

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

## A For the 2005 calendar year, or tax year beginning

, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

## 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) Room/suite

25 Reed Street, PO Box 15569

City or town

State or country

ZIP + 4

Asheville

NC

28813-0569

## 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

G Website ▶ www.bethany.org

J 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,301,582

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

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	118,846			
b Indirect public support	1b	0			
c Government contributions (grants)	1c	0			
d Total (add lines 1a through 1c) (cash \$ 118,846 noncash \$ 0)	1d			118,846	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,137,872	
3 Membership dues and assessments	3			0	
4 Interest on savings and temporary cash investments	4			0	
5 Dividends and interest from securities	5			42,614	
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	-88 8a		0		
c Gain or (loss) (attach schedule)	0 8b		0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	-88 8c		0		
8d				-88	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 22,662 of contributions reported on line 1a)	9a	2,136			
b Less direct expenses other than fundraising expenses	9b	2,136			
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	50			
b Less cost of goods sold	10b	0			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			50	
11 Other revenue (from Part VII, line 103)	11			152	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,299,446	
13 Program services (from line 44, column (B))	13			1,038,516	
14 Management and general (from line 44, column (C))	14			72,477	
15 Fundraising (from line 44, column (D))	15			2,732	
16 Payments to affiliates (attach schedule)	16			0	
17 Total expenses (add lines 16 and 44, column (A))	17			1,113,725	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			185,721	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			772,002	
20 Other changes in net assets or fund balances (attach explanation)	20			0	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			957,723	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

(HTA)

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**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 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) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	553,279	553,279		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	236,768	236,465		303
27	Pension plan contributions	20,886	20,886		
28	Other employee benefits	36,823	36,793		30
29	Payroll taxes	17,903	17,903		
30	Professional fundraising fees	0			
31	Accounting fees	49	49		
32	Legal fees	10,429	10,429		
33	Supplies	5,395	5,395		
34	Telephone	15,161	15,161		
35	Postage and shipping	8,329	7,806		523
36	Occupancy	46,799	46,799		
37	Equipment rental and maintenance	0			
38	Printing and publications	7,601	5,989		1,612
39	Travel	22,403	22,403		
40	Conferences, conventions, and meetings	1,626	1,626		
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	384	384		
43	Other expenses not covered above (itemize):				
a	Equipment Costs	4,548	4,548	0	0
b	Dues / Subscriptions	582	582	0	0
c	Advertising	33,397	33,397	0	0
d	Miscellaneous	91,113	18,372	72,477	264
e	Program Development	250	250	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	1,113,725	1,038,516	72,477	2,732

**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 the instructions.)

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.

What is the organization's primary exempt purpose? ► Child and Family Social Services

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

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.)

**a** Foster Care, Domestic, International, and State Adoptions; Counseling

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

1,038,516

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

1,038,516

Form **990** (2005)

**Part IV Balance Sheets** (See 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
<b>Assets</b>	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	631,019	46	934,670
	47 a	Accounts receivable	47a 97,016		
	b	Less allowance for doubtful accounts	47b 0	221,524	47c 97,016
	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	3,191	53	3,625
	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 7,808			
b	Less: accumulated depreciation (attach schedule)	57b 1,220			
58	Other assets (describe <input type="checkbox"/> See attached statement )	808	57c 6,588		
		5,715	58	4,431	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	862,257	59	1,046,330	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	30,852	60	14,174
	61	Grants payable		61	
	62	Deferred revenue	6,000	62	9,000
	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 statement )	53,403	65	65,433
66	<b>Total liabilities.</b> Add lines 60 through 65	90,255	66	88,607	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	772,002	67	957,723
	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)	772,002	73	957,723
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	862,257	74	1,046,330

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,301,670
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): See attached statement	<b>b4</b>	2,224	
	Add lines b1 through b4		<b>b</b>	2,224
<b>c</b>	Subtract line b from line a		<b>c</b>	1,299,446
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	1,299,446

**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>	1,115,949
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify): See attached statement	<b>b4</b>	2,224	
	Add lines b1 through b4		<b>b</b>	2,224
<b>c</b>	Subtract line b from line a		<b>c</b>	1,113,725
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	1,113,725

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name See Attached List Str	Title			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
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Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information (See 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 Form 990-T 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 Form 1120-POL for this year?	<b>81b</b>	X

**Part VI Other Information (continued)**

		Yes	No
<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?		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?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		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?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		
<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>c</b>	Dues, assessments, and similar amounts from members		
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<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>86</b>	<b>501(c)(7) orgs</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87</b>	<b>501(c)(12) orgs</b> Enter: a Gross income from members or shareholders		
<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>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		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>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		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 <input type="checkbox"/>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name <u>Mervin K. Auchtung</u> Telephone no. <input type="checkbox"/> <u>616-224-7610</u> Located at <input type="checkbox"/> <u>901 Eastern Ave NE</u> City <u>Grand Rapids</u> ST <u>MI</u> ZIP + 4 <input type="checkbox"/> <u>49501</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue					
<b>a</b> Foster Care					686,084
<b>b</b> Adoptions					451,788
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	42,614	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-88	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory			3	50	
<b>103</b> Other revenue <b>a</b> Miscellaneous					152
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		42,576	1,138,024
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,180,600

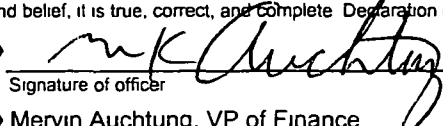
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

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 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 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).

<b>Please Sign Here</b>	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		Date <u>5-11-6</u>	
<b>Paid Preparer's Use Only</b>	Mervin Auchtung, VP of Finance Type or print name and title		<input type="checkbox"/> <b>Check if self-employed</b>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Preparer's signature		Date	EIN
	Firm's name (or yours if self-employed), address, and ZIP + 4		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 4947(a)(1) Nonexempt Charitable Trust

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

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

OMB No 1545-0047

**2005**

Name of the organization

Bethany Christian Services of North Carolina

Employer identification number

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
None				
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ►	0			

**Part II-A 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
		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ►	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ►	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**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)   | 1  | 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?  | 2a | X |
| b   | Lending of money or other extension of credit?   | 2b | X |
| c   | Furnishing of goods, services, or facilities?  | 2c | X |
| d   | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | 2d | X |
| e   | Transfer of any part of its income or assets?  | 2e | 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.)   | 3a | X |
| b   | Do you have a section 403(b) annuity plan for your employees?  | 3b | X |
| c   | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?   | 3c | 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?  | 4a | X |
| b   | Do you provide credit counseling, debt management, credit repair, or debt negotiation services?  | 4b | 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check  
the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	124,304	130,845	155,908	221,264	632,321
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	1,027,273	643,950	366,490	366,186	2,403,899
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	32,976	24,589	24,631	24,633	106,829
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	0	0	0	0
23 Total of lines 15 through 22	1,184,553	799,384	547,029	612,083	3,143,049
24 Line 23 minus line 17	157,280	155,434	180,539	245,897	739,150
25 Enter 1% of line 23	11,846	7,994	5,470	6,121	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 14,783
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 2001 through 2004 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 739,150
d Add: Amounts from column (e) for lines:	18 106,829	19 0			
	22 0	26b 0			
e Public support (line 26c minus line 26d total)					26e 106,829
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 632,321
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				
	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines:	15 0	16 0			
	17 0	20 0	21 0		
d Add: Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					27c 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27d 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27e 0
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27f 0
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					27g 0.00%
					27h 0.00%

**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.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	<b>41</b>	0
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount					0
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b>	Total lobbying expenditures					0
<b>48</b>	Grassroots nontaxable amount					0
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b>	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.)

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

Yes	No	Amount
		0

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

**(ii) Other assets**

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions	96,184	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	22,662	4
5		5
6		6
7		7
8		8
9		9
10 Total	118,846	10 0
<b>Line 1b - Indirect public support</b>		
<b>Line 1c - Government contributions (grants)</b>		

[illegible]



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

	Event A	Event B	Event C	All others	Totals
1 Special event name	Golf/Concert/ Seminar				
1a Number of special events					
2 Gross receipts	24,798			2	24,798
3 Less contributions	22,662			3	22,662
4 Gross revenue	2,136	0	0	0 4	2,136
5 Less direct expenses	2,136			5	2,136
6 Net income or (loss)	0	0	0	0 6	0

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

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	221,524	97,016	0	
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	221,524	97,016	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		
8	Equipment & Furnishings	0	6,164	0	
9				836	1,220
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	1,644	7,808	836	1,220
18	Buildings and equipment (less accumulated depreciation)			808	6,588
19	Total land, buildings and equipment			808	6,588

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**

5,715

4,431

		Beginning	End
1	Intangible asset from pension plan	4,215	2,931
2	Deposits	1,500	1,500
3			
4			
5			
6			
7			
8			
9			
10			

Line 65 (990) - Other liabilities		53,403	65,433
		Beginning	End
1	Employee compensation and benefits	23,511	31,540
2	Additional minimum pension liability	29,892	33,893
3			
4			
5			
6			
7			
8			
9			
10			

Line b(4) and line d(2), Part IV-A (990) - Reconciliation of Rev. per Audited Financial Stmts.

Line b(4) Other		
1	Loss on Sale of Securities	1 88
2	Special Event Revenue	2 2,136
3		3
4		4
5		5
6	Total Line b(4), Part IV-A	6 2,224
Line d(2) Other		
1		1
2		2
3		3
4		4
5		5
6	Total Line d(2), Part IV-A	6 0

Line b(4) and line d(2), Part IV-B (990) - Reconciliation of Exp. per Audited Financial Stmts.

Line b(4) Other		
1	Loss on Sale of Securities	1 88
2	Special Event Direct Expense	2 2,136
3		3
4		4
5		5
6	Total Line b(4), Part IV-B	6 2,224
Line d(2) Other		
1		1
2		2
3		3
4		4
5		5
6	Total Line d(2), Part IV-B	6 0

# Bethany Christian Services of North Carolina

Board of Directors List (Page 1 of 2)

FEIN: 31-1308382

Name	Phone	Address	Exp.	Role	Last Mod.
<b>10 NC, Asheville</b>					
Brewer, Cheryl	O: 828-225-2058 H: 828-681-5080	23 Jencho Ridge Rd Fletcher, NC 28732 Cheryl.Brewer@bbandt.com	2014		06/14/2005
Crawford, Gloria	H: 828-891-8349	44 Warwick Rd Horse Shoe, NC 28742	2006		08/16/2005
Dale, Sheila S.	H: 828-692-8845	207 Castleton Lane Hendersonville, NC 28791 SSD207@peoplepc.com	2014		08/24/2005
Fleming, Debi	O: 828-277-9066 H: 828-277-5008	78 Charlyn Drive Asheville, NC 28803 sanddfleming@charter.net	2013		07/13/2005
Littlejohn, Kathy	H: 828-298-8173	30 Houser Road Asheville, NC 28803 mlittlejohn@charter.net	2008		11/10/2005
Marshall, Stephanie	H: 828-650-6612	235 Souther Road Fletcher, NC 28732 pinkemmacade@mchsi.com	2007		04/27/2005
Mathis, Sheryl	H: 828-684-5749	239 Ledbetter Rd. Arden, NC 28704 edsheryl@juno.com	2012	Secretary	07/06/2004
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 Christ School Road Arden, NC 28704 gwadewitz@chrstschool.org	2004	Chair	12/08/2003
<b>4 NC, Charlotte</b>					
Dippold, Jeffrey	O: 704-388-2870 H: 704-875-6574	13020 Angel Oak Drive Huntersville, NC 28078 jeff.dippold@bankofamerica	2005	Chair	06/06/2005
Montgomery, Beverly	H: 704-544-9704	6728 Joliette Lane Charlotte, NC 28277 jbmontgomery@prodigy.net	2005		09/13/2005
Morgan, Bill	H: 704-843-5871	9719 Robinwood Lane Waxhaw, NC 28173 bmorgan_rts@yahoo.com	2010		01/30/2006
Wainscott, Brent	H: 704-540-1466	9904 Zackery Ave Charlotte, NC 28277 brent.wainscott@raymondja	2006		01/30/2006
<b>4 NC, Raleigh</b>					
Morrison-Henderson Sheila	O: 919-843-5410 H: 919-362-6108	4508 New Hill-Holleman Rd. New Hill, NC 27562 smohende@med.unc.edu	2006	President	04/04/2006
Rosenberger, Brian	H: 919-567-9404	209 Hillspring Lane Holly Springs, NC 27540 brosenberger@neurocrne.com	2009	Vice President	04/04/2006
Rose, Sharon	H: 919-783-8298	2127 Ridge Rd. Raleigh, NC 27607	2013		07/13/2005
Watkins, Melanie	H: 919-870-1039	4904 Oakmoor Ct. Raleigh, NC 27614 watkjma@aol.com	2013	Secretary	04/04/2006
<b>4 NC, State Board</b>					
Dippold, Jeffrey	H: 704-875-6574	13020 Angel Oak Drive Huntersville, NC 28078 jeff.dippold@bankofamerica	2009		12/08/2003
Foster, Steven L	O: 828-281-3161 H: 828-669-8791 F: 828-381-3164	702 N. Occaneechee Ave Black Mtn., NC 28711 sfoster@sfoster@gablemol	2006	Chair	10/31/2005

# Bethany Christian Services of North Carolina

Board of Directors List (Page 2 of 2)

FEIN: 31-1308382

Name	Phone	Address	Exp.	Role	Last Mod.
Medeiros, Bob	O: 704-522-3196 H: 704-542-9388	4538 Cotton Creek Dr Charlotte, NC 28226 bobdiam@aol.com	2010		07/25/2005
Stout, Debbie	H: 828-891-3354	146 Broyles Rd Hendersonville, NC 28791 stevenstout@bellsouth.net	2004	Treasurer	02/23/2006