

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

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 Sevcies of Northwest Iowa

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

123 Albany Ave SE

City or town

State or country

ZIP + 4

Orange City

IA

51041

D Employer identification number

31-1244836

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 527

K 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.

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 ▶ 1,327,844

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

		INTERNAL REVENUE SERVICE RECEIVED MAY 24 2007		SERVICE CENTER DIRECTOR COVINGTON, KY				
Revenue	1	Contributions, gifts, grants, and similar amounts received:						
	a	1a	288,813	1d	288,813			
	b	1b		2	977,448			
	c	1c		3	0			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)				4	0	
	2	Program service revenue including gross receipts from contracts (from Part VII, line 93)				5	14,182	
	3	Membership dues and assessments				6a	2,175	
	4	Interest on savings and temporary cash investments				6b		
	5	Dividends and interest from securities				6c	2,175	
	6	Other investment income (describe ▶ _____)				7	0	
Revenue	8	(A) Securities		(B) Other				
	a	7,310	8a	0				
	b	0	8b	0				
	c	7,310	8c	0				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	7,310		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a	Gross revenue (not including \$ 96,932 of contributions reported on line 1a)		9a	14,260			
	b	Less: direct expenses other than fundraising expenses		9b	14,260			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	0		
Revenue	10	Gross sales of inventory, less returns and allowances		10a	692			
	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	692	
Expenses	11	Other revenue (from Part VII, line 103)				11	22,964	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,313,584	
	13	Program services (from line 44, column (B))				13	1,140,028	
	14	Management and general (from line 44, column (C))				14	149,894	
	15	Fundraising (from line 44, column (D))				15	14,998	
	16	Payments to affiliates (attach schedule)				16	0	
	17	Total expenses (add lines 16 and 44, column (A))				17	1,304,920	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	8,664
		19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	559,856
		20	Other changes in net assets or fund balances (attach explanation)				20	-209,539
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	358,981	

9 15

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)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize) a Equipment Cost, b Dues/Subscriptions, c Advertising, d Miscellaneous, e, f, 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.

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.)

Table with 2 columns: Description of program service, Program Service Expenses. Row 1: a Adoptions and Foster Care (Grants and allocations \$). Row 2: b (Grants and allocations \$). Row 3: c (Grants and allocations \$). Row 4: d (Grants and allocations \$). Row 5: e Other program services (attach schedule) (Grants and allocations \$). Row 6: f Total of Program Service Expenses (should equal line 44, column (B), Program services) 0.

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
45	Cash—non-interest-bearing		45	
46	Savings and temporary cash investments	545,489	46	377,519
47 a	Accounts receivable	47a 69,781		
b	Less allowance for doubtful accounts	47b 0	82,819	47c 69,781
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		4,428	53 5,167
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 6,019		
b	Less accumulated depreciation (attach schedule)	57b 50	0	57c 5,969
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		7,156	58 5,278
59	Total assets (add lines 45 through 58) (must equal line 74)		639,892	59 463,714
60	Accounts payable and accrued expenses		50,524	60 48,627
61	Grants payable			61
62	Deferred revenue		8,600	62 9,600
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"/> Pension Liability)		20,912	65 46,506
66	Total liabilities (add lines 60 through 65)		80,036	66 104,733
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		559,856	67 358,981
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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		559,856	73 358,981
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		639,892	74 463,714

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.)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,337,362
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 9,518		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Special Event Rev \$ 14,260		
	Add amounts on lines (1) through (4)	b	23,778
c	Line a minus line b	c	1,313,584
d	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)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,313,584

a	Total expenses and losses per audited financial statements	a	1,319,179
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 \$ 14,260		
	Add amounts on lines (1) through (4)	b	14,260
c	Line a minus line b	c	1,304,919
d	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): Rounding \$ 1		
	Add amounts on lines (1) and (2)	d	1
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,304,920

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
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?	X	
b	If "Yes," enter the name of the organization Bethany Christian Sevices and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
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.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations	85a	
a	Were substantially all dues nondeductible by members?	85b	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	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?	85h	
86	501(c)(7) orgs. Enter	86a	
a	Initiation fees and capital contributions included on line 12	86b	
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter	87a	
a	Gross income from members or shareholders	87b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	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	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	501(c)(3) and 501(c)(4) orgs. 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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91	The books are in care of Name Mervin K. Auchtung Telephone no. 616-224-7610 Located at 901 Eastern Ave NE City Grand Rapids ST MI ZIP + 4 49501		
92	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	92	N/A

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					243,538
b Adoptions					726,697
c Counseling					192
d Other Program Services					7,021
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	14,182	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	2,175	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	7,310	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	692	
103 Other revenue					
a Miscellaneous					22,964
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		24,359	1,000,412
105 Total (add line 104, columns (B), (D), and (E))					1,024,771

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: Mervin K. Auchtung Date: 8-29-5

Type or print name and title: Mervin K. Auchtung, VP of Finance

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: 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)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Supplementary Information—(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Bethany Christian Sevcies of Northwest Iowa

31-1244836

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 Scorza, Kimberly L Str 120 Arizona Ave City Orange City ST IA Zip 51041 Country USA	Title Director Avg hr/wk 40 Hours	53,529	12,618	
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title 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 Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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

Schedule A (Form 990 or 990-EZ) 2004

(HTA)

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and credit counseling.

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
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 X 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.)

Table with 2 columns: (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.)	316,247	284,363	248,542	254,601	1,103,753
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	786,822	561,549	295,470	366,702	2,010,543
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	12,078	13,322	8,390	10,256	44,046
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	1,115,147	859,234	552,402	631,559	3,158,342
24 Line 23 minus line 17	328,325	297,685	256,932	264,857	1,147,799
25 Enter 1% of line 23	11,151	8,592	5,524	6,316	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					22,956
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					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					1,147,799
d Add: Amounts from column (e) for lines					
18 44,046					0
22 0					0
e Public support (line 26c minus line 26d total)					1,103,753
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.16%
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					0
17 0					0
20 0					0
21 0					0
d Add: Line 27a total and line 27b total					0
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29 through 35 regarding nondiscrimination policies, financial aid, and compliance requirements.

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(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
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	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
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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	Yes	No	Amount
	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.)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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 (X)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Line 1a (990) - Direct public support

1	Contributions	1	288,813
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	288,813

Line 8 (990) - Gain/loss from sale of assets other than inventory

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements
										Cost	Donated value	
1	Miscellaneous Securities	X			Various	Various	Purchase	Various	7,310			
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Totals												
Public Securities									7,310			
Non-Public Securities									0			
Other sales									0			
Gross sales										7,310		
Cost, other basis and expenses										0		

To add more lines to this schedule, press CTRL+Q

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Phonathon/Golf Tourm/Bang	-----	-----	-----	
1a Number of special events	-----	-----	-----	-----	
2 Gross receipts	14,260	-----	-----	-----	2 14,260
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	14,260	0	0	0	4 14,260
5 Less direct expenses	14,260	-----	-----	-----	5 14,260
6 Net income or (loss)	0	0	0	0	6 0

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

1 Unrealized gain from sale of securities	-----	1 9,518
2 Reclass of funds	-----	2 -219,057
3 -----	3 -----	
4 -----	4 -----	
5 -----	5 -----	
6 -----	6 -----	
7 -----	7 -----	
8 -----	8 -----	
9 -----	9 -----	
10 Total	-----	10 -209,539

Line 47 (990) - Accounts receivable

	Accounts receivable		Allowance for doubtful accounts	
	Beginning	End	Beginning	End
1 -----	1 82,819	69,781	0	0
2 -----	2 -----	-----	-----	-----
3 -----	3 -----	-----	-----	-----
4 -----	4 -----	-----	-----	-----
5 -----	5 -----	-----	-----	-----
6 -----	6 -----	-----	-----	-----
7 -----	7 -----	-----	-----	-----
8 -----	8 -----	-----	-----	-----
9 -----	9 -----	-----	-----	-----
10 -----	10 -----	-----	-----	-----
11 Total accounts receivable	11 82,819	69,781	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	Furniture & Equipment	0	6,019	0	50
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	0	6,019	0	50
18	Buildings and equipment (less accumulated depreciation)			0	5,969
19	Total land, buildings and equipment			0	5,969

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	6,323	4,445
2	Deposits	833	833
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	7,156	5,278

Line 65 (990) - Other liabilities

		Beginning	End
1	Pension Liability	20,912	46,506
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	20,912	46,506

Bethany Christian Services of Northwest Iowa
 Board of Directors List
 FEIN 31-1244836

Name	Phone	Address	Exp.	Role	Last Mod
10 IA, Orange City					
Koorma, Phillip	H (712) 476-5692	2634 310th Street Rock Valley, IA 51247	2008		01/28/2005
Lein, Ardith	O 712-722-3457 H 712-722-2047 F 712-722-3465	465 5th Ave SE Sioux Center, IA 51250 scchambr@mtcnet.net	2006	Chair	01/17/2004
Ludens, Kathleen	O H 712-737-2323	209 1st Street NW Orange City, IA 51041 jkludens@mtcnet.net	2006		03/12/2004
Pennings, Clark	O 712-737-4818 H 712-737-3937	702 3rd St SE Orange City, IA 51041 clark.pennings@iowastate.edu	2007	Vice President	01/28/2005
Punt, Dave	O 712-722-3375 H 712-722-1363	259 12th Ave NE Sioux Center, IA 51250 davep@kk-cpa.com	2006	Treasurer	05/04/2004
Ten Haken, Kim	H 712-725-2586	4176 - 320th St Boyden, IA 51234 all4him@hickorytech.net	2007	Secretary	05/04/2004
Turek, Dr Mark	O 712-737-2000 H 712-756-4001	3883 450th Street Alton, IA 51003 turek5@midlands.net	2008		01/28/2005
VerBurg, Ed	H 712-476-2025	2734 Elmwood Ave Rock Valley, IA 51247	2007		01/17/2004
Vogel, Jean	H 737-3336	106 Martin Dr NE Orange City, IA 51041 jean@thevogelfamily.com	2008		03/02/2005
Vogel, Patricia	O 712-737-4851 H 712-737-3511 F 712-737-4853	103 3rd St NE P O Box 345 Orange City, IA Iowa	-NA-	Legal Advisor	01/06/2004

