## 990 990

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

This Form is Open to Public Inspection

Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service 1998, and ending For the 1998 calendar year, OR tax year period beginning D Employer identification number C Name of organization Please Check if: 38: 140<u>5.38</u>3 Rethanu Chaistian Securices Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite use IRS Change of address label or E Telephone number print or Initial return (616) 224-7610 type. 901 <u>Eastero</u> NE Final return Specific City or town, state or country, and ZIP+4 if exemption application Amended return Instrucis pending (required also for 49503 Grand Rapids MI G Type of organization—▶★ Exempt under section 501(c)( 3 ) < (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). If either box in H is checked "Yes," enter four-digit group H(a) Is this a group return filed for affiliates? . . . . . . . . . . . . . exemption number (GEN) Accounting method: (b) If "Yes," enter the number of affiliates for which this return is filed:. . > (c) Is this a separate return filed by an organization covered by a group ruling? Tyes X No Other (specify) 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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.) Part I Contributions, gifts, grants, and similar amounts received: a Direct public support . 1b **b** Indirect public support 1c c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 9.326.091 noncash \$ \_\_\_\_\_) . see strict ! Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments . . . . . 4 Interest on savings and temporary cash investments 6a 6b Net-rental income or (loss) (subtract line 6b from line 6a) Other investmentincome describe (B) Other 8a Gross amount from sale of assets other 8a 181 . . . than inventory
Less: cost of other basis and sales expenses. Gain or (loss) (attach schedule) mt. 2. Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) 8d Gross revenue (not including \$ contributions reported on line 1a) . . . . . Less: direct expenses other than fundraising expenses 9с Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances . . . 10a 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 11 Other revenue (from Part VII, line 103) 11 12 -Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 Program services (from line 44, column (B)) . . . . 13 985 14 Management and general (from line 44, column (C)) . 14 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) . . . 16 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Excess or (deficit) for the year (subtract line 17 from line 12) . . Net Assets 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 20 Other changes in net assets or fund balances (attach explanation) . . . 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21

	m 990 (1998)  art II Statement of All organizations r	nust cor	mplete column (A). Colum	uns (B), (C), and (D) are r	equired for section 5010	Page 2 (c)(3) and (4) organizations
	Functional Expenses and section 4947(  Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(a)(1) nor	nexempt charitable trusts  (A) Total	(B) Program	(See Specific Instruction (C) Management	ns on page 17.)
22	Grants and allocations (attach schedule)		.,	services	and general	(D) Fundraising
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23	4.036.628	4,036,628		
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	12,775,231	11,635,504	848,349	291,378
27 28	Pension plan contributions	27	140,643	127,928	10,631	2,084
28 29	Other employee benefits	28	1,579,872	1.373.414	164,147	43,311
30	Payroll taxes	29 30	943,598	856,139	<u>65,822</u>	21,637
31	Accounting fees	31	54.905	14 1406	2= 110=	
32	Legal fees	32	233,234	16,408 215, 297	38,497	
33	Supplies	33	342,269	303,779	<u> 17,987</u>	211 01 0
34	Telephone	34	532,162	499,924	<u> </u>	14.968
35	Postage and shipping	35	445,477	393,988	31.654 3a.617	584
36	Occupancy	36	1.269.985	1.178.145	77,674	18,872
37	Equipment rental and maintenance	37	399,568	328.742	63,790	14,166
38	Printing and publications	38	603,553	520,538	42,416	40 599
39	Travel	39	1,286,325	1,165,560	98.310	aa.455
40	Conferences, conventions, and meetings	40	144,083	129,959	12,119	2.004
41	Interest . Strot 4	41	1:41.000			
42 43	Depreciation, depletion, etc. (attach schedule)	42	614,302	448,901	164.861	540
<del>4</del> 3 b	Other expenses (itemize): a Advertising other Professional Fees	43a 43b	875,445	<u>813,601</u>	<u>5</u> 8,832	3,013
C	Memberships and Dues	43b	902,500	797,641	\$4,899	19,960
d	Tions	43d	<u>87,797</u> 	44,759	<u> </u>	<u>955</u>
e	Macellaneous		3.183,868	5,244	37,537	127
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15				68,834	159,637
Rep	orting of Joint Costs.—Did you report in column cational campaign and fundraising solicitation?	1 (B) (F	29.494,275 a	any joint costs fror	n a combined	_(de3,198
If "Y∈	es," enter (i) the aggregate amount of these joint costs	s \$		amount allocated to	Drogrom continue	☐ Yes 🗵 No
(111)	e amount allocated to Management and general \$		and (iv) the	amount allocated to	s. Erasadurete tu	; \$;
Par	t III Statement of Program Service Acco	mplis	shments (See Sp	pecific Instructio	ns on page 20.)	
wija	t is the organization's primary exempt purpose? (	▶Ch	ild and Fan	รับน 5ครายเ	হ্ব	Program Service
All or of cli	ganizations must describe their exempt purpose ac ents served, publications issued, etc. Discuss achi- nizations and 4947(a)(1) nonexempt charitable trusts r	hieven	nents in a clear and	concise manner. S	State 1 number	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
a <i>J</i>	Adoptions and pregnancy co	uns:	elina - cons	seling bir	thmothers	others.)
-	(G)	rante s	and allocations \$	ા ટેટકા	doptions	
b .	residential Treatment -	inte	nse treat	ment for	male	9,872,920
٦.				56 400H	5 served	
c _{	roster care-care provided		and allocations \$	_	) 1	1,373,354
	families					
			nd allocations \$	.063 Childs	) 1	1,971,963
a	other Programs - Various and Camilles such as			DO 1	1. 1.0 - 0 -	
		7.25	nd allocations \$	2	**********	
e Of	her program services (attach schedule) (Gra	ants a	nd allocations \$			0.197.959
1 10	tal of Program Service Expenses (should equa	l line 4	14, column (B), Pro	gram services).		845 4910

Part IV Balance Sheets (See Specific Instructions on page 20.)

	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	3,520,355	45	4.302.184
	46	Savings and temporary cash investments	7,020,759	46	9,821,627
		grand and the second			
	47a	Accounts receivable	]		
	b	Less: allowance for doubtful accounts 47b 50,000	2,296/194	47c	12.551.601
					4
	48a	Pledges receivable 48a 774,aa4			
	b	Less: allowance for doubtful accounts	986,124	48c	774,224
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			الم مرية
Assets		schedule)	"		gir og til k
SS		Less: allowance for doubtful accounts		51c	
•	52	Inventories for sale or use	·	52	
	53	Prepaid expenses and deferred charges	1,206,968	53	1,116,251
	54	Investments—securities (attach schedule)		54	
	55a	Investments—land, buildings, and			
		equipment: basis	, , , , , , , , , , , , , , , , , , , ,		. *
	b	Less: accumulated depreciation (attach	**		
		schedule). 55b	7	55c	
	56	investments—other (attach schedule)		56	
	l	Land, buildings, and equipment: basis 57a vo. 351,586			I to the
	ם	Less: accumulated depreciation (attach schedule), See Strot 5	5,787,250	570	C1-50 214
5.	58	Other assets (describe > Land held for resole )	125,000	58	3,000,000
	59	Total assets (add lines 45 through 58) (must equal line 74)	20.942.650	59	24.185.653
	60	Accounts payable and accrued expenses	2.033,306	60	2,174,918
•	61	Grants payable		61	
Ø	62	Deferred revenue	1,425,365	62	1,707,944
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach			
뎙		schedule)	<u> </u>	63	
ت		Tax-exempt bond liabilities (attach schedule)	<u> </u>	64a	
	1	Mortgages and other notes payable (attach schedule)	1050	64b	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	65	Other liabilities (describe ► <u>SCP Strot (a</u> )	437,915	65	444,236
	66	Total liabilities (add lines 60 through 65)	3,886,586	66	4.327.098
_	Oras	mizations that follow SFAS 117, check here ► 🔀 and complete lines	71901010010	THE STATE OF THE S	7, 501,010
**	Orge	67 through 69 and lines 73 and 74.	• •		:
ĕ	67	Unrestricted.	13.028.542	67	14.992,609
an	68	Temporarily restricted ,	3,999,636	68	4.827.677
Ba	69	Permanently restricted	27.88/	69	28 269
or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ ☐ and	, ,,		
프		complete lines 70 through 74.			
ò	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds		72	·····
Net Assets	73	Total net assets or fund balances (add lines 67 through 69 OR lines			£
ž		70 through 72; column (A) must equal line 19 and column (B) must	ا دا به انشر به به ا	illilli	سملان
	74	equal line 21)	20.942.650		19,858,555
		10-an incoming duri for docert / faile balances (add iiies 00.410.75)	20,442,650	14	24,185,653

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.

Par	t IV-A	Financia	liation of Revenue I Statements with See Specific Instru	n Revenue	per	Part	F	econciliation of inancial Stater eturn		
а		nue, gains,	and other support			а	•	enses and lo	•	a 29,494,5
b	Amounts	included o	statements > n line a but not on -	a 32.25	10.100	b	Amounts i	iancial statemer ncluded on line , Form 990:		3-1,-1-1-3
(1)	line 12, F Net unrea	omi 990. Ilized gains	_			. (1)	Donated	services		
/	on investr Donated	nents services	\$			(2)	and use of Prior year ac		<del></del>	
• •	and use o	of facilities es of prior					reported on	line 20,		
	year gran	nts				(3)	Losses rep	orted on		
(4)	Other (sp	ecify):				(4)	line 20, For Other (spe			
	Add amou	ints on line	\$ (1) through (4) ▶	b			************	\$		
			_	c 32,29	/. N - →/ -/			nts on lines (1) th		b 0 c 29,494.2
ď	Amounts		n line 12, n line a:	533.3	0.103	c d	Amounts i	nus line <b>b</b> ncluded on line but not on line	17,	01AH3
(1)		t expenses				(1)	Investment			
		led on line 990	_				not include 6b, Form 99			
(2)	Other (sp	ecify):				(2)	Other (spe	ecify):		
			\$			Æ		<u>\$</u>		
			es (1) and (2) 🕨	d	O	"		nts on lines (1)	• -	d 0
e			ne 12, Form 990	e 33,39	Colda	е	Total expe	nses per line 17. s line <b>d</b> )	Form 990	e 29,494,2
Pat	t V Lis	st of Offic	ers, Directors, T							
•			e and address		(B) Title a	nd avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pl deferred compens	ars & account and o
	50%	a Hac	bmeat #2	for		· · · · · · · · · · · · · · · · · · ·				
	list	- 06 C	hment #2 vrcent Bo	arol				None	None	None
		.,55.1.1.2.2								
		******				······································	ť			·
-,4										
										-
				<u></u>						
					.*		2. 4			-
75	organization	on and all re	or, trustee, or key en elated organizations, o edule—see Specifi	of which mor	e than \$10	0,000 w	mpensation ras provided	of more than \$10 by the related org	0,000 from yo ganizations?	ur ▶ □ Yes 🏻

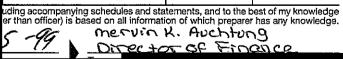
The books are in care of ► Mervin Auchtung.

Located at ► 901 Eostern Ave. PD Box 274 GR M= ZIP + 4 ► 49501-0294

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in-lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year . . . • | 92 |

Part	VII Analysis of Income-Producing A	Activities (See S	Specific Instruc	tions on pag	je 27.)	
Enter	gross amounts unless otherwise	Unrelated 1	business income	Excluded by sec	tion 512, 513, or 514	(E)
indic	<u> </u>	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
	Adoptions					9,274,754
b	Counseling					420,795
C	Residential Treatment				<u> </u>	2,132,183
d	Foster care					6,157,35
е	OTHER SECULCES					2,184,686
f	Medicare/Medicaid payments		100			5,684
· g	Fees and contracts from government agencies	es				1,21de,013
94	Membership dues and assessments					
95	Interest on savings and temporary cash investmen	its		14	159,580	
96	Dividends and interest from securities			14	1,144,468	
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 propert	у :				
99	Other investment income		<u> </u>	<u> </u>		
100	Gain or (loss) from sales of assets other than invento	ıry		18_	(1.312)	
101	Net income or (loss) from special events .			<u> </u>		
102	Gross profit or (loss) from sales of inventory			<u> </u>		
103	Other revenue: a Sporsorship					68,318
þ	Miscellaneous		ļ	ļ		158,149
C					,	
d		····	<del> </del>	<del> </del>		
е	<del></del>					0.11
	ubtotal (add columns (B), (D), and (E))					21,667,944
105 T	otal (add line 104, columns (B), (D), and (E)		10 0-4 11		<u> </u>	10,675
Part	(Line 105 plus line 1d, Part I, should equal the VIII Relationship of Activities to the Activities to			0000 /Sac Sr	solifia Instructio	no on nogo 20 \
			<del></del>			
Line ▼					nportantly to the a	iccomplishment
					. 1	
<u>93</u>						a
43	b counseling provided	to court	seconin	arviduo		
_ <del>7.5</del>	c Fees for residential	12607000	UL DOONE	ala to	work for	)Th3
94	d Foster care provide			$\infty$	012	
_43		d for ser	vices wh	rich hel	p childre	000
100	families			cchild		
103		SPORSON		•		<u> </u>
103		revenue	TOURIDEC	- Which	raphor	ts child
	and family se	NOI CES		· · · · · · · · · · · · · · · · · · ·		<del></del>
		, <u></u>	<del></del>			
Part	IX Information Regarding Taxable St	ubsidiaries (Cor	nplete this Par	if the "Yes"	box on line 8	8 is checked.)
	Name, address, and employer identification	Percentage of ownership interest	Nature business a	of	Total income	End-of-year assets
		. %				
		. %				
		%				



#### SCHEDULE A (Form 990)

#### 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.

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

OMB No. 1545-0047 1998

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Bethany Christian Services Inc 1405282 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None." (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more employee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances Executive Director De Mots, Glenn 105,962 901 Eastern NE 40 hours Grand Rapids MI 49503 Director of Rocters, Richard Advancement 90,969 901 Eastern NE 40 10005 Grand Rapids, MI 49503 Director of Auchtung. Menun Finance 78,542 901 Eastern NE 40 hours Grand Rapids, ME Director of Blacquiere, william. S101+01390 74.025 40 hours Grand Rapids MI 4950 Director of VanderSteen Dick Planned Giving 72.569 901 Eastern NE 40 hours Total number of other employees paid over 12 \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 -BDO Seidman 53,256 P.O. B OX 287 Grand Haver ·Adoption Shiyan Zeng 23 Leonie Hill 52,200 #20-01 Homestudies Leonie Garden Singapore Uarnum, Biddening, 5chmidt LLP Legal. 51,600 Bridgewater Place P.D. Box 352 Grand Repids m= Total number of others receiving over \$50,000 for

Pa	rt II	Statements About Activities	Yes No
1	att If " Or org	tring the year, has the organization attempted to influence national, state, or local legislation, including any tempt to influence public opinion on a legislative matter or referendum?  'Yes," enter the total expenses paid or incurred in connection with the lobbying activities   ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	Y
2	of org	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable ganization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary:	
а	Sa	lle, exchange, or leasing of property?	×
b	Lei	nding of money or other extension of credit?	
С	Fu	rnishing of goods, services, or facilities?	×
d	Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	У.
е		ansfer of any part of its income or assets?	×
3 4a b	Do Att	ses the organization make grants for scholarships, fellowships, student loans, etc.?	×
Pa			
5 6 7 8 9		anization is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nar and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives: (1) more than 33% of its support from contributions, membership fees, an receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 3 its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers), and supports organization that is not controlled by any disqualified persons (other than foundation managers), and supports organization 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) section 509(a)(3).)  Provide the following information about the supported organizations. (See instructions on page 4.)	o)(1)(A)(iv).  al public.  and gross 331/4% of acquired  anizations a)(2). (See
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)	<del>-</del>

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.

Cale	ndar year (or fiscal year beginning in) . >	(a) 1997	<b>(b)</b> 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	7,733,799	7,805,193	9,398,318	6.535,627	31,472,937
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.	18,601,470	16.036,127	14.449.684	12,298,953	61,376,234
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	843,804	भयय,१९५	548,716	. 97.849	1, 984,36
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.		í			
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.			2y - 1 se		
22	Other income. Attach a schedule. Dò not include gain or (loss) from sale of capital assets	605,991	226,457	a6a.879	200.824	1.396.151
23	Total of lines 15 through 22					96,229,685
24	Line 23 minus line 17	9,182,594	8 476,644			34,853,451
25	Enter 1% of line 23	11,377,841	245,028	247.096	192,333	
c d	Public support (line 26c minus line 26d total)	ction) showing the cly supported org. Enter the sum of the sum of the cly supported org. Enter the sum of the cly supported organization of the cly supported or the cly supporte	e name of and an anization) whose fall these excess  19	nount contributed total gifts for 199 amounts.	4 through 26b > 26c > 26d > 26e	34,853,451 34,853,451 3,280,514 31,472,937
f	Public support percentage (line 26e (numero		······································			90,3 %
27 b	Organizations described on line 12: a Forgerson," attach a list to show the name of, and of such amounts for each year:  (1997) (1996)  For any amount included in line 17 that was received for each year, that was more than the organizations described in lines 5 through 11, and the larger amount described in (1) or (2),	eceived from a not he larger of (1) to as well as individuals.	(1995)ndisqualified per he amount on linduals.) After com	ear from, each "o	tisqualified person (1994) to show the nam r or (2) \$5,000. (I	e of, and amount include in the list amount received
	(1997)(1996)		(1995)		. (1994)	
C	Add: Amounts from column (e) for lines: 15	<del></del>	21	<del></del>	► 27c	
d		and line 27b tota				
е	Public support (line 27c total minus line 27d to	otal)			► 27e	
f	Total support for section 509(a)(2) test: Enter a					anaminininininin.
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colo					<u>%</u> %
28	Unusual Grants: For an organization describe					·
	attach a list (which is not open to public inspe grant, and a brief description of the nature of	ction) for each ye	ar showing the n	ame of the contri	butor, the date a	nd amount of the

Schedule A (Form 990) 1998

Part V Private S

Par	Private School Questionnaire (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	3		
			Yes	No
29	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?	29		
30	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?	30		
31	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.)	31		
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		··
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs? , ,	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	***************************************			
		242	mm	ullilli
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		•
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	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	35		

Sched	ule A (Form 990) 1998 Bethany Chris	stion se	rvices, I	Enc.	38-140	5282 <sub>Page</sub> 5
	VI-A Lobbying Expenditures by El (To be completed ONLY by an	ecting Public (	Charities (See	instructions	on page 6.) ^	DIA
	k here <b>&gt; a</b> if the organization belongs t	o an affiliated gro	up.			
Chec	k here ▶ b ☐ if you checked "a" above ar  Limits on Lobbyii				(a) Affiliated group	(b) To be completed
	(The term "expenditures" mea	ns amounts paid	or incurred.)		totals	for ALL electing organizations
36	Total lobbying expenditures to influence public			36		
37	Total lobbying expenditures to influence a legis			37	1 1	ž. 1 2 2
38	Total lobbying expenditures (add lines 36 and			38		
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amount if the amount on line 40 is—  The lo	nt from the followi bbying nontaxab				
	Not over \$500,000			1		
	Over \$500,000 but not over \$1,000,000 \$100,00	00 plus 15% of the	excess over \$50	0,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,00	00 plus 10% of the	excess over \$1,00	0,000 } 41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,0					
,	Over \$17,000,000			1 40		nammunin.
42 43	Grassroots nontaxable amount (enter 25% of I Subtract line 42 from line 36. Enter -0- if line 4				3	
44	Subtract line 41 from line 38. Enter -0- if line 4			44	,	
	Caution: If there is an amount on either line 43	·		20.		
	4-Year Av	eraging Period	d Under Secti	on 501(h)		
	(Some organizations that made a section		do not have to d	omplete all of t	the five columns	below.
		Lob	bying Expenditu	res During 4-1	ear Averaging l	Period
	Calendar year (or fiscal year beginning in) ▶	(a) 1998	<b>(b)</b> 1997	(c) 1996	( <b>d)</b> 1995	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying celling amount (150% of line 45(e)).					
47	Total lobbying expenditures			:		
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures		-			
	t VI-B Lobbying Activity by Nonele	ctina Public C	harities	NIA	<u> </u>	
1 4	(For reporting only by organiz	ations that did	not complete	Part VI-A) (Se	e instructions	on page 8.)
Duri	ng the year, did the organization attempt to inf	luence national, s	tate or local legis	slation, including	g any Yes N	o Amount
atte	mpt to influence public opinion on a legislative	matter or reference	dum, through the	use of:		
а	Volunteers			- 41	· · · <del>    -</del>	
b	Paid staff or management (Include compensation)		reported on lines	c through n.)	• • •	
c d	Media advertisements	• • • • • • • • • • • • • • • • • • •				
e	Publications, or published or broadcast stater					
f	Grants to other organizations for lobbying pur	poses				
g	Direct contact with legislators, their staffs, go				· · · <del>       </del>	
h	Rallies, demonstrations, seminars, convention		ures, or any othe	r means .	· · ·	
i	Total lobbying expenditures (add lines c throu	ion ni			Illii III III II	>>>V
	,	9				

Par	tν		n Regarding Tr rganizations	ansfers To and Transaction	ons and Relationships With Noncharitable	
51	501	(c) of the Code (ot	her than section 5	01(c)(3) organizations) or in sect	e following with any other organization described in section 527, relating to political organizations?	on
а	Tra	nsfers from the rep	orting organization	n to a noncharitable exempt org		
	(i)	Cash . , ,				<u> </u>
	(ii)	Other assets ,			<u>a(ii)</u>	×
b		er transactions:				
	(i)			exempt organization		<_
	(ii)	Purchases of ass	ets from a noncha	ritable exempt organization,		<u>~</u>
	(iii)	Rental of facilities	or equipment.		b(iii)	$\overline{\mathbf{x}}$
	(iv)					$\leq$
	(v)	Loans or loan gua	arantees			$\overline{\leq}$
	(vi)	Performance of se	ervices or member	ship or fundraising solicitations	1 1	
C				ists, other assets, or paid emplo		<u>×</u> ×
d (a	If th goo tran	e answer to any of t	the above is "Yes," services given by the	complete the following schedule. he reporting organization. If the or n column (d) the value of the good	Column (b) should always show the fair market value of the ganization received less than fair market value in any ds, other assets, or services received:	_
Line	-	Amount involved	Name of non	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements	
			(10.710 0) (10.71	one was exempted gamzatter	bescription of transfers, transactions, and sharing arrangements	_
						_
				· · · · · · · · · · · · · · · · · · ·		_
						_
						_
			!			_
			·			_
						_
	-		<u>.</u>			
						_
						_
	desc	ne organization direction of the complete th	01(c) of the Code (	other than section 501(c)(3)) or i	,	- -
		Name of organiza	ation	(b) Type of organization	(c) Description of relationship	_
				<u> </u>		
						_
						_
					×	-
				}	<u> </u>	_
						_
						-
		<u> </u>				_
			<u></u>			_

#### BETHANY CHRISTIAN SERVICES 38-1405282 Attachment to 1998 Form 990

Statement 1
Page 1, Part I, Line 1d
Contributors who contributed over \$186,520 in 1998

1,502,105 226,015

Statement 2
Page 1, Part I, Line 8
Sale of Assets Other than Inventory

	<u>Proceeds</u>	Cost or <u>Other Basis</u>	Gain/ <u>(Loss)</u>
Office Equipment Carpeting	0	184 1133	(184) (1,133)
	0	1317 -	(1,317)

Statement 3
Page 2, Part II, Line 23
Specific Assistance to Individuals

	<u>Total</u>	Program <u>Services</u>	Mngmt & <u>General</u>	Fund- <u>raising</u>
Boarding	3,330,938	3,330,938		
Recreation	68,493	68,493		
Medical	246,952	246,952		•
Education	11,526	11,526		
Food	84,189	84,189		
Clothing	125,485	125,485		
Transporation	39,816	39,816		
General	129,229	129,229	1	
	4,036,628	4,036,628	0	0

#### **BETHANY CHRISTIAN SERVICES** 38-1405282 Attachment to 1998 Form 990

Statement 4 Page 2, Part II, Line 42

Annuitites Payable

Capital Leases Payable

Depreciation				
	<u>Total</u>	Program Services	Mngmt & <u>General</u>	Fund- raising
Equipment and Furnishings Buildings & LH Improvements	471,445 142,857	333,056 115,845	137,849 27,012	540 0
	614,302	448,901	164,861	540
Statement 5 Page 3, Part IV, Line 57 Land, Building, Equipment				
	<u>Basis</u>	Accum. <u>Depr.</u>	Net Book <u>Value</u>	
Land and Land Improvements Buildings & Improvements Furniture and Equipment Construction in Progress	389,988 6,130,796 3,730,104 698	132,108 2,047,402 2,451,710 0	257,880 4,083,394 1,278,394 698	
	10,251,586	4,631,220	5,620,366	
Statement 6 Page 3, Part IV, Line 65 Other Liabilities		·		
	Beg. of <u>Year</u>	End of <u>Year</u>		

405,000

32,915

437,915

435,000

444,236

9,236

#### BETHANY CHRISTIAN SERVICES NATIONAL BOARD OF DIRECTORS - 1998-1999

TERM		•	TED) (			
'99	PAUL A	ANEMA - Treasurer	TERM '99	MEDIE	PRINS - Chairman	
		210 West Second Street	22		988 Kenwood Drive	
		Sanborn, IA 51248			Holland, MI 49423	
	Phone:	712/729 <b>-</b> 3969 - H		Phone:	616/392-4258 - H	
		712/729-3252 - W			616/494-0009 - W	
		712/729-5024 <b>-</b> FAX			616/494-0028 - FAX	
2001	PAUL E	BUITEN	2000	PERRIN	RYNDERS	
	*Home:	3496 Charlevoix, SE		Home:	966 Parmalee Court	
		Grand Rapids, MI 49546			Grand Rapids, MI 49504	
	Phone:	616/942-1614 - H		*Office:	Varnum Riddering Schmidt Howlett	
		616/956-0040 - W			PO Box 352	
		616/956-8057 - FAX		701	Grand Rapids, MI 49501-0352	
2001	DOUGI	AS DE KOCK		Phone:	616/453-2926 - H	
2001		861 Barkentine Drive			616/336-6734 - W	
	**********	Holland, MI 49424			616/336-7000 - FAX	
	Phone:	616/396-7152 - H	2000	BARBA	RA THOMPSON	
		616/396-4950 - W			607 Morrow Drive	
		616/396-6599 - FAX			Zachary, LA 70791	
				Phone:	504/654-5890	
'99		E PREE - Secretary		E:mail:	bbtplains@aol.com	
	*Home:	1344 Heather Drive				
	DL	Holland, MI 49423	'99		VAN KUIKEN - Asst. Sec/Treas.	
	Phone:	616/335-8444 - H 616/394-4500 - W		*Home:	3909 Lake Drive, SE	
		616/394-0035 - FAX		Phone:	Grand Rapids, MI 49546 616/949-3508 - H	
		010/354 0035 1122		rnone,	010/949-3308 - H	
'99	CHARL	ES DUNAHOO	2000	GORDO	N VAN WYLEN - Vice-Chairman	
	Home:	1207 Berkley Road		*Home:	817 Brook Village Drive	
	÷ 0.00	Avondale Estates, GA 30002	_		Holland, MI 49423	
	*Office:	Presbyterian Church in America	•	Phone:	616/392-5635 - H	
		1852 Century Place Suite 101 Atlanta, GA 30345			616/392-7893 - W	
	Phone:	404/284-8809 - H			616/392-8879 - FAX	
	1 110110.	404/320-3388 - W	'99	TERRY	VAN DER AA	
		404/329-1280 - FAX			211 Hawthorne Lane	
					Hinsdale, IL 60521	
2000	ROBER	I HEERDT		*Office:	VANCOM	
	*Home:	600 Lindley Avenue			One Mid America Plaza Ste 401 PO 7320	
		Glenside, PA 19038			Oakbrook Terrace, IL 60181-7320	
	Phone:	215/886-4798 - H		Phone:	630/323-4421 - H	
		215/855-1630 - W			630/571-7070 - W	
		215/855-1178 - FAX			630/571-3969 - FAX	
2000	EVONN.	E KOK	2000	CLAUDI	E VANDER PLOEG	
	*Home:	2166 Okemos, SE		Home:	1619 Creekside, SE	
		Grand Rapids, MI 49506			Grand Rapids, MI 49508	
	Phone:	616/452-3997		*Office:	Mika Meyers Beckett Jones	
2001	מע מער	CATATIC I ACCLACION AND			200 Ottawa Ave, NW #700	
2001		ENNIS J. MC MURRAY 1330 Dickinson, SE		Db	Grand Rapids, MI 49503	
	Tiome.	Grand Rapids, MI 49507		Phone:	616/452-3979 - H 616/459-3200 - W	
-	Phone:	616/248-0594 - H			616/459-8065 - FAX	
		616/243-0991 - W			010/459-8005 - I FAX	
		616/243-1323 - FAX	2001	RAY VA	NDER WEELE	
					4865 N. Quail Crest, SE	
'99		OZINGA			Grand Rapids, MI 49546	
	*Home:	7824 Foresthill Ln PO Box 108		Phone:	616/954-1852 <b>-</b> H	
	DL -	Palos Heights, IL 60463			616/774-4261 - W	
	Phone:	708/448-5206	DOADE	200	616/242-8317 - FAX	
	Florida (	winter): 3540 Gulf of Mexico Drive Longboat Key, FL 34228	BOARD.I Eff. 9/1/9			
		Phone: 941/383-3228		s mailing ad	ldress	
		1 MOME, 7 TH 303-3220		•		

# BETHANY CHRISTIAN SERVICES December 31, 1998 Return of Organization Exempt from Income Tax Form 990

#### Page 5, line 80b

Rothany Christian Comises	of New Caster 4	
Bethany Christian Services	of New England	04-2863717
Bethany Christian Services	of New Jersey	22-2767728
Bethany Christian Services	of Colorado	31-1196720
Bethany Christian Services	of Greater Delaware Valley	31-1196722
Bethany Christian Services	of Illiana	31-1196724
Bethany Christian Services	of South Carolina	31-1196726
Bethany Christian Services	of Virginia	31-1196727
Bethany Christian Services	of Washington	31-1196728
Bethany Christian Services	of Northwest Iowa	31-1244836
Bethany Christian Services	of Western Pennsylvania	31-1282578
Bethany Christian Services	of Mississippi	31-1282579
Bethany Christian Services	of Maryland	31-1282580
Bethany Christian Services	of Northern California	31-1282585
Bethany Christian Services	of Southern California	31-1282586
Bethany Christian Services	of Arkansas	31-1282590
Bethany Christian Services	of Georgia	31-1284895
Bethany Christian Services	of North Carolina	31-1308382
Bethany Christian Services	of Louisiana	31-1308383
Bethany Christian Services	of New York	31-1351395
Bethany Christian Services		38-1405282
Bethany Christian Services	of Tennessee	38-2842293
Mid South Christian Services		38-2895093
Bethany Christian Services	of Central Pennsylvania	38-2899285
Bethany Christian Services	of Central Indiana	38-3012039
Bethany Christian Services	International Services	38-3291546
Bethany Christian Services	of Missouri	38-3352094
Bethany Christian Services	of Wisconsin	38-3372866
Bethany Christian Services	of Texas	38-3375066
Bethany Christian Services	of Minnesota	38-3388276
Bethany Christian Services	of South Central Iowa	38-3393984
Bethany Christian Services	of Hampton Roads	93-1210125
•	· · In -all transma	00 12 10 120

From **2758** 

#### Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

(Rev. May 1995) OMB No. 1545-0148 File a separate application for each return. Department of the Treasury Employer identification number Please type or Bethany Christian Services
Number, street (or P.O. box no. if mail is not delivered to street address) 38 1405282 print. File the original and one copy by the due 901 Eastern Ave NE date for filing City, town, or post office, state, and ZIP code. For a foreign address, see instructions. vour return. Rapids, ME Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. I request an extension of time until , to file (check only one): Form 706-GS (D) 7 1 Form 990-T (401(a) or 408(a) trust) Form 1120-ND (4951 taxes) Form 8612 Form 706-GS (T) Form 990-T (trust other than above) Form 3520-A Form 8613 Form 990 or 990-EZ Form 1041 (estate) Form 4720 Form 8725 Form 990-BL Form 1041-A Form 5227 Form 8804 Form 990-PF Form 1042 Form 6069 Form 8831 If the organization does not have an office or place of business in the United States, check this box 2a For calendar year 19 98, or other tax year beginning If this tax year is for less than 12 months, check reason: Change in accounting period Has an extension of time been previously granted for this tax year? State in detail why you need the extension we have not yet recovered the audited financial Statements from our auditors which If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. ..... ,b. If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \_\_\_\_\_\_\_\$ Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form. Title Dicector of FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy. Notice to Applicant - To Be Completed by IRS We HAVE approved your application. Please attach this form to your return. We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return. We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider your application because it was filed after the due date of the return for which an extension was requested. Other: If you want a copy of this form to Please Type Number, street (or P.O. box no. if mail is not delivered to street address) Or . Print

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.