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|------|-----|--|
| Form | 330 | |

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



| A | For th | e 2014 calendar year, or tax year beginning and | ending | _ | |
|--------------------------------|-----------------------|--|---------------|------------------------------------|-----------------------------|
| B | Check if applicat | C Name of organization | | D Employer identifie | cation number |
| | Addr chan | Bethany House Services, Inc. | | | |
| | Nam | Doing business as | | 31-1 | 101401 |
| | Initia returi | | Room/suite | E Telephone number | |
| | Final | v 1841 Fairmount Avenue | | 513- | 921-1131 |
| _ | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,905,934. |
| | Amer | | | H(a) Is this a group re | |
| | Appli tion pend | F Name and address of principal officer: Susall Scilliner | | for subordinates | |
| | | same as c above | | H(b) Are all subordinates in | |
| | | tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 🛄 527 | | list. (see instructions) |
| | | ite: www.bethanyhouseservices.org | | H(c) Group exemption | |
| | _ | f organization: X Corporation Trust Association Other | L Year | of formation: 1983 N | State of legal domicile: OH |
| Pa | art I | Summary | aonau | abolton an | |
| e | 1 | Briefly describe the organization's mission or most significant activities: Emer management, life skils, children's progra | gency | sneiter, ca | onal and |
| Activities & Governance | | Check this box \blacktriangleright if the organization discontinued its operations or dispo | - | | |
| veri | 2 | | | | 18 sets. |
| ŝ | 4 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 18 |
| ა ა | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | | | 33 |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | 1294 |
| cti | - | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| Ā | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | ······································ | | Prior Year | Current Year |
| ¢ | 8 | Contributions and grants (Part VIII, line 1h) | | 1,733,940. | 1,652,913. |
| nué | 9 | Program service revenue (Part VIII, line 2g) | | -2,157. | 5,000. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 89,573. | 83,417. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 127,697. | 112,177. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,949,053. | 1,853,507. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 755,930. | 682,169. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$ | | 902,826. | 1,003,460. |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) 159,3 | | | 240.005 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 375,643. | 340,897. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,034,399. | 2,026,526. |
| <u> </u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -85,346. | -173,019. |
| Net Assets or Fund Balances | | | | ginning of Current Year 3,104,458. | End of Year 2,925,785. |
| Asse Bala | 20 | Total assets (Part X, line 16) | | 105,455. | 167,875. |
| let ∕ ind | 21 | Total liabilities (Part X, line 26) | | 2,999,003. | 2,757,910. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 4,555,003. | 4,131,910. |

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.

| Sign Here | Signature of officer Susan Schiller, Executive Director Type or print name and title | Date | | | | | |
|------------------|--|--|--|--|--|--|--|
| Paid Preparer | Print/Type preparer's name Paula Hume Firm's name ► Barnes, Dennig & Co., LTD | ^{Check} PTIN ^{if} _{self-employed} P00537516 Firm's EIN ► 31-1119890 | | | | | |
| Use Only | Firm's address 50 East Fourth Street Cincinnati, OH 45202 | Phone no.513-241-8313 | | | | | |
| | May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014) | | | | | | |

See Schedule O for Organization Mission Statement Continuation

| | Bethany House Services, Inc. | 31-1103 | 1401 | Pag |
|------|--|----------------------|--------------------------------|----------------|
| Pa | rt III Statement of Program Service Accomplishments | | | Г |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | | [|
| 1 | Briefly describe the organization's mission: Bethany House Services empowers homeless and at-risk f | amilieg T | wi+h | +ho |
| | solutions to achieve housing stability and long-term s | | | |
| | and iong coincide housing boubility and long coincide | <u>, err</u> burr. | 101011 | <u>.</u> |
| | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | | |
| | the prior Form 990 or 990-EZ? | | Yes | X |
| | If "Yes," describe these new services on Schedule O. | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service | əs? | Yes | X |
| | If "Yes," describe these changes on Schedule O. | | | |
| ł | Describe the organization's program service accomplishments for each of its three largest program services | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o | others, the total ex | xpenses, | and |
| | revenue, if any, for each program service reported. | | 10 | 111 |
| la | | evenue \$ | 16, | |
| | Emergency shelter - BHS provides a sanctuary for despe | rate nome | eless | |
| | families in need of help to achieve stable housing and | | | |
| | shelters provide the secure environment needed for par | | | |
| | beyond their current situations and to plan for their | | | ~7 |
| | shelter meets each family's immediate needs for safety | | | |
| | and other necessities. During their stay in a BHS she receive comprehensive case management from experienced | ligongo | | 121 |
| | workers. Case managers meet with families as soon as p | | | |
| | they have entered the shelter and begin the process of | | | |
| | barriers to achieving housing as well as reinforcing t | | | |
| | attributes and resources of the family. The Case Manag | | | |
| | family through the process of developing a comprehensi | | | |
| | | .ve, rear. | ILY D | ase |
| D | (Code:)(Expenses \$ 486,331. including grants of \$ 278,959.) (Re Rapid re-housing - The Rapid Re-Housing Program, consi | dered by | нпр | to |
| | be the best housing practice for alleviating homeless | | | |
| | financial assistance and services to families experier | | viues | |
| | homelessness. The goal of the program is to expedite | | ng an | đ |
| | stabilization of the family as quickly as possible. 1 | | | |
| | more efficient for families to sign up for benefits or | apply fo | $\frac{101}{0}$ io | hs |
| | when they have a home address and can receive mail. The | lev are a | $\frac{1}{1}$ so $\frac{1}{1}$ | ess |
| | stressed and better organized at home than when in she | | | 0.0.0 |
| | The program provides several forms of assistance, incl | | | |
| | identification of affordable housing suitable for the | | need | s; |
| | short-term or medium-term rental assistance and housing | | | |
| | stabilization services, including such activities as m | | | |
| c | (Code:) (Expenses \$ 291,384. including grants of \$ 190,761.) (Re | | | |
| | Family transitional housing-The Family Transitional Ho | ousing Pro | ogram | is |
| | a federally funded, supportive housing program that ad | lds an ext | tra l | eve |
| | of support for the families who enter homeless shelter | rs in Cino | cinna | ti. |
| | This temporary housing program serves as the "next ste | ep" in he | lping | |
| | families make the transition from homelessness to stak | oility and | đ | |
| | self-sufficiency. Licensed social workers meet with | | | |
| | develop action plans leading to greater independence t | | | |
| | skill training and job readiness. The ultimate goal a | after 12-1 | 18 mo | |
| | is for the family to have an adequate income to pay the | leir rent | and | |
| | other living expenses so they can live independently. | | | |
| | | | | |
| | In 2014, the Family Transitional Housing Program assis | sted 226] | homel | ess |
| ŀd | Other program services (Describe in Schedule O.) | | | |
| | (Expenses \$ 399,701. including grants of \$ 175,860.) (Revenue \$ | |) | |
| e | Total program service expenses 1,652,377. | | - | <u></u> |
| 200 | 2 One Onbederla O for Onetimetic | (a) | Form 9 | 90 (2 |
| -07- | See Schedule O for Continuation | 1(S) | | |
| 2 0 | 2 901 758989 58073.0 2014.04020 Bethany House Serv | | | 72 |
| 50 | 901 758989 58073.0 2014.04020 Bethany House Serv | rces, inc | 500 | ' [_] |

| - | ~~~ | (0010) | |
|------|-----|--------|--|
| ⊢orm | 990 | (2014) | |

Part IV Checklist of Required Schedules

Bethany House Services, Inc.

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | x |
| 9 | Schedule D, Part III | | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 44. | | x |
| ام | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> | 11d | | x |
| ۵ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 45 | | x |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | <u> </u> |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2014)

432003 11-07-14

Form 990 (2014) Bethany House Services, Inc. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-------------|------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i> | | | 77 |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| _ | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 37 |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | 37 | |
| | complete Schedule L, Part II | 26 | Х | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | x |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | - | | v |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| с | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | v |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| • • | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | x |
| ~~ | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | 00 | | x |
| ~~ | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | x |
| ~ | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | | 34 | х | |
| 250 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | X | |
| | | 3 54 | - 23 | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of acetion 512(b)(12)2 if "Yea" complete Schedule P. Part V. line 2 | 25h | | x |
| 26 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | |
| 36 | | 26 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | <u> </u> |
| 00 | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | | | | |

Form 990 (2014)

432004 11-07-14

14180901 758989 58073.0

| Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule Ocentatis a response or note to any line in the Fart V Check if Schedule Ocentatis a response or note to any line in the Fart V In the number of person W2G included in the 1a. Entre -0. If not applicable In the other the number of person works in backap withhole nucles the response to report and expansion In the other of person works in backap withhole nucles the response to report and expansion In the other of person works in the other within the year covered by this return In the other of person works in the other within the year covered by this return In the other of person works in the other oth | Form | 990 (2014)Bethany House Services, Inc.31-1101 | 401 | Р | age 5 |
|--|------|---|-----|-----|--------------|
| Ia Enter the number reported in Box 3 of Form 1096. Enter 0: if not applicable Ia State Ib Enter the number of Forms W/2G incuded in line 1a. Enter 0: if not applicable Ib | Pa | | | | |
| a Enter the number eported in Box 3 of Ferm 1086. Enter-01 not applicable 1a 51 b Enter the number of orms W3G housdad in line I.a. Enter-01 not applicable 1b 0 2 Enter the number of orms W3G housdad in line I.a. Enter-01 not applicable 1c X 2 Enter the number of orms/93c exported to from W3. Transmittal of Wage and Tax Statements. 2a 33 2 Enter the number of orms/93c exported to from W3. Transmittal of Wage and Tax Statements. 2a X Note. If the sum of lines 1 and 2a is greater than 250. you may be required to e-file (see instructions) 3a X 3 B Did the cognitization have unrelated busines gross income of 31 Noor more during the year? 3a X 4 A any time during the caldred busines gross income of 31 Noor more during the year? 3a X 1 M*se, 'that a field a formige noutrity. If was in every anization have an intervals to a ray time during the tax year? 3b 5 Did any taxable party notify the cognization that an interval greater than 3100.000, and time granization an exportable file any notify the user of 10.0000, and time tax year? 5a X 6 Did be cognization that were not tax deductible contributions of rists were not tax deductible? 5a X 6 Did be cognization that any time during the soloce any during the user of 10.0000, and the cognization | | Check if Schedule O contains a response or note to any line in this Part V | | | |
| b Ener the number of Forms W30 included in line 1a. Enter 0-4 not applicable Image: Comparison of the provide and the provide payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison complexity with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison complexity withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison complexity withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison complexity withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison complexity complexity withholding (gambling) winnings to prize winners? Image: Complexity complexity complexity complexity and the payment to report complexity comple | | | | Yes | No |
| a bit the trained of units Vect Internation of the square trained to be square trained of the square trained of the square trained of the square trained to the square trained of the square trained of the square trained of the square trained of the square trained to the square trained trained to the square train \$100,000, and did the organization trained to the sq | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 51 | | | |
| gambing) winnings to prize winners? 1c X 2a Errer the number of employees reported on line 2a, did the organization file all required ledral employment tax tetures? 33 bit at least one is reported on line 2a, did the organization file all required ledral employment tax tetures? 2a X ab Did the organization have unsellate business gross income of \$1,000 or more during the yaar? 3a X bit 1*ves, in the late of 2a is greater thm 200, your ray borned an explanation in Schedulo 0 3a X bit 1*ves, in the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account is fortilling requirements for Filor genoty the organization have an unal gross receipts that are normally greater than \$100,000, and did the organization schedulo 1 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween or tax deductibles or tax de | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 33 bit at least one is reported on line 2a, did the organization file all required federal employment tax statums? 2b X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X bit of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X bit Thes, "that if field a form 900.T for this year? If No, to line 30, provide an explanation in Schedule O 3a X bit Thes," that if field a form 900.T for this year? If No, to line 30, provide an explanation in Schedule O 3a X bit Thes," that the field a form 900.T for this year? If No, to line 30, provide an explanation in Schedule O 3a X bit Thes," in the far of b0, dot the organization have an interest in, or a signature or other authority over, a financial account! 5a X bit D any taxable party notify the organization have have backer transaction at any time during the calendary state and innanial Accounts (FAAR). 5a X bit Thes," to line 6a of 5b, dot the organization have and beater transaction and y motify one tax state and any time during the calendary state and the state and the state and the organization h | с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| tind for the calendary year ending with or within the year covered by this return | | (gambling) winnings to prize winners? | 1c | Х | |
| b If at least one is reported on line 2a, did the organization file all required to deral employment tax returns? 2b X Note. If the sum (lines 1 and 2a) is greater than 250, you may be required to d-#fe (see instructions) 3a X b If "Yes," has it flide a form 390.1" for this year? If "No," to line 30, provide an explanation in Schedule O 3a X b If "Yes," has it flide a form 390.1" for this year? If "No," to line 30, provide an explanation in Schedule O 3a X b If "Yes," that it flide a form 390.1" for this year? If "No," to line 30, provide an explanation in Schedule O 3a X b If "Yes," that it flide a form 390.1" for this year? If "No," to line 30, provide an explanation in Schedule O 3a X b If "Yes," to line 5a ot 25, did the organization has exount, securities account, or other financial accounti? 5a X b If "Yes," to line 5a ot 5b, did the organization has exply to a prohibited tax shelt ensation? 5b X b If "Yes," du the organization nease annual gross recorres provided to the spear? 5a X c If "Yes," du the organization nease parametin necess of 37s made parity as a cohibitution or grits 6a X f If "Yes," du the organization nease parametin necess of 37s made parity as a cohibitution or ding the year? | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X 3b Diff the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a toring country because as bank account, securities account, or other financial account)? 3a X 3c Vias, "enter the name of the foreign country because as bank account, securities account, or other financial account)? 5a X 3c Vias, "enter the name of the foreign country because as bank account, securities account, or other financial account)? 5a X 3c Vias, "enter the name of the organization that it was or is a party to a prohibited tax sheler transaction? 5a X 3c Vias, "difference on tax deductible contributions or gifts were not tax deductible? 5a X 3c Vias, "indicate the number of Forms 8282? 6a X 7a X 3c Vias, "indicate the number of Forms 8282? 7a X 7a X 3c Vias, "indicate the number of Forms 8282? 7a X 7a X 3c Vias, "indicate the number of Forms 8282? 1a don a | | filed for the calendar year ending with or within the year covered by this return 2a 33 | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has it field a Form 990-Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b 3b bit "Yes," has it field a Form 990-Tor this year? If "No," to line 3b, provide an explanation in Schedule O 4a X bit "Yes," that it field a Form 990-Tor this year? If "No," to line 3b, provide an explanation or other authority over, a financial account? 4a X bit If "Yes," that it for origin country (such as a bark account, securities account, or other financial accounts? 4a X bit If "Yes," to line for origin country (but as other transaction at any time during the year? 5a X bit If "Yes," to line 5a or 5b, ddt the organization that it was or is a party to a prohibited tax shelter transaction? 5b X cit If "Yes," to line for a Sub, ddt the organization file Form 888617 6a X Bit If "Yes," to line for a sub, ddt the organization nadge reserve statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Yes D Organization sub, reverse statement vectors down as a party to a prohibited tax shelter transaction? 7a X D If "Yes," (ind the organization natexess of 375 made party bas a contributions or gifts were no tax deductible? 7a X D | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| b If Yes, 'has it filed a Form 990-T for this yea? If 'No,' to line 3b, provide an explanation in Schedule 0 3b 4a 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 bark account, securities account, or other financial accounts? 4a X b If Yes, 'enter the name of the foreign country; >> | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 4a 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 county (such as a bark account, securities account, or other financial account?) 4a X bit 1"vse," tent the name of the foreign county: ▶ See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bark and Financial Account (FBAR). 5a X 5a Was the organization aparative tax sheft ensaction at any time during the taxy ser? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheft ensaction? 5c 5c 5a Does the organization near annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation and express statement that such contributions or gifts 6a X b 1"vses, 'did the organization neares of \$75 made party as contributions and party for goods and services provided to the payor? 7a X b Did the organization neares and frames eases of \$75 made party as contributions and party for goods and services provided to the payor? 7a X c Did the organization neares any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X c Did the organization nearew any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X f Did the organization nearew any funds, directly or | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| the manual account in a foreign country. ► 4a X b if Yes, "enter the name of the foreign country. ► 5e 5e See instructions for filing requirements for FIGCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization a party to a prohibited tax shelter transaction 7. 5b X c If Yes, " to line 5a or 5b, did the organization file Form 886617 5c 5c 6a Does the organization have annual gross receipts that are normaBly greater than \$100,000, and did the organization solid any contributions that twas or is of 55 mide party to a prohibited tax shelter transaction 7 gifts 6a X b If Yres, " did the organization include with every solicitation an express statement that such contributions or gifts 6a X d If Yes, " did the organization notify the donor of the value of the goods or services provided? 7a X b If Yes, " indicate the number of Forms 8282 filed during the year Id 7a X f Did the organization neceived a contribution of qualified initialectual property. did the organization neceived a contribution of cars, boats, anjenaes, or ther velices, did the organization neceived a contribution of cars, boats, anjenaes, or ther velices, did the organization neceived a contribution of cars, boats, anjenaes, or th | b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa X c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible acharitable contributions? Ga X f If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X f Organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7a X f Did the organization nective asso of \$76 made party as a contribution and partly for goods and services provided to the payor? 7a X f Did the organization nective asso of \$76 made party as a contribution and partly for goods and services provided to the payor? 7a X f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b X f Did the | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
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| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a prohibited tax shelter transaction? 5c X 5b Did any taxable party notify the organization file Form 8886 17? Sc C 6a Did the organization include with very solicitation an express statement that such contributions or gitts were not tax deductible as charitable contributions? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 6b C C 7 Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7 T'ves," did the organization notify the donor of the value of the goods or services provided? 7b X 0 Did the organization receive a payment in excess of \$75 made parity as a contribution on a personal benefit contract? 7c X 7 T'ves," indicate the number of Forms 8282 filed during the year Td Td Te X 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7f N/A 9 If the organization make | b | If "Yes," enter the name of the foreign country: ► | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Bb X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c 5c B Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 5a X b If "Yes," did the organization that ware not tax deductible as charitable contributions? 6a X b If "Yes," did the organization sells explained with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7a X 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 7c X 7d 7d X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X X d If "Yes," indicate the number of Forms 8282? field during the year, appreniums, directly or indirectly or naparization face interest as onthibution of qualified intellectual property, did the organization face intell as form 0886? 7d X X X X X X X X X X X X X X X X | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
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| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year Td 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization receive at a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089.C7 7g N/A sponsoring organization make any taxable distributions under section 4966? N/A 8 9 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. Did a born 501(c)(7) organizations. Enter: 10d the sponsoring organizations included on Part VIII, line 12 N/A 9b 10 Section 501(c)(7) organizations. Enter: 10b 10b 11a 10b 11 Section 501(c)(7) organizations. Enter: 10b 11a 10b 12a 11 Section 501(c)(2) organizations. Enter: 11a 10b 12a 12a 12a 12a 12a | а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
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| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A 9 Sponsoring organizations maintaining donor advised funds. a a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9a 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Ida Ida 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A Ida Id | g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | А |
| sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. n a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A I0a I0a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A I1a I0a I0b 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) I1b I1b I1b 12a b fi "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A I2a I2a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a I3a I3a a Is the organization licensed to issue qualified health plans in more than one state? N/A I3a Note. See the instructions for addi | h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | А |
| 9 Sponsoring organizations maintaining donor advised funds. N / A a Did the sponsoring organization make any taxable distributions under section 4966? N / A b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N / A 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N / A 10a 9b 11 Section 501(c)(12) organizations. Enter: a 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N / A 11a 10b 11a 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? N / A 13a 13 Section 501(c)(29) qualified nonprofit health plans 13b 13a 13a a Is the organization is required to maintain by the states in which the organization is licensed | 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 10a 10b 11a 10b 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11a 11a 11b 11a 11b 12a 13 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11a 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? N/A 13a 14a Did the organization is licensed to issue qualified health plans 13b 13a 144 Did the organization is licensed to issue qualified health plans 13b 13b 13b | | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
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| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b X | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | С | Enter the amount of reserves on hand 13c | | | |
| | | | | | X |
| | b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |

| Form | 990 | (2014) |
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432005 11-07-14

| Form 990 (2014) |
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Bethany House Services, Inc.

Check if Schedule O contains a response or note to any line in this Part VI

Χ

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | | 1 | 1 10 | | Yes | N |
|------------|--|--------------|-----------------------|---------|------|----------|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | . 1 a | 18 | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| _ | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | 1 1 0 | , | | |
| | Enter the number of voting members included in line 1a, above, who are independent | | 18 | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | - | • | | | Ι. |
| ~ | officer, director, trustee, or key employee? | | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | |
| | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's a | | | 6 | | |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or | | | 0 | | - |
| 1 a | more members of the governing body? | | | 7a | | 2 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | , stockh | olders, or | | | |
| | persons other than the governing body? | | | 7b | | 2 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | /ear by th | e following: | | | |
| | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re- | | | 1 | | _ |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | 2 |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal | Revenu | e Code.) | | 1 | _ |
| | | | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | 37 | \vdash |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | ody befo | ore filing the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | v | |
| | | | | 12a | X | ┢ |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri | | | 12b | X | \vdash |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If in Schedule O how this was done</i> | | | 12c | x | |
| | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| | Did the process for determining compensation of the following persons include a review and appro | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decisior | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | ement v | with a | | | |
| | taxable entity during the year? | | | 16a | | 2 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | ganizatio | on's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OH | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 |)-T (Sec | tion 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain the comparison of the compariso | in in Sc | hedule O) | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, or | | , | d finan | cial | |
| | statements available to the public during the tax year. | | , ,, | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's t | oooks a | nd records: | | | |
| | Kelly Freyler - 513-921-1131 | | · | | | |
| | 1841 Fairmount Avenue, Cincinnati, OH 45214 | | | | 990 | (0.5 |
| | 5 11-07-14 | | | - | | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |
|----------|---|
| | Employees, and Independent Contractors |

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (0 | | npoi | nout | (D) | (E) | (F) |
|--------------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Name and Title | Average | (do | | Pos | itior |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot pr/trus | h an | compensation | compensation | amount of |
| | week | | | | | 1/11/13 | | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | - | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | ee or (| stee | | | nsated | | (W-2/1099-MISC) | (112/1000/11100) | organization |
| | organizations | trust | ıal tru | | oyee | ompe | | , , , | | and related |
| | below | vidual | Institutional trustee | Ser | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indi | Inst | Officer | Key | High | Former | | | |
| (1) Sharon Raess | 1.00 | | | | | | | | | • |
| Trustee | | X | | | | | | 0. | 0. | 0. |
| (2) Terri Williams (joined 08/2014) | 1.00 | | | | | | | | | 0 |
| Trustee | 1 00 | X | | | | | | 0. | 0. | 0. |
| (3) Kim Baird | 1.00 | | | | | | | | | 0 |
| TRUSTEE | 1 00 | X | | | | | | 0. | 0. | 0. |
| (4) Lisa Phipps, RN (resigned 01/14 | 1.00 | | | | | | | | | 0 |
| TRUSTEE | 1 00 | X | | | | | | 0. | 0. | 0. |
| (5) Robert J. Inkrot | 1.00 | 37 | | | | | | | | 0 |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (6) Kirk Koppenhoeffer | 1.00 | v | | | | | | 0 | 0. | 0 |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) Gail Myers | 1.00 | x | | | | | | 0. | 0. | 0. |
| TRUSTEE (8) Kathi Phillips | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (9) Calvin Wright | 1.00 | Δ | | | | | | 0. | • | <u>·</u> |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (10) Kathleen Long, CPA | 1.00 | | | | | | | | Ŭ. | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (11) Megan McCuen | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (12) Sean Mullins | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (13) Doug Boschert | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (14) Nadine Liggett | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (15) Lucy Crane (joined 03/2014) | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (16) Sue Dyer (joined 03/2014) | 1.00 | | | | | | | | | |
| TREASURER (as of 06/2014) | | х | | Х | | | | 0. | 0. | 0. |
| (17) Thomas Goodwin (joined 03/2014) | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 432007 11-07-14 | | | | | | 7 | | | | Form 990 (2014) |

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| Form 990 (2014) Bethany I | House Se | erv | vio | ces | 3, | Ir | ıc | • | 31-110 | 14 | 01 | Page 8 |
|---|---|--------------------------------|-----------------------|--|-------------------------|---------------------------------|--------|---|---|-------|-------------------------|---|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | vees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
| (A) Name and title | (B) Average hours per week (list any | box offi | not c , unle | C Posi heck ss per nd a di | ition more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | Estin amou oth | F) nated unt of her |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | from organ and re | nsation in the ization elated zations |
| (18) Denise D. Schumacher VICE-PRESIDENT | 1.00 | x | | x | | | | 0. | 0 | • | | 0. |
| (19) Robert Alexander (left 06/2014) TREASURER | 2.00 | x | | x | | | | 0. | 0 | • | | 0. |
| (20) Trici Roddy SECRETARY | 1.00 | x | | x | | | | 0. | 0 | | | 0. |
| (21) Stephen G. Brinker, ESQ PRESIDENT | 2.00 | x | | x | | | | 0. | 0 | • | | 0. |
| (22) Kelly Freyler FINANCE DIRECTOR | 40.00 | | | x | | | | 68,646. | 0 | | 5 | ,991. |
| (23) Susan Schiller EXECUTIVE DIRECTOR | 40.00 | | | x | | | | 82,014. | 0 | | | ,948. |
| | | - | | | | | | | | | | / |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part V | | | | | | | | 150,660. | | • | 15 | ,939. 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 150,660. | - | • | 15 | ,939. |
| 2 Total number of individuals (including but n compensation from the organization ► | ot limited to th | nose | liste | ed al | bove | e) wł | io r | eceived more than \$100 |),000 of reportable | | | 0 |
| 3 Did the organization list any former officer, | | | | | | | | | | | Y | es No |
| line 1a? <i>If "Yes," complete Schedule J for s</i>For any individual listed on line 1a, is the su | um of reportab | le co | omp | ensa | atior | n and | d ot | | the organization | | 3 | X |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a | accrue compe | nsat | ion f | rom | any | unr | elat | ted organization or indiv | idual for services | | 4 | x |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | | | | | | | | | | | 5 | |
| Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | · · | nsati | on froi | m |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | N | ONI | 3 | | | + | Description of s | ervices | Con | npensa | ation |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi | e e | not li | mite | d to | | se lis) | stec | d above) who received n | nore than | | | |
| 432008 11-07-14 | | | | | | | | | | Fo | orm 99 | 0 (2014) |

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| Form | 990 (| (2014) Betha | ny House | Services | s, Inc. | | 31-1101 | L401 Page 9 |
|---|------------|---|---------------------|---------------------|-----------------------------|--|--|---|
| Pa | rt VII | I Statement of Rever | nue | | | | | |
| | | Check if Schedule O cont | ains a response | or note to any line | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | | |
| Am (| с | Fundraising events | 1c | 23,056. | | | | |
| la l | d | Related organizations | | | | | | |
| ini, | е | Government grants (contribut | ions) 1e 1 , | 254,482. | | | | |
| er S | f | All other contributions, gifts, gran | ts, and | | | | | |
| <u>t</u> | | similar amounts not included abo | ve 1f | 375,375. | | | | |
| nd f | g | Noncash contributions included in lines | 1a-1f: \$ | 17,394. | | | | |
| <u>a ŭ</u> | h | Total. Add lines 1a-1f | | 🕨 | 1,652,913. | | | |
| | | | | Business Code | | | | |
| ice | 2 a | Rental Agent fe | es | 541610 | 5,000. | 5,000. | | |
| le c | b | | | | | | | |
| n S /eni | С | | | | | | | |
| grar Rev | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| " | f | All other program service reve | | | E 000 | | | |
| | g | | | | 5,000. | | | |
| | 3 | Investment income (including | | | 84,049. | | | 84,049. |
| | | other similar amounts) | | | 04,049. | | | 04,049. |
| | 4 | Income from investment of tax | | F | | | | |
| | 5 | Royalties | (i) Real | | | | | |
| | 6 0 | Grana ranta | (I) Real | (ii) Personal | | | | |
| | | Gross rents Less: rental expenses | | <u> </u> | | | | |
| | | Rental income or (loss) | | <u> </u> | | | | |
| | | | | | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | <i>1</i> u | assets other than inventory | 22,415. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | - | and sales expenses | 23,047. | | | | | |
| | с | Gain or (loss) | -632. | | | | | |
| | | Net gain or (loss) | L | | -632. | | | -632. |
| Other Revenue | | Gross income from fundraising | | | | | | |
| eve | | contributions reported on line | | | | | | |
| , r | | Part IV, line 18 | - | 130,146. | | | | |
| the | b | Less: direct expenses | | 29,380. | | | | |
| 0 | | Net income or (loss) from func | | | 100,766. | | | 100,766. |
| | | Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | с | Net income or (loss) from gam | ing activities | ► | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | с | Net income or (loss) from sale | s of inventory | ► | | | | |
| | | Miscellaneous Revenu | e | Business Code | | | | |
| | 11 a | Other Income | | 900099 | 11,411. | 11,411. | | |
| | b | | | ļ ļ | | | | |
| | с | | | ļ ļ | | | | |
| | d | | | | 11 114 | | | |
| | е | Total. Add lines 11a-11d | | | 11,411. | 10 11 | | 104 102 |
| 43200 | <u>12</u> | Total revenue. See instructions. | | 🕨 - | 1,853,507. | 16,411. | 0 . | |
| 43200 | 14 | | | | | | | Form 990 (2014) |

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9

Bethany House Services, Inc.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|--|-----------------------|-------------------------------|------------------------------|---------------------------|
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 175 960 | 175 960 | | |
| _ | and domestic governments. See Part IV, line 21 | 175,860. | 175,860. | | |
| 2 | Grants and other assistance to domestic | E06 200 | 506,309. | | |
| _ | individuals. See Part IV, line 22 | 506,309. | 500,309. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 166 500 | 110 010 | 26 552 | 21 125 |
| _ | trustees, and key employees | 166,598. | 118,918. | 26,553. | 21,127 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 678,259. | 484,138. | 108,105. | 96 016 |
| 7 | Other salaries and wages | 0/0,209. | 404,130. | 108,105. | 86,016 |
| 8 | Pension plan accruals and contributions (include | | | | |
| ~ | section 401(k) and 403(b) employer contributions) | 71,245. | 54,581. | 11,717. | 4,947 |
| 9 | Other employee benefits | 87,358. | 61,635. | 14,482. | 4,947 |
| 0 | Payroll taxes | 07,330. | 01,035. | 14,402. | 11,241 |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | 3,600. | 2 422 | 270 | 700 |
| b | Legal | | 2,432. | 378. | 790 5,180 |
| | Accounting | 23,600. | 15,944. | 2,476. | 5,180 |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 24 106 | 16 240 | | E 200 |
| | column (A) amount, list line 11g expenses on Sch 0.) | 24,196. | 16,348. | 2,540. | 5,308 |
| 12 | Advertising and promotion | 24,953. | 13,382. | 4,954. | 6 617 |
| 13 | Office expenses | 24,953. | 13,302. | 4,954. | 6,617 |
| 4 | Information technology | | | | |
| 15 | Royalties | 56,908. | 10 076 | 6,284. | 2 540 |
| 6 | Occupancy | | 48,076. 8,903. | 873. | 2,548 915 |
| 17 | Travel | 10,691. | 0,903. | 0/3. | 915 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | 42,580. | 35,596. | 3,653. | 2 2 2 1 |
| 22 | Depreciation, depletion, and amortization | 18,396. | 14,715. | 2,230. | 3,331 1,451 |
| 23 | | 10,390. | 14,/15. | 2,230. | 1,401 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Sebedule 0.) | | | | |
| а | amount, list line 24e expenses on Schedule 0.) | 57,765. | 37,755. | 11,567. | 8,443 |
| a b | Food | 35,433. | 35,433. | ±±,50,• | 0,443 |
| u c | Miscellaneous | 18,697. | 2,382. | 15,986. | 329 |
| d d | Support Contracts | 9,614. | 9,614. | | 525 |
| | | 14,464. | 10,356. | 3,044. | 1,064 |
| e Se | All other expenses | 2,026,526. | 1,652,377. | 214,842. | 159,307 |
| 25 26 | Joint costs. Complete this line only if the organization | 2,020,520. | 1,052,5770 | 211,012. | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Corm 000 (201 |

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10 2014.04020 Bethany House Services, Inc 58073_01

Form **990** (2014)

Net Assets or Fund Balances

24

25

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33

34

Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

complete lines 27 through 29, and lines 33 and 34.

Form 990 (2014)

Part X Balance Sheet

11 2014.04020 Bethany House Services, Inc 58073_01

432011

14180901 758989 58073.0

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-------------|-----|---|---------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 16,414. | 1 | 90,318. |
| | 2 | Savings and temporary cash investments | 255,817. | 2 | 58,257. |
| | 3 | Pledges and grants receivable, net | 442,916. | 3 | 292,195. |
| | 4 | Accounts receivable, net | 18,120. | 4 | 7,601. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | 1,700. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ŝts | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | 85,000. | 7 | |
| 4 | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 19,022. | 9 | 15,742. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 1,472,323. | | | |
| | b | Less: accumulated depreciation 10b 754,964. | 527,045. | 10c | 717,359. |
| | 11 | Investments - publicly traded securities | 1,536,420. | 11 | 1,742,613. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | 74,010. | 13 | |
| | 14 | Intangible assets | 100 004 | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 129,694. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,104,458. 105,455. | 16 | 2,925,785. 157,907. |
| | 17 | Accounts payable and accrued expenses | 105,455. | 17 | 157,907. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ties | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | 00 | |
| Lia | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ► ⊥X and

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Total liabilities and net assets/fund balances

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

9,968.

167,875.

2,145,766. 46,764.

2,757,910.

2,925,785.

Form **990** (2014)

565,380.

24

25

26

27

28

29

30 31

32

33

34

0.

105,455.

2,180,356. 256,252.

2,999,003.

3,104,458.

562,395.

| Form | Bethany House Services, Inc. | 31-1101 | L401 | Pag | ge 12 |
|------|---|----------|---------|------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1,853 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2,026 | <u>, 5</u> | $\frac{26}{100}$ |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -173 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,999 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 6 | , 7 | 43. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -74 | 1,8 | 17. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | | 10 | 2,757 | 7,9 | 10. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sched | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | | | |
| | Act and OMB Circular A-133? | | 3a | Х | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | _ (| | |

Form **990** (2014)

432012 11-07-14

| | SCI | HED | ULE | Α |
|--|-----|-----|-----|---|
|--|-----|-----|-----|---|

Department of the Treasury Internal Revenue Service

| (Form | 990 or | 990- | EΖ |
|-------|--------|------|----|
|-------|--------|------|----|

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| Attach to Form 990 or Form 990-EZ. | |
|--|-------|
| Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/formation | m990. |
| | |

| 1 | 2014 |
|----------|------------------------------|
| orm990. | Open to Public Inspection |
| Employer | identification number |

OMB No. 1545-0047

| Name | of the o | rganization | |
|------|----------|-------------|--|

| Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization for ida private foundation because II: (For fines 11 Mought on the box) Image: The organization is private foundation because II: (For fines 11 Mought 11, check only not box) Image: Image | | | Beth | any House | Services, In | .c. | | | 33 | 1-1101401 |
|--|-------------|-------|--|--|---|--|---|---|--|---|
| 1 A chuch, corvention of chuches, or association of churches described in section 170(b)(1)(A)(ii). 2 A chood described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, chy, and state; 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A comparization that normally receives substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: subject to certain exceptiona, and (2) no more than 33 1/3% of its support from contributions in and unrelated business taxable income (less section 509(a)(4). 10 An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). 10 An organization organizated and operated exclusively for the benefit of the dimension are of public supported organization sectioned in section 509(a)(3). 10 An organization organizated and operated exclusively for the benefit of the dimension or the dimensions or trustees of the supporting organization operated in connection with its supported organization(s) (by height by giving the supported organization sectioned in section 509(a)(3). Sections 4), and 41. 10 An organization organizat | Pa | τI | | | | | is part.) Se | e instructions | | |
| section 170(b)(1)(A)(v) (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 8 A community tractices a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II) 9 A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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 and grantized and operated exclusively to test for public safety. See section 509(a)(2). 10 An organization organization ad operated exclusively to test for public safety. See section 509(a)(3). Check the box in ines 11 a through 11d that describes the type of supporting organization and complete [N]. Sections 500(a) (1) exections 509(a) (1) exclusions 500(a) (1) e | 1 2 3 | organ | A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz | urches, or associatio ion 170(b)(1)(A)(ii). (hospital service org | on of churches describe Attach Schedule E.) anization described in s | d in section | on 170(b)(1)(b)(1)(A)(ii | i). | (iii). Enter t | the hospital's name, |
| income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I.A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization operated in connection with supported organization(s). You must complete Part IV, Sections A and C. c Type II.A supporting organization supervised or controlled by its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determinaton from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III functionaly integrated, or Type III non-functionally integrated supporting | 6 7 8 | X | An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local go An organization that norma section 170(b)(1)(A)(vi). (C A community trust describe An organization that norma | Complete Part II.) vernment or governr illy receives a substa omplete Part II.) ed in section 170(b) illy receives: (1) more | mental unit described in antial part of its support (1)(A)(vi). (Complete Par e than 33 1/3% of its sup | section 17 from a gov t II.) oport from | 70(b)(1)(A) rernmental contributio | (v). unit or from th ons, membersl | ie general hip fees, ai | public described in nd gross receipts from |
| organization. You must complete Part IV, Sections A and B. b Graphication supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, and D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) EIN (iii) EIN (iii) Sthe organization (iv) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of monetary (viii) EIN (iii) EIN (iv) EIN (iv) EIN (iv) Sthe organization (vi) Is the organization (vi) Amount of monetary (vi) Amount of monetary (vii) Amount of monetary (vii) Amount of monetary (vii) Amount of monetary (viii) EIN (iv) EIN | 11 | | See section 509(a)(2). (Con An organization organized a An organization organized a more publicly supported or lines 11a through 11d that Type I. A supporting orga | mplete Part III.) and operated exclus and operated exclus ganizations describe describes the type o anization operated, s | sively to test for public sa sively for the benefit of, t ed in section 509(a)(1) of supporting organizations supervised, or controlled | afety. See s o perform f or section on and con by its sup | section 50 the functio 509(a)(2). Soplete lines | 19(a)(4). Ins of, or to ca See section 5 3 11e, 11f, and ganization(s), ty | rry out the 09(a)(3). C 11g. /pically by | purposes of one or heck the box in giving |
| functionally integrated, or Type III non-functionally integrated supporting organization. Image: Constraint of the support of the support of organization (s). g Provide the following information about the supported organization (s). (ii) Is the support of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Amount of monetary support (see instructions) ii) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) generating document? Yes No Instructions) Instructions) generating document? Instructions) Instructions) Instructions) Instructions) generating document? Instructions Instructions) Instructions) Instructions) generating document? Instructions Instructions) Instructions) Instructions) generating document? Instructions Instructions <td>c d</td> <td></td> <td> organization. You must of Type II. A supporting org control or management of organization(s). You must Type III functionally interits supported organizatio Type III non-functionally that is not functionally interited intervent (see instruct) </td> <td>complete Part IV, Se panization supervised of the supporting org th complete Part IV, egrated. A supportin n(s) (see instructions y integrated. A supp tegrated. The organiz- tions). You must cor</td> <td>ections A and B. d or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete borting organization oper zation generally must sa mplete Part IV, Sections</td> <td>tion with it same perso in connec Part IV, Se rated in co tisfy a dist s A and D,</td> <td>ts supporte ons that co tion with, a ections A, nnection w ribution re , and Part</td> <td>ed organization ontrol or manag and functionall D, and E. vith its support quirement and V.</td> <td>n(s), by hav ge the sup y integrate ted organiz an attenti</td> <td>ving ported ed with, zation(s)</td> | c d | | organization. You must of Type II. A supporting org control or management of organization(s). You must Type III functionally interits supported organizatio Type III non-functionally that is not functionally interited intervent (see instruct) | complete Part IV, Se panization supervised of the supporting org th complete Part IV, egrated. A supportin n(s) (see instructions y integrated. A supp tegrated. The organiz- tions). You must cor | ections A and B. d or controlled in connect anization vested in the s Sections A and C. g organization operated s). You must complete borting organization oper zation generally must sa mplete Part IV, Sections | tion with it same perso in connec Part IV, Se rated in co tisfy a dist s A and D , | ts supporte ons that co tion with, a ections A, nnection w ribution re , and Part | ed organization ontrol or manag and functionall D, and E. vith its support quirement and V. | n(s), by hav ge the sup y integrate ted organiz an attenti | ving ported ed with, zation(s) |
| f Enter the number of supported organizations g Provide the following information about the supported organization organization (ii) EIN (iii) Type of organization (described on lines 1-9 abover IRC section (see instructions)) (iv) Amount of monetary support (see Instructions) (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) (iv) EiN (iv) EiN (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) (vi) Amount of other support (see Instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) Image: Comparization (see instructions) | е | | • | | | | | i Type I, Type I | I, Type III | |
| g Provide the following information about the supported organization (i) Name of supported organization organization (ii) Sthe organization givening document? (v) Amount of monetary support (see instructions) (ii) Name of supported organization organization (iii) EIN (iii) Type of organization (described on lines 1-givening document?) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (iii) Sthe organization (iii) EIN (iii) EIN (iii) Sthe organization (described on lines 1-givening document?) (vi) Amount of other support (see instructions) (iii) Sthe organization (iii) EIN (iii) EIN (iii) Sthe organization (v) Amount of monetary support (see instructions) (iii) Sthe organization (iii) Sthe organization (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (iii) Sthe organization (iii) Sthe organization (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (iii) Sthe organization (iii) Sthe organization (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (iii) Sthe organization (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (iii) Sthe organization <td></td> <td>E at</td> <td>• • •</td> <td>• •</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>[</td> | | E at | • • • | • • | | | | | | [|
| LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2014 | | Prov | vide the following information (i) Name of supported | n about the supporte | ed organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section | (iv) Is the o listed i governing o | rganization in your document? | support (| see | other support (see |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2014 | | | | | | | | | | |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2014 | | | | | | | | | | |
| | LHA | For F | | | ructions for | | | Schedu | ule A (Forr | n 990 or 990-EZ) 2014 |

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Schedule A (Form 990 or 990-EZ) 2014 Bethany House Services, Inc. Part II Support Schedule for Organizations Described in Sections 170

31-1101401 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|-----------------------|-----------------------|---------------------------|---------------------------------|---------------------|------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1786895. | 2741512. | 2085763. | 1733940. | 1652913. | 10001023. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1786895. | 2741512. | 2085763. | 1733940. | 1652913. | 10001023. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 10001023. |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 1786895. | 2741512. | 2085763. | 1733940. | 1652913. | 10001023. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 17,776. | 46,743. | 32,054. | 89,581. | 83,423. | 269,577. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 6,623. | 11,411. | 18,034. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10288634. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 1 | ,018,366. |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| | tion C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2014 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 97.20 % |
| | Public support percentage from 2013 | | | | | 15 | 98.07 % |
| | 33 1/3% support test - 2014. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| | 33 1/3% support test - 2013. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | sts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Pa | t VI how the orgar | nization |
| | meets the "facts-and-circumstances" | | | | | | ▶∟ |
| b | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, cł | neck this box and | stop here. Explain | in Part VI how the | e |
| | organization meets the "facts-and-cire | cumstances" test. | The organization o | qualifies as a publi | cly supported orga | anization | ▶∐ |
| 18 | Private foundation. If the organization | n did not chock a | hav an line 10 16 | - 166 170 or 17k | a abaak this hav a | nd and instruction | _ ▶ |

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|---------------------|----------------------|------------------------|-----------------------|--------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ū | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| 10 | 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| ~ | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a section | on 501(c)(3) organ | nization, |
| | | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2014 (| ine 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2013 | Schedule A, Part | III, line 15 | | | 16 | % |
| | tion D. Computation of Investion | | | | | | |
| 17 | Investment income percentage for 20 | | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2014. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| h | 33 1/3% support tests - 2013. If the | | | | | | |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 09-17-14 | ald not oncord | 200 01 110 17, 10 | , or 100, 0100K t | | | 90 or 990-EZ) 2014 |
| .0202 | | | | 15 | 001 | | |
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| | | | | | | | |

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Schedule A (Form 990 or 990 EZ) 2014 Bethany House Services, Inc.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2014

10a

10b

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Yes

1

2

3a

No

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Schedule A (Form 990 or 990-EZ) 2014 Bethany House Services, Inc. Part IV Supporting Organizations (continued)

| | | | Yes | No |
|------------|---|------------|--------|------|
| 44 | Has the organization accepted a gift or contribution from any of the following persons? | | 163 | |
| 11 | | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 44- | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| <u>Sec</u> | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions |) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| – a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | has the second fitter of a state of the second factor and the second second second second second second second | | | |
| | those supported organizations and explain now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 20 | | |
| D | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 26 | | |
| 2 | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | A - | | |
| | trustees of each of the supported organizations? Provide details in <i>Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ~ | | |
| | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | 3b | | |
| 43202 | 5 09-17-14 Schedule A (Form 9: 17 | 90 or 99 | v∪-EZ) | 2014 |
| | ± / | | | |

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| | | 2014 Bethany | | | |
|--------|-----------------|--------------------|-----------|------------------|-----------------|
| Part V | Type III Non-Fu | inctionally Integr | ated 509(| a)(3) Supporting | g Organizations |

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|------------|----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y-integrat | ed Type III supporting org | anization (see |
| | | | | |

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

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| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|----------|--|-------------------------------|------------------------|-----------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2014 | Amount for 2014 |
| _1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| a | | | | |
| b | | | | |
| C | | | | |
| d | | | | |
| - | From 2013 | | | |
| - | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| <u> </u> | Applied to 2014 distributable amount | | | |
| <u> </u> | Carryover from 2009 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistribute bla provint | | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| 0 | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| ' | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| - | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

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| Part VI | Form 990 or 990-EZ | Information P | ovido the avel- | actiona required to | Dort IL line 10: D | art II, line 17e er 17h er d.D. | 01401 Pa |
|---------------|--------------------|----------------------|-----------------|---------------------|--------------------|---------------------------------|-------------------|
| | | part for any additio | | | | art II, line 17a or 17b; and Pa | art III, IIME 12. |
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| 2028 09-17-14 | | | | | | Schedule A (Form 99 | 0 or 990-F7 |
| | | | | | | | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Employer identification number

| Internal Revenue Service | |
|--------------------------|--|
| Name of the organization | |

Schedule B

(Form 990, 990-F7.

Department of the Treasury

or 990-PF)

| Bethany House Services, | Inc. | 31-1101401 |
|--------------------------------|------|------------|
| Organization type (check one): | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

Bethany House Services, Inc.

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31-1101401

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addit | ional space is needed. | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$96,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 423452 11-05 | -14 22 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2014 |

Employer identification number

31-1101401

Bethany House Services, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _ | | \$ | |
| (a) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

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2014.04020 Bethany House Services, Inc 58073_01

Page 3

| Name of orga | inization | | Employer identification number |
|-----------------|---|--|--|
| Bethan | y House Services, Inc. | | 31-1101401 |
| Part III | Exclusively religious, charitable, etc., cont | ributions to organizations described | in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry. For organizations |
| | completing Part III, enter the total of exclusively religious | s, charitable, etc., contributions of \$1,000 or | vilig IIIE elity. For organizations |
| | Use duplicate copies of Part III if addition | al space is needed. | · · · · · |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| | | | |
| | | | |
| - | | (a) Transfer of sif | |
| | | (e) Transfer of gif | L |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| - | | | |
| - | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | (d) Description of now girt is need |
| - | · · · · · · · · · · · · · · · · · · · | | |
| · | | | |
| Ľ | | | |
| | | (e) Transfer of gif | t |
| | Transferee's name, address, ar | and $7IP \pm 4$ | Relationship of transferor to transferee |
| | | | |
| | | | |
| - | | | |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| . | | | |
| . | | | |
| - | | | |
| | | (e) Transfer of gif | t |
| | Transferee's name, address, ar | | Deletionship of two of every to two of ever |
| | fransieree's name, autress, a | | Relationship of transferor to transferee |
| | | | |
| . | | | |
| (a) No. from | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| . | | | |
| - | | | [|
| | | (e) Transfer of gif | t |
| | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| • | | [| |
| · | | | |
| | | | |
| 423454 11-05-1 | 14 | 24 | Schedule B (Form 990, 990-EZ, or 990-PF) (2 |

14180901 758989 58073.0

| | | | | | | • | MB No. 1545-00 | 147 |
|------------------------------|---|--|---|-------------------------------------|---------------|-------------------|--------------------------|---------|
| | HEDULE D | | al Financial Sta | | | | 201 / | 47 |
| (Forn | n 990) | ► Complete if the org Part IV, line 6, 7, 8, 9, 10 | anization answered "Yes' , 11a, 11b, 11c, 11d, 11e, ⁻ | ' to Form 990, 11f, 12a, or 12b. | | | ZU 14 | ŀ |
| | ment of the Treasury I Revenue Service | Information about Schedule D (For Information about Schedule D) | Attach to Form 990. | | 00 | | Open to Pub nspection |)IIC |
| | e of the organizati | | | is is at www.irs.gov/f | | _ | tification nu | mber |
| | - | Bethany House Serv | | | - | 31-1 | 101401 | |
| Par | rt I Organiza | ations Maintaining Donor Advise | ed Funds or Other Sir | milar Funds or A | ccol | ints. Comp | lete if the | |
| | organizatio | n answered "Yes" to Form 990, Part IV, lin | | | | | | |
| | | | (a) Donor advised f | unds (| b) Fun | ids and othe | er accounts | |
| 1 | | nd of year | | | | | | |
| 2 | | of contributions to (during year) | | | | | | |
| 3 | | of grants from (during year) | | | | | | |
| 4 5 | | t end of year on inform all donors and donor advisors in | writing that the assets hold | in donor advised fun | de | | | |
| 5 | - | on's property, subject to the organization's | - | | | | Yes | No |
| 6 | - | on inform all grantees, donors, and donor a | | | | | | |
| | • | poses and not for the benefit of the donor of | • • | | - | | | |
| | impermissible priv | ate benefit? | | | | | Yes | No |
| Par | rt II Conserv | ation Easements. Complete if the or | ganization answered "Yes" | to Form 990, Part IV, | line 7. | | | |
| 1 | | servation easements held by the organizat | | | | | | |
| | | n of land for public use (e.g., recreation or e | | ation of a historically | • | | ea | |
| | | of natural habitat | | ation of a certified hi | storic | structure | | |
| 0 | | n of open space | | in the former of a sec | | | | |
| 2 | day of the tax yea | through 2d if the organization held a quali | ned conservation contributi | ion in the form of a co | nserv | ation easem | ient on the la | ist |
| | day of the tax yea | 1. | | | | Held at the | End of the Tax | x Year |
| а | Total number of c | onservation easements | | | 2a | | | |
| b | | ricted by conservation easements | | | 2b | | | |
| с | | vation easements on a certified historic str | | | 2c | | | |
| d | Number of conser | vation easements included in (c) acquired | after 8/17/06, and not on a | historic structure | | | | |
| | | nal Register | | | 2d | | | |
| 3 | | vation easements modified, transferred, re | leased, extinguished, or ter | minated by the organ | izatior | n during the | tax | |
| | year | | | | | | | |
| 4 5 | | where property subject to conservation ea tion have a written policy regarding the pe | | n handling of | | | | |
| 5 | | forcement of the conservation easements i | | | | | Yes | No |
| 6 | | er hours devoted to monitoring, inspecting, | | | | | | |
| 7 | | ses incurred in monitoring, inspecting, and | | | | | | - |
| 8 | | vation easement reported on line 2(d) abo | | | | | | |
| | and section 170(h |)(4)(B)(ii)? | | | | | Yes | 🗌 No |
| 9 | | be how the organization reports conservat | | | | | sheet, and | |
| | | ole, the text of the footnote to the organiza | tion's financial statements | that describes the org | ganiza | tion's accou | inting for | |
| Do | conservation ease | ements. ations Maintaining Collections o | f Art Historical Trac | ouroo or Othor | Simil | or Accet | | |
| Fai | | f the organization answered "Yes" to Form | | sures, or other | 511111 | สา ครรยเร | 5. | |
| 10 | | elected, as permitted under SFAS 116 (AS | | rovonuo statomont a | nd hal | anco shoot y | works of art | |
| Ia | - | s, or other similar assets held for public ex | | | | | | |
| | | tnote to its financial statements that descr | | | pablic | | orrao, intran | c y an, |
| b | | elected, as permitted under SFAS 116 (AS | | enue statement and b | alance | e sheet work | ks of art, hist | torical |
| | | r similar assets held for public exhibition, e | | | | | | |
| | relating to these it | | | | | | | |
| | (i) Revenue inclu | ided in Form 990, Part VIII, line 1 | | | | \$ | | |
| | ., | | | | | | | |
| 2 | | received or held works of art, historical tre | | | provid | le | | |
| - | | unts required to be reported under SFAS 1 | | | • | <u></u> | | |
| a b | | in Form 990, Part VIII, line 1 n Form 990, Part X | | | | \$ \$ | | |
| U | | | | | | Ψ | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instruction | s for Form 990. | | | Schedule D |) (Form 990) |) 2014 |
| 43205 ⁻ 10-01- | 1 | - | | | | | . , | |

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| Sche | dule D (Form 990) 2014 Bethany | House Serv | vices, Inc | | | 3 | 1-11 | 0140 | 1 _{Pa} | age 2 |
|------|---|-----------------------|--------------------------|------------------|-------------|--------------|-------------|-------------------|-----------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tı | reasures, or | Other | r Simila | r Asse | ts (contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that a | are a sig | nificant us | se of its o | collectio | n item | S |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | hange program | | | | | | |
| b | Scholarly research | е | U Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further t | the organization | i's exem | npt purpos | e in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | - | | - |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | te if the organizatio | on answered "Y | es" to F | orm 990, I | Part IV, li | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | _ | 7 | | 1 |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | lowing table: | | | | | | | |
| | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | | y? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete in | - | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | | d) Three yea | | (e) Four | | |
| | Beginning of year balance | 1,536,420. | 1,116,512 | | | | 0,845. | | 635, | 825. |
| b | Contributions | 124,781. | 215,946. | , | | | 3,512. | | | |
| С | Net investment earnings, gains, and losses | 90,153. | 210,845. | . 100, | 580. | - | 5,142. | | 18, | 130. |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | 8,741. | 6,883. | | 058. | | 3,390. | | , | 110. |
| g | End of year balance | 1,742,613. | 1,536,420, | . 1,116, | 512. | 74 | 5,825. | | 650, | 845. |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (| a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | 75.00 | _% | | | | | | | |
| b | Permanent endowment ► 25.00 | % | | | | | | | | |
| с | Temporarily restricted endowment | <u>.00 %</u> | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | lld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that are held a | and administere | d for the | e organiza | tion | - | | |
| | by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | 3a(ii) | | Х |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required or | n Schedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | | |
| | Complete if the organization answered | d "Yes" to Form 990, | Part IV, line 11a. S | See Form 990, F | Part X, lir | ne 10. | | | | |
| | Description of property | (a) Cost or ot | her (b) Cos [.] | t or other | (c) Acc | cumulated | | (d) Boo | k value | ə |
| | | basis (investm | | (other) | | reciation | | | | |
| 1a | Land | | 10 | 5,716. | | | | | 5 , 7 | |
| | Buildings | | 1,16 | 55,457. | 5 | 74,91 | 0. | 59 | 0,5 | 47. |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | 20 | 1,150. | 1 | 80,05 | 4. | 2 | 1,0 | 96. |
| | Other | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X, column (B), line | 10c.) | | | | 71 | 7,3 | 59. |
| | | , , | | | | S | chedule | | | |

| Schedule D (Form 990) 2014 Bethany Hou | se Service | s, Inc. | 31 | -1101401 | Page 3 |
|--|----------------------|------------------------------|-------------------------|--------------------|---------------|
| Part VII Investments - Other Securities. | | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV | , line 11b. See Form 990, | Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost or end | d-of-year market v | value |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | | |
| Part VIII Investments - Program Related. | | | | | |
| Complete if the organization answered "Yes" | to Form 990. Part IV | . line 11c. See Form 990. | Part X. line 13. | | |
| (a) Description of investment | (b) Book value | | aluation: Cost or end | d-of-year market v | value |
| (1) | | | | - | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | | |
| Part IX Other Assets. | | | | | |
| Complete if the organization answered "Yes" | to Form 990 Part IV | line 11d See Form 990 | Part X line 15 | | |
| | Description | , 1110 1 10. 000 1 0111 000, | | (b) Book va | alue |
| | Decemption | | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| <u>(4)</u> | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | 45) | | ` | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | e 15.) | | | | |
| Complete if the organization answered "Yes" | to Form 990. Part IV | . line 11e or 11f. See Form | n 990. Part X. line 25. | | |
| 1. (a) Description of liability | , | (b) Book value | , , | | |
| (1) Federal income taxes | | | | | |
| (2) Security Deposits | | 9,968. | | | |
| (3) | | | | | |
| | | | | | |

432053 10-01-14

(4) (5) (6) (7) (8) (9)

9,968.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| - | edule D (Form 990) 2014 Bethany House Services, In | | | | IIUI4UI Page 4 |
|---|--|---|----------------|--------------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | | Revenue per R | eturi | າ. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,999,385. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | | 6,743. | | |
| b | Donated services and use of facilities | | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 139,135. | | |
| е | Add lines 2a through 2d | | | 2e | 145,878. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,853,507. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| с | Add lines 4a and 4b | | | 4c | 0. |
| | | | | | 1 052 507 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,853,507. |
| _ | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem | | | • | |
| _ | | nents Wit | | • | irn. |
| _ | rt XII Reconciliation of Expenses per Audited Financial Statem | nents Wit | h Expenses per | • | |
| Pa | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | nents Wit | h Expenses per | Retu | irn. |
| Pa 1 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | nents Wit | h Expenses per | Retu | irn. |
| Pa 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents Wit | h Expenses per | Retu | irn. |
| Pa 1 2 a | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | h Expenses per | Retu | irn. |
| Pa 1 2 a | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | h Expenses per | Retu | rn. 2,192,901. |
| Pa 1 2 a b c | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | h Expenses per | Retu | rn. 2,192,901. 166,375. |
| Pa 1 2 a b c d | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | h Expenses per | 1 | rn. 2,192,901. |
| Pa 1 2 b c d e | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | h Expenses per | 1 2e | rn. 2,192,901. 166,375. |
| Pa 1 2 b c d 3 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | h Expenses per | 1 2e | rn. 2,192,901. 166,375. |
| Pa 1 2 b c d 3 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 4a | h Expenses per | 1 2e | rn. 2,192,901. 166,375. |
| Pa 1 2 a b c d e 3 4 a | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | h Expenses per | 1 2e | rn. 2,192,901. 166,375. 2,026,526. 0. |
| Pa 1 2 a b c d e 3 4 a b c 5 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d | h Expenses per | 1 2e 3 | rn. 2,192,901. 166,375. 2,026,526. |

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The organization's endowment consists of funds established to provide

income to operations.

Part X, Line 2:

| BHS | is | exempt | from | income | taxes | under | Section | 501(c)(| 3) | of | the | Internal |
|-----|----|--------|------|--------|-------|-------|---------|---------|----|----|-----|----------|
|-----|----|--------|------|--------|-------|-------|---------|---------|----|----|-----|----------|

Revenue Code and a similar provision of Ohio law. However, BHS is subject

to federal income tax on any unrelated business taxable income.

federal, state and local authorities. The organizations believe they have

appropriate support for any tax positions taken, and therefore, do not 432054 10-01-14
Schedule D (Form 990) 2014

14180901 758989 58073.0

| | House Services, Inc | z. 31-1 | 101401 Page 5 |
|---|----------------------|--------------------|-----------------------|
| Part XIII Supplemental Information (conti | nued) | | |
| have any uncertain income t | ax positions that ar | re material to the | financial |
| statements. The organizatio | ns are generally no | longer subject to | |
| examinations by tax authori | ties for years befor | re 2011. | |
| | | | |
| Part XI, Line 2d - Other Ad | justments: | | |
| Income from consolidated en | tities | | 139,135. |
| | | | |
| Part XII, Line 2d - Other A | djustments: | | |
| EXPENSES FROM CONSOLIDATED | ENTITIES | | 166,375. |
| | | | |
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| | | Schedu | ıle D (Form 990) 2014 |
| 432055 10-01-14 | 29 | | , |
| 180901 758989 58073.0 | 2014.04020 Bethany | House Services, In | nc 58073_01 |

| SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury | Complete if the | ntal Information Regarding organization answered "Yes" to P organization entered more than \$1 Attach to Form 990 | ⁼ orm 9 5,000 | 990, P on Fo | art IV, lines 17, 18, o rm 990-EZ, line 6a. | | | OMB No. 1545-0047 |
|---|---|---|---|---|--|---------|---|---|
| Internal Revenue Service Name of the organization | | bout Schedule G (Form 990 or 990-EZ) | and its | instru | ctions is at <u>www.ir</u> s.g | iov/fc | rm 990. Employer id | Inspection entification number |
| | | House Services, I | nc. | | | | 31-110 | |
| | complete this par | Complete if the organization answer | ered "Y | 'es" to | Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | ions email solicitations tations licitations on have a written o ed in Form 990, P n highest paid ind | f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs | tion of tion of fundra (inclue rofess | non-g gover aising ding o ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees | 🗌 Ye | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have c or cor contrib | itrol of | (iv) Gross receipts from activity | tò (o | Amount paid or retained by fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
| | | | | | | | | - |
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| | | | | | | | | - |
| Total | | | | | | | | |
| 3 List all states in whi or licensing. | ch the organizatic | n is registered or licensed to solicit o | contrik | outions | s or has been notified | d it is | exempt from | registration |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| HA For Paperwork B | eduction Act Not | ice, see the Instructions for Form | 990 or | 990-1 | F7 9 | Scher | dule G (Form | 990 or 990-EZ) 2014 |
| 432081 08-28-14 | | | | 2001 | | | | |

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 Schedule G (Form 990 or 990-EZ) 2014
 Bethany House Services, Inc.
 31-1101401
 Pac

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

| | | 6 6 | ross income on Form 990 | | | 1 |
|----------|-----------------------------|---|--|--|---------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | GOLF OUTING | Wine Tasting | 2 | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| 00000 | | | 50 504 | 20.004 | 52 014 | 152.000 |
| | 1 | Gross receipts | 59,594. | 39,694. | 53,914. | 153,202 |
| | 2 | Less: Contributions | 16,640. | 6,416. | 0. | 23,056 |
| | 3 | Gross income (line 1 minus line 2) | 42,954. | 33,278. | 53,914. | 130,146 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | | | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | 10 500 | | | 00.000 |
| | 9 | Other direct expenses | | | 6,907. | |
| | 10 | | | | | 29,380 100,766 |
| | rtl | Net income summary. Subtract line 10 from Gaming. Complete if the organization | | 000 Dort IV line 10 or m | | 100,700 |
| <u>ч</u> | | \$15,000 on Form 990-EZ, line 6a. | | 1990, 1 art IV, iiile 19, 01 fe | sported more than | |
| | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (d |
| 00000 | | | | | | |
| - | 1 | Gross revenue | | | | |
| Τ | | | | | | |
| | 2 | Cash prizes | | | | |
| 2 | 3 | Noncash prizes | | | | |
| 1 | | | | | | |
| | 4 | Rent/facility costs | | | | |
| | 4 5 | | | | | |
| 5 | 4 5 | Rent/facility costs | Yes% | └── Yes % | └── Yes% | |
| | 4 5 6 | | | └── Yes% └── No | └── Yes % └── No | |
| | _ | Other direct expenses | └── Yes % └── No | | □ No | |
| | 6 7 | Other direct expenses | Yes% No | No | <u>No</u> No ► | |
| | 6 | Other direct expenses | Yes% No | No | <u>No</u> No ► | |
| | 6 7 8 | Other direct expenses | Yes % No No gh 5 in column (d) 7 from line 1, column (d) | No | <u>No</u> No ► | |
|) | 6 7 8 Ent | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond | gh 5 in column (d) 7 from line 1, column (d) | □ No | No ► | Yes N |
|) a | 6 7 8 Ent | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these | States? | No ► | Yes N |
|) a | 6 7 8 Ent | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these | States? | No ► | YesN |
| a b | 6 7 8 Is t If " | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: | States? | No | |
| a b | 6 7 8 Is t If " | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | No | |
| a b | 6 7 8 Is t If " | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | No | |
| a b | 6 7 8 Is t If " | Other direct expenses | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these | states? | No | |

| Schedule G (Form 990 or 990 EZ) 2014 Bethany House Services, Inc. 31 | -1101401 Page 3 |
|---|----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | |
| to administer charitable gaming? | 🔛 Yes 🔛 No |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | |
| b An outside facility | 13b % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |
| Name | |
| Address | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes 🗌 No |
| b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | |
| of gaming revenue retained by the third party ►\$ | |
| c If "Yes," enter name and address of the third party: | |
| - · · ·, - · · · · · · · · · · · · · | |
| Name | |
| Address | |
| 16 Gaming manager information: | |
| | |
| Name | |
| Gaming manager compensation 🕨 \$ | |
| Description of services provided 🕨 | |
| | |
| | |
| | |
| Director/officer Employee Independent contractor | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | Yes No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | |
| organization's own exempt activities during the tax year > \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I | II, lines 9, 9b, 10b, 15b, |
| 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | |
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| | orm 990 or 990-EZ) 2014 |
| 32 180901 758989 58073 0 2014 04020 Bothany House Services | |

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| Schedule G | G (Form 990 or 990-EZ) | Bethany | House | Services, | Inc. |
|------------|------------------------|--------------------|-------|-----------|------|
| Part IV | Supplemental Ir | nformation (contin | ued) | | |

| | | Schedule G (Form 990 or 990- |
|-----------------------|----------------------------|------------------------------|
| 432084 05-01-14 | | |
| | 33 | |
| 100001 750000 50070 0 | | |
| 180901 758989 58073.0 | 2014.04020 Bethany House S | ervices, inc 500/3_(|

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service | | Go Comp | Grants and Oth vernments, ar lete if the organization | nd Individual on answered "Yes" Attach to Form | S in the Ŭni ' to Form 990, Pa m 990. | ted States rt IV, line 21 or 22. | _ | OMB No. 1545-0047 2014 Open to Public Inspection |
|--|----------------------|------------|---|--|---|---|--|--|
| Name of the organization | | | ion about Schedule I | (Form 990) and its | | www.irs.gov/form99 | 0. | Employer identification number |
| | | | vices, Inc. | | | | | 31-1101401 |
| ••••••• | nation on Grants a | | | | | | | |
| criteria used to award | d the grants or assi | stance? | e amount of the grants | | | | | |
| | Y | | toring the use of grant izations and Domesti | | | anization answord " | (os" to Form 000 Part | IV line 21 for any |
| | | • | be duplicated if addit | | 1 0 | anization answered i | es toronn 990, Part | IV, III e 2 I, IOI ally |
| 1 (a) Name and address or governr | ss of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SALVATION ARMY 114 E. CENTRAL PARKW CINCINNATI, OH 45202 | | 13-5562351 | 501(C)(3) | 35,172. | 0. | | | CASE MANAGEMENT FOR HOMELESS FAMILIES |
| YWCA 898 WALNUT STREET CINCINNATI, OH 45202 | | 31-0537518 | 501(C)(3) | 35,172. | 0. | | | CASE MANAGEMENT FOR HOMELESS FAMILIES |
| INTERFAITH HOSPITALI 990 NASSAU CINCINNATI, OH 45206 | | 31-1335474 | 501(C)(3) | 35,172. | 0. | | | CASE MANAGEMENT FOR HOMELESS FAMILIES |
| MERCY HEALTH ST. JOH 1800 LOGAN STREET CINCINNATI, OH 45202 | | 31-1222942 | 501(C)(3) | 70,344. | 0. | | | CASE MANAGEMENT FOR HOMELESS FAMILIES |
| | | | | | | | | |
| 2 Enter total number of 3 Enter total number of | | | I rganizations listed in th 1 table | ne line 1 table | | | 1 | 4. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) Bethany House Services, Inc.

31-1101401

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| Rent and Utility Assistance from Ohio Development | | | | | |
| Services Agency, Housing and Urban Development, | | | | | |
| Cincinnati Emergency Solutions Grant, and | | | | | |
| donations. | 478 | 506,309. | 0. | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

The organization regularly reviews grant funds to ensure they are used for

their intended purpose.

| SCHEDULE L | ٦ | Fransaction | ns Wit | h Int | erested | Persons | | ON | //B No. | 1545-00 | 047 |
|--|-------------------------------|-------------------------------------|---------------------------|---------------------|------------------------------------|--|-----------------|----------------|-----------------|---------|-------------------|
| (Form 990 or 990-EZ) | Complete if t | | | | Form 990, Par Part V, line 38a | | 26, 27, 28a | , | 20 | 14 | ŀ |
| Department of the Treasury Internal Revenue Service | ► Information | ► Atta about Schedule L (For | ch to Forr m 990 or 99 | n 990 o 0-EZ) ar | r Form 990-E2 d its instruction | z. s is at _{www.ir} s.gov/f | orm990. | | oen To spect | | lic |
| Name of the organization | | | | | | | Employe | | • | | ımber |
| - | Bethany | / House Ser | vices | , In | .c. | | 31-1 | 1014 | 01 | | |
| Part I Excess B | Benefit Trans | actions (section 50 | 01(c)(3), se | ction 50 | 01(c)(4), and 50 | 1(c)(29) organizatio | ns only). | | | | |
| Complete if | the organization | answered "Yes" on I | Form 990, | Part IV, | line 25a or 25b | o, or Form 990-EZ, F | Part V, line 4 | l0b. | _ | | |
| 1 (a) Name of disqualit | fied person | (b) Relationship bet | | | | :) Description of trar | eaction | | (d) | Corre | cted? |
| | ned person | person and or | ganization | | (0 | | ISaction | | | es | No |
| | | | | | | | | | _ | | |
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| 2 Enter the amount of | f tax incurred by 1 | the organization man | agers or d | isaualifi | ed persons du | ring the vear under | | | | | |
| | | | • | | • | • • | ► 9 | 6 | | | |
| 3 Enter the amount of | | | | | | | | 6 | | | |
| | | | | - | | | | | | | |
| Part II Loans to | and/or From | Interested Pers | sons. | | | | | | | | |
| - | - | answered "Yes" on I | | EZ, Part | V, line 38a or F | Form 990, Part IV, lir | ne 26; or if | the orga | inizati | on | |
| | | 990, Part X, line 5, 6 | 6, or 22. | or (| | | | (h) App | proved | (1) 14 | /+:tto:= |
| (a) Name of interested person | (b) Relation with organize | | from the | nrin | e) Original cipal amount | (f) Balance due | (g) In default? | by boa | ard or | ייעיון | /ritten ement? |
| | line organiz | oriouri | organization | <u> </u> | olparamoant | | | comm | | Ŭ | 1 |
| Darlene Guess | s Direct | oremergenc | To Fro | | 0. | 1,350. | Yes No | Yes | No X | Yes | No X |
| Gwen Green | | er emergenc | | | 0. | 350. | | | X | | X |
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| | | | | | h | 1 700 | | | | | |
| Total | r Accietance | Benefiting Inter | ractad D | oreon | <u> > \$</u> | 1,700. | | | | | |
| | | - | | | | | | | | | |
| (a) Name of interes | - | answered "Yes" on I | | | (c) Amount of | (d) Туре | of | (0) | Purp | 050.0 | f |
| (a) Name of interes | sted person | (b) Relationship interested pers | | | assistance | assistar | | | assista | | 1 |
| | | the organiza | | | | | | | | | |
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| | duction Act Not | ice, see the Instruc | tions for l | orm 90 | 0 or 990-E7 | Sch | edule L (Fo | orm 000 | or Q | 0.57 | 0014 |

See Part V for Continuations

⁴³²¹³¹ 10-06-14 14180901 758989 58073.0

| | |)2014 Bethany | | | Inc. |
|---------|---------------|--------------------|------------|-------------|------|
| Part IV | Business Tran | sactions Involving | g Interest | ed Persons. | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of zation's nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
| | | | | Yes | No |
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Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Darlene Guess

(b) Relationship with Organization: Director of Client Programs

(c) Purpose of Loan: emergency loan

(a) Name of Person: Gwen Green

(b) Relationship with Organization: Shelter Director

(c) Purpose of Loan: emergency loan

Schedule L (Form 990 or 990-EZ) 2014

14180901 758989 58073.0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **2014** Open to Public Inspection

Employer identification number 31 - 1101401

Bethany House Services, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

permanent housing, after care and affordable housing.

Form 990, Part III, Line 4a, Program Service Accomplishments:

plan for ensuring a secure future in stable housing. During 2014, 438

individuals (283 of whom were children), were sheltered by BHS. We

provided 14,002 supervised bed nights and 30,350 meals.

Family members are assessed for a wide range of needs and are referred to community resources for physical and mental health issues, job or education- related barriers, and financial assistance. Referrals are made to other agencies that can contribute to the well-being of the family. A mental health clinician is on site at Bethany House to evaluate and counsel family members and to make referrals to community resources as indicated. This clinician also supports the family as they deal with the precipitating events and the trauma of homelessness experience. In 2014, almost 3,000 case manager meetings with clients were held; 2,324 referrals were made to community agencies and resources.

In combination with one-on-one case management support, Life Skills group programs provide a foundation for prevention of future episodes of homelessness. These educational sessions are taught by experts from the community and BHS staff. Speakers address topics such as financial literacy, budgeting, parenting, developing healthy relationships, healthy choices, nutrition, yoga, and tenants' rights. Job-related LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 38

14180901 758989 58073.0

| Schedule O (Form 990 or 990-EZ) (2014) | Page 2 |
|--|---|
| Name of the organization Bethany House Services, Inc. | Employer identification number 31-1101401 |
| skills such as resume writing and interviewing are also t | aught. |
| BHS programs address the multigenerational aspect of fami | ly |
| homelessness by providing parents with the skills for "po | sitive |
| parenting" and by teaching children to make healthy choic | es. |
| The Positive Parenting, Family Nights, and "Nutrition, He | alth and |
| Safety" programs provide parent-child activities and prom | ote stronger |
| relationships in addition to the core content. Bethany Ho | use staff |
| emphasize the importance of education and regular school | attendance, |
| which is vital if the multigenerational cycle of poverty | and |
| homelessness is to be broken. | |
| | |
| Form 990, Part III, Line 4b, Program Service Accomplishme | nts: |
| counseling, security or utility deposits, utility payment | s, moving cost |
| assistance, and case management. Rapid Re-Housing case m | anagers and a |
| housing specialist assist each family to develop a housing | g plan, serve |

as liaison between family and landlord, and manage complex issues such

as lease options, contracts and apartment inspections.

In 2014, 66 families were assisted through the Rapid Re-Housing program. Positive housing outcomes were achieved by 95.2% of these families.

Form 990, Part III, Line 4c, Program Service Accomplishments: women and children, from 51 families move out of Cincinnati's emergency shelters where they had lived for more than 30 days.

Form 990, Part III, Line 4d, Other Program Services:

Affordable housing - Bethany Homes, a 24-unit apartment building owned 432212 08-27-14 39 14180901 758989 58073.0 2014.04020 Bethany House Services, Inc 58073_01

| | 31-1101401 |
|--|------------------|
| and operated as a non-profit by BHS, provides permanen | t, safe, |
| affordable housing for economically disadvantaged indi | viduals and |
| families, most of whom are supported by a single femal | e working |
| provider. In In addition to 2 and 3 bedroom apartment | s, the complex |
| has a playground and outdoor picnic area. Bethany Hou | se provides |
| seasonal activities for the families living in Bethany | Homes. |
| In 2014, 29 families were served. | |
| Expenses \$ 39,440. including grants of \$ 0. Revenu | e \$ 0. |
| | |
| Family Housing Partnership - Led by Bethany House, the | Family Housing |
| Partnership (FHP) is a collaboration of the five emerg | ency shelters |
| dedicated to homeless families in Cincinnati/Hamilton | County: Bethany |
| House Services, Interfaith Hospitality Network of Grea | ter Cincinnati, |
| Mercy Health-St. John, The Salvation Army, and the YWC | A of Greater |
| Cincinnati. The FHP provides a coordinated, integrate | d approach to |
| serving homeless families by bringing together family | shelters and a |
| comprehensive network of collaborators to assist the f | amilies. In 2014 |
| the FHP served 2,255 individuals from 859 families in | Greater |
| Cincinnati. BHS is the managing agency for this partne | rship. |
| Expenses \$ 360,261. including grants of \$ 175,860. | Revenue \$ 0. |

The 990 is reviewed by the Finance Committee and a copy is provided to the full board.

Form 990, Part VI, Section B, Line 12c: Bethany House Services (BHS) adheres to the agency's conflict of interest policy which dictates the procedures and practices to be followed to 432212 08-27-14 40 14180901 758989 58073.0 2014.04020 Bethany House Services, Inc 58073_01

| Schedule O (Form 990 or 990-EZ) (2014) | Page 2 |
|---|---|
| Name of the organization Bethany House Services, Inc. | Employer identification number 31-1101401 |
| prevent the personal interest of staff members, board mem | bers and |
| volunteers from interfering with the performance of their | duties, or |
| results in the personal, financial or political gain at t | he expense of the |
| agency, its members, supporters or other stakeholders. E | ach board member, |
| officer, staff member and volunteer signs and dates the p | olicy at the |
| beginning of their term of service or employment and each | year thereafter. |
| This policy and disclosure form is reviewed and distribut | ed annually by all |
| specified parties. Full disclosure is required, by notic | e in writing, by |
| all interested parties to the full board of directors in | all conflicts of |
| interest. Following full disclosure of a possible confli | ct of interest or |
| any condition specified in the policy, the board of direc | tors shall |
| determine whether a conflict of interest exists and, if s | o, the board shall |
| vote to authorize or reject the transaction or take other | action deemed |
| necessary to address the conflict and protect BHS's best | interests. |
| | |
| Form 990, Part VI, Section B, Line 15: | |
| Supervisors annually conduct performance evaluations whic | h are based on |
| performance of responsibilities from job descriptions and | achievement of |
| goals. Each employee also submits a self-evaluation. Fo | llowing the |

supervisor's and employee's discussion and review, the evaluation is

scored. Raises are distributed to employees based on the scores and

available funding. Compensation is determined and approved by the Board

when it approves the annual budget. The actions of the Board are

documented in the minutes. Comparability data is researched using annual

surveys conducted by the United Way of Greater Cincinnati, Barnes Dennig,

and the Leadership Council of Human Service Executives.

| Form | 990, P | Part | VI, | Section | C, | Line | 19: | | | | | | |
|--------------------|---------|------|------|---------|----|-------|-----|---------|-------|----------------|-----------|------------|------|
| 432212 08-27-14 | | | | | | | | | | Schedule O (Fo | rm 990 or | 990-EZ) (2 | 014) |
| | | | | | | | | 41 | | | | | |
| 1418090 | 1 75898 | 89 5 | 8073 | .0 | 20 | 14.04 | 020 | Bethany | House | Services, | Inc 5 | 8073_0 | 01 |

| Schedule O (Form 990 or 990-EZ) (2014) | I | Pa |
|--|-------------|---|
| Name of the organization Bethany House Services, Inc. | | Employer identification num 31-1101401 |
| The organization makes its financial statements | available | to the public |
| through its own website and upon request. The g | governing d | documents and |
| conflict of interest policy are made available u | upon reques | st at the |
| corporate address. | | |
| Form 990, Part XI, line 9, Changes in Net Assets | S: | |
| Pass-through loss from Program-Related Investmer | nt | -74,81 |
| Form 990, Part XII, Line 2c | | |
| There have been no changes to this process in the | he current | year. |
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| 432212 08-27-14 42 | | ule O (Form 990 or 990-EZ) (2 |
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| SCH | IFD | UIF | R | |
|-----|-----|-----|---|--|

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Bethany House Services, Inc.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|---------------------------------------|--------------------------|--------------|--------------------|--------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling |
| of disregarded entity | · · · · · · · · · · · · · · · · · · · | foreign country) | | | entity |
| or allorgarded entity | | loreigir country) | | | ontry |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | 3) 512(b)(13) rolled ity? |
|---|--------------------------------|--|-------------------------------|--|--|-------|---|
| | | | | 501(c)(3)) | c charity Direct controlling c (if section entity | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

OMB No. 1545-0047

2014 Open to Public Inspection

Employer identification number 31-1101401

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---------------|-----------------|----------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate tions? | amount in box | manag partne | or Percentage ng ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | | Yes | о |
| BETHANY HOMES LIMITED | | | | | | | | | | | |
| PARTNERSHIP - 31-1365263, | | | | | | | | | | | |
| 1841 FAIRMOUNT AVENUE, | RENTAL REAL | | | LOW INCOME | | | | | | | |
| CINCINNATI, OH 45214 | ESTATE | OH | N/A | HOUSING | -39,980. | 0. | | х | N/A | | 99.00% |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i Sec 512(t contr ent | i) tion o)(13) rolled ity? |
|--|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------------|--|
| | | country) | | | | | | Yes | No |
| BETHANY HOMES I, INC 31-1365265 | | | | | | | | | |
| 1841 FAIRMOUNT AVENUE | | | | | | | | | |
| CINCINNATI, OH 45214 | LOW INCOME HOUSING | OH | N/A | C CORP | Ο. | 0. | 100% | | Х |
| | | | | | | | | | |
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Schedule R (Form 990) 2014 Bethany House Services, Inc.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|------------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | 100 | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | 1d | Х | |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | 5 , 5 (, | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1 i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| - | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х |
| I. | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х |
| | Sharing of paid employees with related organization(s) | 10 | | Х |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| - | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |
| | | | | |

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------|-------------------------------------|---|-------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| _(6) | | 15 | | |

Schedule R (Form 990) 2014 Bethany House Services, Inc.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | Are Are partne 501 (org | e) | (f) | (g) | (1 | h) | (i) | (1 |) | (k) |
|------------------------|------------------|-------------------|--|--------------------------------------|------------------|----------|-------------|----------------|-----------------|--|------|------------|--------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne | : all rs sec. | Share of | Share of | Dispr | ropor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | al or Perc | centaç |
| of entity | | (state or foreign | (related, unrelated, | 501(| c)(3) | total | end-of-year | tioi alloca | nate ations? | amount in box 20 | part | er? own | nershi |
| | | country) | sections 512-514) | Yes | No | income | assets | Vac | No | (Form 1065) | Yes | NO | |
| | | - | , | 165 | NU | | | 165 | | , | 165 | | |
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