	38a				
a initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c/3) organizations. Enter amount of tax imposed on the organization during the year under section 4981  b Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in any section 4985  excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I  40b			38a		<u> </u>
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9   939			┨		
Scros receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶	39	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911  section 4915  section 4912  section 4915  section 4915  section 4916  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 920-EZ? If "Yes," complete Schedule L, Part I	_		┨ .		,
section 4911		Oldo Todolpio, medada di mila di territoria	1		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4988 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  40b	40a				
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T  11 List the states with which a copy of this return is filed  None  12 The organization's books are in care of  Peter Young Telephone no  303-695-84.00  S201 E Warren Ave Located at  Data Parker  Located at  Data Parker  Located at  Data Parker  Co ZIP + 4  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account in a foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Ves No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization payenents for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O payments from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form	h				
that has not been reported on any of its pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  11 List the states with which a copy of this return is filed   None  12 The organization's books are in care of   13 Peter Young  14 Telephone no   303-695-8400  30	U				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization 41 List the states with which a copy of this return is filed ▶ None 42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ None 42a The organization's books are in care of ▶ Peter Young 5201 E Warren Ave 42a Located at ▶ Deaver 45 Dat yime 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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)1) nonexempt chanitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization payments for indoor tanning services during the year?  44b X  C Did the organization payments for indoor tanning services during the year?  44c X  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X			40b		x
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed Pone  11	С				
description of the organization organizat	•				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ None  120 The organization's books are in care of ▶ Peter Young  121 The organization's books are in care of ▶ Peter Young  122 The organization's books are in care of ▶ Peter Young  123 The organization's books are in care of ▶ Peter Young  124 Located at ▶ Denver  125 Located at ▶ Denver  125 Located at ▶ Denver  126 Located at ▶ Denver  127 Located at ▶ Denver  128 Located at ▶ Denver  129 Located at ▶ Denver  130 3 - 695 - 8400  142 Books are in care of ▶ Peter Young  142 Located at ▶ Denver  143 Latt the states with which a copy of this return is filed ▶ None  144 Latt the states with which a copy of this return is filed ▶ None  145 Located at ▶ Denver  140 Located at ▶ Denver  140 Located at ▶ Denver  144 Located at ▶ Denver  145 Located at ▶ Denver  146 Located at ▶ Denver  147 Located at ▶ Denver  148 Located at ▶ Denver  148 Located at ▶ Denver  149 Located at ▶ Denver  140 Located at Peter Young  140 Located at Peter Young  141 Located at Peter At 20 Located at 20 Locat					
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Form 990-EZ (see instructions)	b			ĺ	<b>!</b>
			45h		<u>x</u>
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									Yes	No
16		ne organization engage, directly or indirectly, in polition ndidates for public office? If "Yes," complete Schedul		s on behal	f of or in oppos	sition		46	104 T	X
Pāi	it.VI	All section 501(c)(3) organizations must ar		′–49b and	l 52, and con	nplete the tables fo	r lines			
		50 and 51. Check if the organization used Schedule C	to respond to any	question	in this Part \	<b>/</b> I				
17	Did th	ne organization engage in lobbying activities or have	a section 501(h) elec	tion in effe	ct during the ta	ax			Yes	No
•		P If "Yes," complete Schedule C, Part II	a cocacii co i(ii) cicc		o. cog			47		х
8		e organization a school as described in section 170(b)		•				48	X	<del> </del>
9a		ne organization make any transfers to an exempt non is," was the related organization a section 527 organi		ganization	?			49a 49b		X
b 50		plete this table for the organization's five highest com		(other tha	n officers, dire	ctors, trustees and ke	ey .	435		
		oyees) who each received more than \$100,000 of cor					•			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	cóm	eportable bensation -2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee ot	Estimate her com		
No	ne									
							+			
f	Total	number of other employees paid over \$100,000		<u>.                                    </u>	<b>&gt;</b>					
51	Com	plete this table for the organization's five highest com,000 of compensation from the organization. If there i	pensated independe	nt contract	ors who each	received more than				
	\$100	(a) Name and business address of each independent of		11	(b) Type	e of service	(c)	Compe	nsation	,
No	ne									
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d 52		Inumber of other independent contractors each recein the organization complete Schedule A? <b>Note.</b> All sect	•	ations mus	t attach a				-	
, ,		pleted Schedule A		auons mac	n attaon a		<b>D</b> 3	K Yes		No
		ties of perjury, I declare that I have examined this return, inc , and complete. Declaration of preparer (other than officer)					wledge a	and belie	f, it is	
100, 0		, and complete Decidation of preparer (cirier trial effect)	5 based on an informati		properties ride and	,,	1.6			
Sign	1	Signature of officer	hund -	-	Da		116			
Here	•	Peter Young  Type or print name and title	purg	F	residen	16	<del>-</del>			
	<u> </u>		Preparer's signature			Date	leck	PTIN		
Paid		Charles E. Swanson	1 hander	رمحر	Tuanso		T-employe		2161	.0
_	arer	Firm's name Swanson, Miller	& Associat	es,	c.	Firm's EIN	84	1-09	112	29
Use	Only		eet )214-5917	/		_	302	-239	_0^	70
Mav	the IR	Lakewood, CO 80 RS discuss this return with the preparer shown above				Phone no	<u>303</u> .	X Y		No
- ,				•				orm <b>99</b>		

## **SCHEDULE A** (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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

ame	of the organization	BridgeWay Mi	nistries Intern	ation	al	Employer ident 26-149	ification number
P	art I Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instructio	ns.
he	organization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	.)	
1	A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(ʻ	I)(A)(i).	
2	X A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)				
3	A hospital or	a cooperative hospital service	ce organization described in see	ction 170	(b)(1)(A)(	iii).	
4	A medical recity, and stat	<del>-</del>	d in conjunction with a hospital of	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
5	An organizat		of a college or university owned	or operate	ed by a g	overnmental unit described in	
6			overnmental unit described in s	ection 17	0(b)(1)(A	.Yv).	
7	<u> </u>	, ,	substantial part of its support fro			••••	:
-		section 170(b)(1)(A)(vi). (C		J			
8			170(b)(1)(A)(vi). (Complete Part	: II.)			
9	An organizat	ion that normally receives: (1	I) more than 33 1/3% of its supp	ort from	contributi	ons, membership fees, and gr	oss
	receipts from	activities related to its exen	npt functions—subject to certain	exception	ns, and (2	2) no more than 33 1/3% of its	
	support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	1 511 tax) from businesses	
	acquired by t	the organization after June 3	0, 1975 See <b>section 509(a)(2)</b>	. (Comple	te Part III	)	
10			exclusively to test for public safe	-			
11			exclusively for the benefit of, to				
			ions described in section 509(a				. Check
			cribes the type of supporting org				
а			ed, supervised, or controlled by				
		* ' '	o regularly appoint or elect a ma	ajority of t	ne airecti	ors or trustees of the supportin	9
		You must complete Part I		wath ito o	unnortod	organization(s), by baying	
Ь			rised or controlled in connection organization vested in the same				
		s). You must complete Par		e persons	triat with	nor or manage the supported	
С		•	orting organization operated in	connectio	n with an	d functionally integrated with.	
·			tions) You must complete Pai				
d		• , , ,	supporting organization operate				)
		• •	ganization generally must satisfy				
	requirement	(see instructions) You mus	t complete Part IV, Sections A	and D, a	nd Part	٧.	
е	Check this be	ox if the organization receive	d a written determination from t	he IRS th	at it is a 1	Type I, Type II, Type III	
	functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organızatı	on		
f	Enter the numbe	r of supported organizations					
g	Provide the follow	wing information about the si	<u> </u>	Ti			<u> </u>
(	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	Organization		above or IRC section	1	ment?	instructions)	instructions)
			(see instructions))	Yes	No		
A)				163	140		
		_					
B)							
 C)				<b></b>			-
D)							
E)							
				<del> </del>			

Schedule A (Form 990 or 990-EZ) 2014 BridgeWay Ministries International 26-1490819

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 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 11 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

	i tile organization falle to	quality arraor a	io teoto neteu i	solow, please s	<u> </u>		
	tion A. Public Support	<del></del>	T		·	I I	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			<b></b>			
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fire	st second third fo	ourth or fifth tax ve	ar as a section 50	1(c)(3)	
17	organization, check this box and stop her		ot, 0000/10, 0o, 10	rain, or mar tark yo		.(=)(=)	▶ [
Sec	ction C. Computation of Public Su		itage	<del></del>		-	
15	Public support percentage for 2014 (line 8			nn (f))		15	%
16	Public support percentage from 2013 Sch			<i>、,,</i>		16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2014 (I			3, column (f))		17	%
18	Investment income percentage from 2013			• • •		18	%
19a	· · · · · · · · · · · · · · · · · · ·			e 14, and line 15 is	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a publ	icly supported org	anization	▶ [
b	33 1/3% support tests—2013. If the orga						_
	line 18 is not more than 33 1/3%, check the	his box and <b>stop h</b>	<b>nere.</b> The organiza	tion qualifies as a	publicly supported	organization	<b>P</b>
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this be	ox and see instruc	tions	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comion A. All Supporting Organizations	plete Part V.	)	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	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.	1		
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		1	
	organization was described in section 509(a)(1) or (2)	2		,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ- <del></del> -		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		<del>.</del>	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		;	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		Ì	
	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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?		<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		l	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	l		
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		-	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_	ŀ	
	If "Yes," complete Part I of Schedule L (Form 990).	8	<del></del>	
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.	<u>9a</u>		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	0.	-	
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del>                                     </del>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	100		
_	organizations)? If "Yes," answer (b) below  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		f
IJ	Did the organization have any excess business notatings in the tax year. (Ose oblication, Folia 4/20, to		1	B .

determine whether the organization had excess business holdings.)

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Pai	rt IV Supporting Organizations (continued)			
	the discount of a second of a second of the following second of the following second of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		i	
а		44.		
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u> </u>	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		
	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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 Part VI 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		
Sect	tion 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		
<u>Sect</u>	tion 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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	_	
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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.	2a		
b	to the contract of the contrac		-	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a	_	
<b>L</b>		Ja		
b		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	000	000 [	7) 664

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			l
other Type III non-functionally integrated supporting organizations must complete	e Sections A thro	ough E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	<u> </u>	
6 Portion of operating expenses paid or incurred for production or	il		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	<u> </u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			r
instructions for short tax year or assets held for part of year)			;
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)		· · · · · · · · · · · · · · · · · · ·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	· <del></del>	
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		
Section C - Distributable Amount			Current Year
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			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

Schedu	le A (Form 990 or 990-EZ) 2014 BridgeWay Ministr	<u>ies Internatio</u>	<u>onal 26-1490</u>	<b>819</b> Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
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 organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
-	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>    i                                </u>	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	<u>.</u>		
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
_	and 4c.			
88	Breakdown of line 7			
a				
b				
С				
d	Excess from 2013.	1		l

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e Excess from 2014

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE E**

(Form 990 or 990, EZ)

**Schools** 

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BridgeWay Ministries International

Employer identification number 26-1490819

Pa	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		9.0	
	bylaws, other governing instrument, or in a resolution of its governing body?	1_	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	-
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
_	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		32	
	describe. If "No," please explain If you need more space, use Part II	3	X	
	Discrimination policy is written and periodically published or	l l		1
	made available by request.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	l
b	Records documenting that scholarships and other financial assistance are awarded on a racially	<del></del>		<u> </u>
J	nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
Ŭ	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
-	If you answered "No" to any of the above, please explain If you need more space, use Part II.			
				1 :
5	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	5a		x
a	Otachia fighta of privileges:	Ju		
_	Adminiona naligina?	Eh		x
b	Admissions policies?	5b		
				<b>.</b>
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		x
				l
g	Athletic programs?	5g		x
9	· ····································			<u></u> -
h	Other extracurricular activities?	5h		x
••	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.	J"		
	If you answered Tes to any of the above, please explain if you need more space, use falt in.	ŀ		
				ļ '
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		x
b	Has the organization's right to such aid ever been revoked or suspended?	6b	-	х
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II	7-		
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			İ
•	4.05 of Rev Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	·
		1 '	1	1

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

#### SCHEDULE O (Form 990 or 99Q-EZ)

## 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.

\$

OMB No 1545-0047 2014

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

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

1,119

1,101

16,754

\$

Amount

Name of the organization

Description

Cafe concessions

BridgeWay Ministries International

Form 990-EZ, Part I, Line 8 - Other Revenue

Employer identification number 26-1490819

Care Concessions	ş	1,119
	Total \$	1,119
Form 990-EZ, Part I, Line 16 -	- Other Expe	enses
Description	2	Mount
Cafe concessions		
Cost of Goods Sold	\$	828
Expenses		
Advertising	\$	421
Office expense	\$	650
Office supplies	\$	1,406
Conferences and registration	ons \$	650
Bank charges	\$	14
Credit card processing	\$	450
Dues and subscriptions	\$	166
Retreat expense	\$	4,290
Supplies (books)	\$	6,778

Form 990-EZ, Part II, Line 26 - Other Liabilities

Total \$

Description

Training

Beg. of Year End of Year

Accounts Payable and Accrued Expenses

0 \$

391

Name of the organization

BridgeWay Ministries International

Payroll taxes payable

\$ 0 \$ 402

Form 990-EZ, Part III - Primary Exempt Purpose

To license and ordain ministers of the Gospel and missionaries for furtherance of the work of this corporation and our Lord and Savior Jesus Christ in the United States and all foreign countries in accordance with such regulations for ordination.

To engaged in spiritual work, benevolence, ministry, charity, community service and other services based on values, character and faith of orthodox Christianity.

Form 990-EZ, Part III, Line 28 - First Accomplishment

To license and ordain ministers of the Gospel and missionaries for

furtherance of the work of this corporation and our Lord and Savior Jesus

Christ in the United States and all foreign countries in accordance with

such regulations for ordination.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

To provide food services for individuals training for licensing and

ordination of ministers of the Gospel and missionaries for furtherance of
the work of this corporation and our Lord and Savior Jesus Christ in the

United States and all foreign countries in accordance with such regulations
for ordination.