

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning 1/1/2004, and ending 12/31/2004

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

C Name of organization

Bethany Christian Services of North Carolina

Number and street (or P O box if mail is not delivered to street address)

25 Reed Street, PO Box 15569

City or town

Asheville

State or country

NC

Room/suite

ZIP + 4

28813

D Employer identification number

31-1308382

E Telephone number

616-224-7610

F Accounting method ☐ Cash ☒ Accrual☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ 5103

M Check ☒ If the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Website: ▶ www.bethany.com

Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ If the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,185,158

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a		124,304	
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		124,304	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,027,273	
3	Membership dues and assessments	3		0	
4	Interest on savings and temporary cash investments	4		0	
5	Dividends and interest from securities	5		32,550	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7	Other investment income (describe ▶ _____)	7		0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a	0	0	
c	Gain or (loss) (attach schedule)	8b	0	0	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0	
8d		8d		0	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ 16,960 of contributions reported on line 1a)	9a		605	
b	Less: direct expenses other than fundraising expenses	9b		605	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0	
10a	Gross sales of inventory, less returns and allowances	10a		42	
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		42	
11	Other revenue (from Part VII, line 103)	11		384	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,184,553	
13	Program services (from line 44, column (B))	13		988,880	
14	Management and general (from line 44, column (C))	14		73,650	
15	Fundraising (from line 44, column (D))	15		2,574	
16	Payments to affiliates (attach schedule)	16		0	
17	Total expenses (add lines 13 and 14, column (A))	17		1,065,104	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		119,449	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		653,054	
20	Other changes in net assets or fund balances (attach explanation)	20		-501	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		772,002	

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NE

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	476,005	476,005	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	0		
26	Other salaries and wages	26	232,312	232,069	243
27	Pension plan contributions	27	24,454	24,454	
28	Other employee benefits	28	42,973	42,949	24
29	Payroll taxes	29	17,543	17,543	
30	Professional fundraising fees	30	0		
31	Accounting fees	31	31	31	
32	Legal fees	32	39,627	39,627	
33	Supplies	33	5,218	5,202	16
34	Telephone	34	18,282	18,211	71
35	Postage and shipping	35	8,446	8,109	337
36	Occupancy	36	41,435	41,435	
37	Equipment rental and maintenance	37	0		
38	Printing and publications	38	6,035	5,346	689
39	Travel	39	18,231	18,231	
40	Conferences, conventions, and meetings	40	2,121	2,121	
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	24	24	
43	Other expenses not covered above (itemize) a Equipment Cost:	43a	2,963	2,963	
	b Dues/Subscriptions	43b	1,034	1,034	
	c Advertising	43c	32,689	32,689	
	d Miscellaneous	43d	95,422	20,578	73,650 1,194
	e Program Development	43e	259	259	
	f	43f	0		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,065,104	988,880	73,650 2,574

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ ,

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Child and Family Social Services

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Foster Care; Domestic, International, and State Adoptions; Counseling
(Grants and allocations \$ ) 988,880
b
(Grants and allocations \$ )
c
(Grants and allocations \$ )
d
(Grants and allocations \$ )
e Other program services (attach schedule) (Grants and allocations \$ )
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 988,880

**Part IV Balance Sheets** (See page 25 of the instructions )

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing . . . . .		45	
	46	Savings and temporary cash investments . . . . .	629,902	46	631,019
	47 a	Accounts receivable . . . . .	47a 221,524		
	b	Less: allowance for doubtful accounts . . . . .	47b 0	65,863	47c 221,524
	48 a	Pledges receivable . . . . .	48a 0		
	b	Less: allowance for doubtful accounts . . . . .	48b 0	0	48c 0
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50 0
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a 0		
	b	Less: allowance for doubtful accounts . . . . .	51b 0	0	51c 0
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		3,054	53 3,191
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54 0
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a 0		
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c 0
56	Investments—other (attach schedule) . . . . .		0	56 0	
57 a	Land, buildings, and equipment: basis . . . . .	57a 1,644			
b	Less: accumulated depreciation (attach schedule) . . . . .	57b 836	832	57c 808	
58	Other assets (describe <input type="checkbox"/> See attached worksheet )		6,584	58 5,715	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		706,235	59 862,257	
Liabilities	60	Accounts payable and accrued expenses . . . . .		22,371	60 54,363
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		14,000	62 6,000
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63 0
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a 0
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b 0
	65	Other liabilities (describe <input type="checkbox"/> See attached worksheet )		16,810	65 29,892
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		53,181	66 90,255	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted . . . . .		653,054	67 772,002
	68	Temporarily restricted . . . . .		68	
	69	Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21) . . . . .		653,054	73 772,002	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		706,235	74 862,257	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,185,158
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	Special Event \$ 605		
	Revenue \$		
	Add amounts on lines (1) through (4)	<b>b</b>	605
<b>c</b>	Line a minus line b	<b>c</b>	1,184,553
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,184,553

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,065,709
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	Direct Expense \$		
	Special Event \$ 605		
	Add amounts on lines (1) through (4)	<b>b</b>	605
<b>c</b>	Line a minus line b	<b>c</b>	1,065,104
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,065,104

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name See Attached List Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization <b>Bethany Christian Services</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b> Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>	N/A	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85 501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>	0	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
<b>87 501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders <b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>89a</b> ; section 4912 <b>89b</b> ; section 4955 <b>89c</b>		
<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>89c</b>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>89d</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>90a</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>		
<b>91</b> The books are in care of <b>Name Mervin K. Auchtung</b> Telephone no. <b>616-224-7610</b> Located at <b>901 Eastern Ave NE</b> City <b>Grand Rapids</b> ST <b>MI</b> ZIP + 4 <b>49501</b>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—</b> Check here <b>92</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>N/A</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Foster Care					588,179
b Adoptions					422,163
c Other					16,931
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	32,550	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	42	
103 Other revenue: a Misc.					384
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		32,592	1,027,657
105 Total (add line 104, columns (B), (D), and (E))					1,060,249

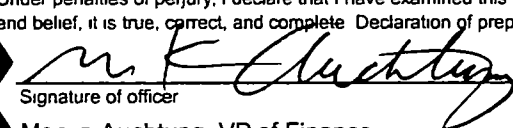
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		5-3-5 Date	
Paid Preparer's Use Only	Mervin Auchtung, VP of Finance Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address and ZIP + 4	EIN	Phone no	

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2004**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

Bethany Christian Services of North Carolina

31-1308382

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	130,845	155,908	221,264	193,014	701,031
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	643,950	366,490	366,186	353,222	1,729,848
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24,589	24,631	24,633	23,817	97,670
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	799,384	547,029	612,083	570,053	2,528,549
24 Line 23 minus line 17	155,434	180,539	245,897	216,831	798,701
25 Enter 1% of line 23	7,994	5,470	6,121	5,701	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 15,974
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 798,701
d Add: Amounts from column (e) for lines: 18 97,670 19 0					26d 97,670
22 0 26b 0					26e 701,031
e Public support (line 26c minus line 26d total)					26f 701,031
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					87.77%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> 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?		
<b>31</b> 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 describe, if "No," please explain (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ..... ..... .....		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36														
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37														
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	0	0												
39	Other exempt purpose expenditures . . . . .	39														
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	0	0												
41	Lobbying nontaxable amount Enter the amount from the following table—															
	<table><tr><td><b>If the amount on line 40 is—</b></td><td><b>The lobbying nontaxable amount is—</b></td></tr><tr><td>Not over \$500,000 . . . . .</td><td>20% of the amount on line 40 . . . . .</td></tr><tr><td>Over \$500,000 but not over \$1,000,000 . . . . .</td><td>\$100,000 plus 15% of the excess over \$500,000 . . . . .</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000 . . . . .</td><td>\$175,000 plus 10% of the excess over \$1,000,000 . . . . .</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000 . . . . .</td><td>\$225,000 plus 5% of the excess over \$1,500,000 . . . . .</td></tr><tr><td>Over \$17,000,000 . . . . .</td><td>\$1,000,000 . . . . .</td></tr></table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .	Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .	Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .	Over \$17,000,000 . . . . .	\$1,000,000 . . . . .			
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>															
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .															
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .															
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .															
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .															
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .															
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	0	0												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	0	0												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	0	0												

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount . . . . .					0
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .					0
47	Total lobbying expenditures . . . . .					0
48	Grassroots nontaxable amount . . . . .					0
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .					0
50	Grassroots lobbying expenditures . . . . .					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Line 1a (990) - Direct public support**

1	Contributions	1	124,304
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	124,304

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1	Special event name				
	Golf				
1a	Number of special events				
2	Gross receipts	605			2 605
3	Less contributions				3 0
4	Gross revenue	605	0	0	4 605
5	Less direct expenses	605			5 605
6	Net income or (loss)	0	0	0	6 0

**Line 20 (990) - Other changes in net assets or fund balances**

1	Reclass of Funds	1	-501
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	-501

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1		65,863	221,524	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	65,863	221,524	0	0

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Building & Improvements	1,644	1,644	812	836
8	Equipment & Furnishings	2,120	0	2,120	0
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	3,764	1,644	2,932	836
18	Buildings and equipment (less accumulated depreciation)			832	808
19	Total land, buildings and equipment			832	808

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

**Line 58 (990) - Other assets**

	Beginning	End
1 Intangible asset from pension plan	5,084	4,215
2 Deposits	1,500	1,500
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other assets	6,584	5,715

**Line 65 (990) - Other liabilities**

		Beginning	End
1 Pension Liabilities	1	16,460	29,892
2 Annuities Payable	2	350	0
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities	11	16,810	29,892

# Bethany Christian Services of North Carolina

Board of Directors List

FEIN 31-1308382

Name	Phone	Address	Exp	Role	Last Mod.
<b>8 NC, Asheville</b>					
Crawford, Gloria	H 828-891-8349	44 Warwick Rd Horse Shoe, NC 28742 lmoore@casonbuildersuppl	2006		07/06/2004
Harris, Melonie	H 828-694-0048	1125 Highland Ave Hendersonville, NC 28792 melharris_28792@yahoo cc	2012		07/06/2004
Marshall, Stephanie	H 828-650-6612	235 Souther Road Fletcher, NC 28732 marshallsd@netzero net	2007		10/28/2004
Mathis, Sheryl	H 828-684-5749	239 Ledbetter Rd Arden, NC 28704 edsheryl@juno com	2012	Secretary	07/06/2004
Raines, Allen	H 828-891-9000	160 forge Crest Drive Horse Shoe, NC 28742 araines@ispwest.com	2009	Vice Chair	08/02/2004
Rohm, Kevin	H 828-286-9758	166 Woodland Hollow Forest City, NC 28043 pastorkevinrohm@bellsouth	2011		05/23/2003
Stout, Steve	H 828-891-3354	146 Broyles Rd Hendersonville, NC 28739 deb3k1@mchsi com	2004	Treasurer	12/08/2003
Wadewitz, Guenter	H 828-684-3230	500 Chrst School Road Arden, NC 28704 gwadewitz@chrstschool org	2004	Chair	12/08/2003
<b>6 NC, Charlotte</b>					
Campbell, Fred H	O 704-687-4431 H 704-786-0365	531 Bent Oak Trail Concord, NC 28027 fredhc@ctc net	2012		01/10/2005
Davis, Celeste M	H 704-782-5038	4412 Turnberry Ct Concord, NC 28027 rtchie celeste@mindspring	2011		03/18/2003
Dippold, Jeffrey	O 704-388-2870 H 704-875-6574	13020 Angel Oak Drive Huntersville, NC 28078 jeff dippold@bankofamerica	2005	Chair	08/03/2004
Montgomery, Beverly	H 704-522-9019	6728 Joliette Lane Charlotte, NC 28277 jbmontgomery@prodigy net	2005		10/11/2004
Morgan, Bill	H 704-843-5871	9719 Robinwood Lane Waxhaw, NC 28173 bilmorg@aol com	2010		01/15/2003
Wainscott, Brent	H 704-540-1466	9904 Zackery Ave Charlotte, NC 28277 BWainscott@carolina.rr com	2006		01/15/2003
Morrison-Henderso Sheila	H 919-363-7139	P O Box 249 New Hill, NC 27362 smohende@med unc edu	2006		10/04/2004
Robbins, Rebecca	H 919-661-0330	6608 Winterton Drive Raleigh, NC 27603 rrobbins@co wake nc us	2006		10/04/2004



# Bethany Christian Services of North Carolina

Board of Directors List

FEIN 31-1308382

Name	Phone	Address	Exp.	Role	Last Mod.
2 NC, Raleigh					
Morrison-Hendersor H Sheila	919-363-7139	P O Box 249 New Hill, NC 27362 smohende@med.unc.edu	2006		10/04/2004
Robbins, Rebecca H	919-661-0330	6608 Winterton Drive Raleigh, NC 27603 robbins@co.wake.nc.us	2006		10/04/2004