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DLN: 93493135054147

Form 990

Department of the

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

Return of Organization Exempt From Income Tax

reasury nternal Reve	► Information about Form 990 and its instructions is at <u>wwi</u> nue Service	<u>v IRS gov/foin</u>	<u>n990</u>		Inspection	
A Forthe	2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016					
3 Check if a	oplicable C Name of organization Bethany College		D Employe	ident	ification number	
Address c			55-0356	5985		
Name cha	Doing business as					
Initial reti	ırn	F	Г.Т.Ib			
Final eturn/termina	Number and street (or P O box if mail is not delivered to street address) Room/suited 31 E Campus Dr	<u> </u>	E Telephone	numbe	Г	
Amended	return		(304)82	9-71	03	
Application	pending City or town, state or province, country, and ZIP or foreign postal code BETHANY, WV 260323002		G Gross rece	unte ¢ /	11 075 031	
	F N			<u> </u>		
	F Name and address of principal officer Tamara Nichols Rodenberg	H(a) Is this		turn fo		
	31 E Campus Dr	subora No	linates?		Yes 🗸	
Tax-exem	BETHANY, WV 260323002	H(b) Are all		tes	□Yes □ No	
Tax-exem	pt status	include		lict (c	ee instructions)	
Website	:▶ http://www.bethanywv.edu	H(c) Group		,	· ·	
C Form of ord	anization	L Year of form			ate of legal domicile	
T OILL OIL	anization Corporation Trust Association Other P	-		w∨	, and the second	
Part I	Summary					
	iefly describe the organization's mission or most significant activities					
	ur mission is to provide a liberal arts education for students, including the prepa	ration of profe	ssionals, ii	n an a	tmosphere of study,	
	irk and service					
≧ -						
2 C	heck this box ▶ ☐ if the organization discontinued its operations or disposed of	more than 25	5% of its n	et ass	ets	
	•					
3 N 4 N 5 T 6 T	umber of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$.		. [:	3	30	
4 N	umber of independent voting members of the governing body (Part VI, line 1b)		. [1	29	
5 5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		. !	5	846	
≨ 6 ⊺	otal number of volunteers (estimate if necessary)		. [5	29	
7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		. 7	a	0	
b Ne	et unrelated business taxable income from Form 990-T, line 34		. 7	'b	(
		Prior	Year	T	Current Year	
8	Contributions and grants (Part VIII, line 1h)		3,379,39	6	6,175,381	
<u>9</u> 9	Program service revenue (Part VIII, line 2g)	;	26,245,72	5	26,200,279	
9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,927,20	_	711,225	
2 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		35,023,93	٥	34,336,877	
	12)	-	33,023,93	"	34,330,677	
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	11,620,97	6	11,652,361	
14	Benefits paid to or for members (Part IX, column (A), line 4)				0	
_တ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	;	11,665,32	5	10,992,678	
EXD GUS GS 16a b	Professional fundraising fees (Part IX, column (A), line 11e)				0	
⊕ b						
			14 234 64	3	13,859,730	
					36,504,769	
		-			-2,167,892	
	Revenue 1633 expenses Subtract file 10 from file 12					
) 300 310		Beginning of	Current Yea	ır	End of Year	
9 20 20	Total assets (Part X, line 16)		91,398,63	0	86,003,384	
21 21	Total liabilities (Part X, line 26)	4	43,221,83	9	41,461,438	
22	Net assets or fund balances Subtract line 21 from line 20	- 4	48,176,79	1	44,541,946	
Part II	Signature Block					
17 18 19 0 Soone 20 20 21 22 Part II Under penamy knowled	Total liabilities (Part X, line 26)	Beginning of	91,398,63 43,221,83 48,176,79	4 5 0 0 9 1 1 ments	36,504 -2,167 End of Year 86,003 41,461 44,541	

Sign Here

Here	EILEEN GREAF VP of Finance/ CFO					
	Type or print name and title					
Paid	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature RACHEL SPURLOCK	Date	Check If self-employed	PTIN P00520729	
Preparer	Firm's name ► CROWE HORWAT	Firm's name ► CROWE HORWATH LLP				
Use Only	Firm's address ▶ 9600 Brownsboro Suite 400 Louisville, KY 403	Phone no (502	2) 326-3996			
May the IRS	discuss this return with the prepai	rer shown above? (see instructio	ns)		√Yes No	

Signature of officer

Par	t IV Checklist of Required Schedules			
	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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? If "Yes," complete Schedule D, Part I	6	Yes	
7	'	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for 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		No
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, Pait V 🔰	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11 a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19 20a	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	checking of Required Schedules (Continued)			
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		No
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	Yes	
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	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			N.o.

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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 section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

No

orm 990 (2015)					
aı	t IV Checklist of Required Schedules (continued)				
1	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			
	Did the organization report more than dE 000 of grants or other accustance to or for democitic individuals on Dart			Г	

Νo Νo

Nο

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35b

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Yes

Yes

Nο Νo

Nο Νo Νo

Yes Yes

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if seffedule o contains a response of flote to any line in this	i ai c	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,020			110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did th	L ie organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
٠		g (gambling) winnings to prize winners?	•		1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	846			
.	•	s return			2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a sig					
		a financial account in a foreign country (such as a bank account, securities acc int)?	count	, or other financial	4a		No
b		,					110
_		s," enter the name of the foreign country mathematic between the foreign Bank is tructions for filling requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
	(FBAF		ana	i maneral Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		•			5с		
	organi	the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
b	were r	s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7	-	izations that may receive deductible contributions under section 170(c).					
	servic	e organization receive a payment in excess of \$75 made partly as a contribution in the payor?		· · · ·	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
С		le organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	sines	s holdings at any time			
	_	g the year?	•		8		No
		e sponsoring organization make any taxable distributions under section 49667		• •	9a		No
		ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson ⁷	9b		No
10		on 501(c)(7) organizations. Enter		I			
		tion fees and capital contributions included on Part VIII, line 12	10a 10b				
U	faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	TAN				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın İre	eu of Form 1041?	12a		
b	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	121				
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
-		. , , , , , , , , , , , , , , , , , , ,					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
		L le organization receive any payments for indoor tanning services during the tax		?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		
		, , , , , , , , , , , , , , , , , , , ,		=	_		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 30 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 29 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements?

- Own website Another's website 🔽 Upon request Cother (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

 Elleen Greaf 31 E Campus Dr Bethany, WV 260323002 (304) 829-7103

16b

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 (D), (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, or 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1h Sub-Total		<u> </u>		_		<u></u>			1	
c Total from continuation s	heets to Part VII, S	ection A		•		*		606,514	0	126,938
	sheets to Part VII, S c)	ection A	· ·	se I	ıste	>	e) wl	·	-	12

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(4)	·	· (C)
(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS FOOD SERVICE	FOOD SERVICES	2,311,154
PO BOX 91337 CHICAGO, IL 606931337		
BETHANY Z&A LLC	RENTAL PROPERTY MANAGEMENT	401,156
336 FOURTH AVENUE PITTSBURGH, PA 15222		
Jefferson Investigators & Security Inc	Security	221,733
1439 Sunset Blvd Steubenville, OH 43952		
H E NEUMANN	HVAC SERVICES	213,290
PO BOX 6208 WHEELING, WV 26003		
INDEPENDENT COLLEGE ENTERPRISE	INFORMATION TECHNOLOGY	211,940
2300 MACCORKLE AVE SE		

Yes

No

Form 99								Page 9
Part V	* • • •	Statement o						_
		Check If Sched	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ <u>~</u>	1a	Federated cam	paigns 1a	0				
ant	ь	Membership du	es 1b	0				
Ġ.	С	Fundraising eve	ents 1c	0				
ifts ar /	d	Related organiz	ations 1d	0				
s, G imi	е	Government grants	s (contributions) 1e	763,586				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	5,411,795				
ntrib A Oth	g	Noncash contribution 1a-1f \$	ons included in lines	167,966		İ		
Contand	h	Total. Add lines	s 1a-1f	· · · •	6,175,381			
<u> </u>				Business Code				
۲÷۳	2a	TUITION AND FEES	_	611310	18,326,143	18,326,143		
å.	b	AUXILIARY ENTERF	PRISES	611310	6,989,174	6,989,174		
Program Service Revenue	c d	ATHLETICS		611310	884,962	884,962		
₹	e							
gran	f	All other progra	am service revenue		0	0	0	0
ď	g	Total. Add lines	[s 2a-2f		26,200,279			
	3		ome (including dividence					1 150 010
	4	and other similar	ar amounts) stment of tax-exempt bond p	proceeds •	1,150,840			1,150,840
	5			>	312,811			312,811
		,	(ı) Real	(II) Personal				
	6a	Gross rents	937,181					
	ь	Less rental expenses						
	С	Rental income or (loss)	937,181	0				
	d	Net rental inco	me or (loss)		937,181			937,181
	7a	Gross amount	(ı) Securities	(II) Other				
	74	from sales of assets other than inventory	6,298,539					
	ь	Less cost or other basis and	6,738,154					
	c	sales expenses Gain or (loss)	-439,615	0				
	d		s)		-439,615			-439,615
Other Revenue	8a		luding reported on line 1c)					
her R		See Part IV, lin	а					
ŏ	b c		penses b [loss) from fundraising e	events >				
	9a	Gross income f	rom gaming activities ne 19	·				
	ь	Less direct ex	penses b					
	l		loss) from gaming activ	vities				
	10a	Gross sales of	ınventory, less	•				
		returns and allo	owances . a					
	ь	Less costofa	oods sold b					
	С		(loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	d	All other reven	ue .		0	0	0	0
	e	Total. Add lines	L	•		, and the second		
	12		See Instructions		0			
					34,336,877	26,200,279	0	1,961,217

Part IX Statement of Functional Expenses

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

	Г				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	11,652,361	11,652,361		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	474,276	119,397	236,142	118,737
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	8,176,754	5,491,541	2,302,539	382,674
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	392,740	259,153	103,331	30,256
9	Other employee benefits	1,376,078	873,226	415,034	87,818
10	Payroll taxes				
		572,830	386,742	152,376	33,712
11	Fees for services (non-employees)				
a	Management	287,946	30,600	233,096	24,250
Ь	Legal	103,579	0	103,579	0
C	Accounting	102,875	0	102,875	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	H -		100 630	0
f -	Investment management fees	188,638		188,638	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	307,756	0	307,756	0
12	Advertising and promotion	63,994	38,951	2,539	22,504
13	Office expenses	1,669,821	1,188,386	403,990	77,445
14	Information technology	652,423	437,123	182,678	32,622
15	Royalties	3,604	3,604	0	0
16	Occupancy	3,613,341	2,313,358	1,111,580	188,403
17	Travel	390,336	335,980	27,634	26,722
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	2,172,851	0	2,172,851	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,263,017	618,878	580,988	63,151
23 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 Schodulo (A)	326,379	254,576	39,166	32,637
а	Schedule 0) FOOD COSTS	1,938,870	1,900,524	38,346	0
a b	SPECIAL ACTIVITIES	496,969	457,227	39,742	0
c	Dues	132,600	22,391	110,209	0
d	Equine Operations	144,731	144,731	110,203	
e	All other expenses	144,731	144,731	0	0
25	Total functional expenses. Add lines 1 through 24e	36,504,769	26,528,749	8,855,089	1,120,931
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	30,304,703	20,320,743	0,033,009	1,120,731

924 0 2,611,181

1,559,095

3,897,660

21,546

324,404

33,409,928

34,348,971

5,001,324

2,324,351

86,003,384

2,937,585

4,317,251

24,201,872

7,510,225

2,494,505

41,461,438

512,507

5,266,792

38,762,647

44,541,946

86,003,384 Form 990 (2015)

Part X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part \boldsymbol{X}						

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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 employees' beneficiary organizations (see instructions) Complete Part

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10a

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33

iabilities.

Net Assets or Fund Balances

Pledges and grants receivable, net .

Accounts receivable, net . .

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

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

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

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Grants payable

Deferred revenue .

Less accumulated depreciation .

Other assets See Part IV, line 11

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Accounts payable and accrued expenses

Schedule L .

II of Schedule L

Form 990 (2	2015)			Page 1
Part X	Balance Sheet			
	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	3,179,911	1	2,504,9
2	Savings and temporary cash investments	0	2	

10a

10b

11

1,256,223

2,042,121

3,266,229

23,382

339,595

34,328,330

37, 375, 546

5,275,210

4,312,083

91,398,630

3,232,352

4,255,451

24,440,062

7,307,712

3,049,081

43,221,839

3,104,662

6,745,306

38,326,823

48, 176, 791

91,398,630

937,181

0 14

76,592,889

43,182,961

3

4

5

7

9

10c

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16

17

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34

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

	eneck if Senedale of Contains a response of note to all	, .	1110	 CIIIJ	, , ,
	Total revenue (must equal Part VIII, column (A), line 12) .				
<u>:</u>	Total expenses (must equal Part IX, column (A), line 25) .				

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1 (A), line 25) 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

36,504,769 -2,167,892 4 48,176,791 5 -1,291,890

6

7

8

9

10

Page **12**

34,336,877

-175,063

No

Νo

44,541,946

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 55-0356985

Name: Bethany College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations	
Tamara Nichols Rodenberg	55 0	×		Х				0	0	0	
President (Starting 1/1/2016)		,							J. Control of the con		
Gregory Jordan	5 0	×		X				0	0	0	
Chair of the Board of Trustees		,,							, and the second		
Robert McCann	3 0	l x		X				0	0	0	
Vice Chair of the Board of Trustees		,							, and the second		
John Mullen	3 0	×		x				0	0	0	
Treasurer		,		Ĺ.					Ū		
Janet Long	1 0	×		X				0	0	0	
Secretary		,		^					J		
Joyce Jefferson	1 0	×						0	0	0	
Trustee		,							J		
Linda Lewis	1 0	×						0	0	0	
Trustee		^						0	· ·		
Asa Johnson	1 0	×						0	0	0	
Trustee		^						0	0	ŭ	
George Bado	1 0	×						0	0	0	
Trustee		^						0	0	U	
Fred Harris	1 0							_	0	0	
Trustee		×						0		U	
	•			•	-	-		-	•		

								Officers, Dir ndent Contra		ees, Key Em _l	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	and related organizations	
G Daniel Martich Trustee	1 0	х						0	0	C	
Gary Novak Trustee	1 0	×						0	0	C	
Edward See Trustee	1 0	Х						0	0	C	
Scarlett Foster Trustee	1 0	х						0	0	C	
Sylvan Holzer Trustee	1 0	Х						0	0	C	
W Darwin Collins	1 0	x						0	0	C	
Jhamal Robinson Trustee	1 0	х						0	0	C	
Robert Nutting Trustee	1 0	Х						0	0	C	
Richard Clancy Trustee	1 0	Х						0	0	C	
G Ogden Nutting	1 0	Х						0	0	o d	

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Key er elizator Highest compensat Individual trustee below Institutional Trustee and related dotted line) organizations employee Flizabeth 10 Athol Χ 0 0 Trustee James 10 Companion Х C Trustee William 10 Strickland Х 0 0 Trustee 10 Arthur Kevs Χ 0 0 0 Trustee Marc Chernenko Х C Trustee Thaddeus 10 Allen Х 0 Trustee 1 0 Douglas Goin Х 0 0 0 Trustee G William 10 Newton Х 0 0 Trustee Lewis 10 Wheeler Х 0 0 Trustee Gavle 10 Connelly Manchin Х

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Em Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Reportable Reportable Estimated Name Average and more than one box, amount of hours per compensation compensation Title week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Former OF CHESTS TO Officer Highest compensated Individual trustee xey employee emploves below Institutional and related dotted line) organizations Trustee Sven de 50.0 Jong 18,05 Х 126,866 Senior Vice President Eileen Greaf 50.0 19,019 Х 126,951 VP of Finance/

Х

117,912

234,785

46,139

43,729

CFO Katrına D'Aguin

VP of Academic Affairs Scott D

Miller

Former President 50.0

0.0

Х

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Open to Public Inspection

DLN: 93493135054147 OMB No 1545-004

Employer identification number

55-0356985

Treasury Internal Revenue Service Name of the organization

SCHEDULE A

(Form 990 or

990EZ)

Department of the

Bethany College

✓

Part I

1

2

3

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and 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, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Cat No 11285F Schedule A (Form 990 or 990-EZ) 2015

Part II

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.)

Section A. Public Su	pport
----------------------	-------

through 10

12

)	ection A. Fublic Support						
/0:	Calendar year fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
1	membership fees received (Do	2,674,498	2,494,172	3,185,329	3,379,396	6,175,381	17,908,776
	not include any unusual grants)	2,074,430	2,454,172	3,103,323	3,373,330	0,173,301	17,300,770
2	Tax revenues levied for the						
	organization's benefit and either						0
	paid to or expended on its behalf						· ·
3	The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without						0
	charge						
4	Total. Add lines 1 through 3	2,674,498	2,494,172	3,185,329	3,379,396	6,175,381	17,908,776
5	The portion of total contributions		-,,	-,,	-,,	5,2.5,552	2.72227
9	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1,011,793
	on line 1 that exceeds 2% of the						_,,
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						16,896,983
S	ection B. Total Support					l	
	Calendar year						
(0)	fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	2,674,498	2,494,172	3,185,329	3,379,396	6,175,381	17,908,776
8	Gross income from interest,		, ,				
	dividends, payments received on						
	securities loans, rents, royalties	1,780,449	2,756,797	2,778,511	4,494,578	2,134,954	13,945,289
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly	0	0	0	0	0	0
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part	0	0	0	0	0	0
1	VI)						
11	Total support. Add lines 7						24.054.065
	through 10						31,854,065

Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	53 04 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	47 56 %

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	47 56 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more	, check this box
	and stop here. The organization qualifies as a publicly supported organization		►▽

and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2014.**If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

129.600.130

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, 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						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	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						
c	Net income from unrelated						
11	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,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
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	1		
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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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 .	6		
7	Did the organization provide a grant, loan, 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)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9b		
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 .	9 c		
0a	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	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how 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	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **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 Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

Return Reference	Explanation
_ , , , , _ , , , , , , , , , , , , , ,	

Return Reference Explanation

Schedule A, Part I, Line 11h(v) PART II HAS BEEN COMPLETED TO DEMONSTRATE THE COLLEGE MEETS THE PUBLIC SUPPORT TEST

SUPPORT TEST AND THEREFORE QUALIFIES TO USE THE SPECIAL RULE IN REPORTING ON SCHEDULE B

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493135054147

Inspection

Schedule D (Form 990) 2015

Cat No 52283D

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Bethany College 55-0356985 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 3 Aggregate value of contributions to (during 0 0 Aggregate value of grants from (during year) 0 0 Aggregate value at end of year 1,675,779 565,081 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? √ Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	1111	Organizations Maintaining (continued)	Collections of A	Art, Histo	rical	Treasur	es, or Ot	her Similar As	sets
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other red	cords, chec	k any	of the follo	wing that ar	e a significant use	of its
а	✓	Public exhibition		d	L ro	oan or exch	ange progr	ams	
b	~	Scholarly research		e	Г о	ther			
c	✓	Preservation for future generations							
4	Provi Part >	de a description of the organization KIII	's collections and ex	plaın how t	hey fur	ther the or	ganızatıon's	exempt purpose i	n
5		g the year, did the organization sol							
Par	asset t IV	s to be sold to raise funds rather the Escrow and Custodial Arra		as part of t	he org	anization's	collection?	Yes	✓ No
		Complete if the organization Part X, line 21.	answered "Yes" or						on Form 990,
1 a		e organization an agent, trustee, cu ded on Form 990 , Part X?	stodian or other intei	rmediary fo	rcontr	ributions or	other asse	ts not Yes	∏ No
b	If"	'Yes," explain the arrangement in P	art XIII and complet	te the follow	wing ta	ble		A mo	unt
c	Ве	ginning balance					1c		
d	A d	ditions during the year					1d		
е	Dıs	tributions during the year					1e		
f		ding balance					1f		
2a	Did th	ne organization include an amount o	on Form 990, Part X,	line 21, for	escro	w or custoo	dial accoun	t liability? Yes	☐ No
b	If"Ye	es," explain the arrangement in Par	XIII Check here if	the explan	ation h	as heen nro	ovided in Pa	art XIII	
Pa	rt V	Endowment Funds. Comple							
		·	(a)Current year	(b) Prior y	ear	b (c) Two y	ears back (Three years back	(e)Four years back
1 a	Begin	ining of year balance	46,724,838		334,976	4.	5,055,336	42,115,716	43,954,174
b	Contr	ributions	1,241,750	:	151,378		972,337	634,584	273,844
c	Net ir losse	nvestment earnings, gains, and s	-450,714	!	526,260		5,330,963	3,878,031	-552,350
d		s or scholarships	1,238,121	8	370,154		681,272	593,726	597,238
e	Othe	· · · · · · · · · · · · · · · · · · ·	3,693,008	2,9	917,622		842,388	979,269	962,714
f	• A dmi	nistrative expenses			0		0	0	0
g		of year balance	42,584,745	46,7	724,838	4	9,834,976	45,055,336	42,115,716
2	Provi	de the estimated percentage of the	current year end bal	ance (line	1g, col	umn (a)) he	eld as		
а	Board	l designated or quasi-endowment 🕨	. 28%						
b	Perm	anent endowment ▶ 845%							
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	12 7 % should equal 100%						
3а	organ	nere endowment funds not in the po lization by	ssession of the orga	nization tha	at are I	neld and ad	mınıstered		Yes No
	• •	related organizations						3a(3a(-
b		es" on 3a(II), are the related organiz		ııred on Sc	hedule	R?		3t	-
4	Desc	ribe in Part XIII the intended uses		endowmen	t funds	i			
Par	t VI	Land, Buildings, and Equip	oment.	Earm 000	. Dort	TV line 1	12 Coo E	orm 000 Bart V	line 10
		Complete if the organization Description of property	answered tes to	Cost	(a) or other	basıs Cost	(b) or other basis	Accumulated	(d)Book value
12	Land			(In	vestmer	nt)	(other) 5,580,316		5,580,316
	Buildin			•			61,266,900		26,023,176
c	 Leasel	nold improvements					,250,500	33,213,724	25,323,170
		nent					8,153,498	6,416,070	1,737,428
e	Other								
Tota	I. A dd	Ines 1a through 1e (Column (d) mu	st equal Form 990. Pai	rt X, column	(B). In	ne 10(c))	1,592,175		69,008 33,409,928
			,	, cc. ann	1-// 111	(- / /			1 33,103,320

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the orgai	nization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther (A) Pooled income funds		3,571,324	F
(B) Coal reserves		1,430,000	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	5,001,324	
Part VIII Investments—Program Related. Complete if the organization answered 'Y	Yes' on Form 990), Part IV, line 11c. _{See}	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization a (a) Descript		Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answere	d 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	<u> </u>	
Federal income taxes		_	
O bligations under split interest agreements	1,276,		
Accrued Postretirement Benefit	1,218,		
OTHER CAPITAL LEASE AND DEBT OBLIGATIONS		0	
Total (Column (h) must equal Form 000, Part V cal (0) Inc. 25.)	2 40 4	5.0.5	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FIN		note to the organization's	
XIII	-0 (M3C /4U) C	icek nere ii ule text oi the	Toothote has been provided in Part

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per ketu	rn
L	Total revenue, gains, and other support per audited financial statements	1	21,217,563
<u> </u>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,291,890		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-1,291,890
3	Subtract line 2e from line 1	3	22,509,453
ŀ	A mounts 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 11,827,424		
c	A dd lines 4a and 4b	4c	11,827,42
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	34,336,87
ari	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
	Total expenses and losses per audited financial statements	1	24,852,408
	I otal expenses and losses per audited financial statements	1	24,852,408
		1	24,852,408
a	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	24,852,40
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	24,852,40
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	24,852,40
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1 	24,852,408
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		24,852,408 (24,852,408
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	(
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	(
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	

reflected in the financial statements

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

Return Reference Explanation Schedule D, Part III, Line 4 Collections of art - description of

The exempt purpose of the collections is the advancement of education. The College's collections include paintings, prints, photographs, sculptures, drawings and watercolors, and decorative arts collections These items are held for educational, research, scientific, and curatorial purposes. Each of the items are cataloged, preserved and cared for, and activities verifying their existence and assessing their condition are performed continously Purchases of collection items are recorded as operating expenditures in the year in which the items are acquired. Contributed collection items are not

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SCHEDULE E

As Filed Data -

DLN: 93493135054147

OMB No 1545-0047

2015

Open to Public Inspection

Schools

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** Bethany College 55-0356985 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

Return Reference Explanation Schedule E. Part I. Line 3 RACIALLY

Schedule E (Form 990 or 990EZ) (2015)

Bethany College admits students of any race, color, sex, gender, religion, sexual orientations,

NONDISCRIMINATORY POLICY disability, veteran status and national or ethnic origin to all the rights, privileges, programs and activities generally afforded or made available to students. The college includes the non-discrimination policy in printed and web-based recruitment and registration materials

Schedule E. Part I. Line 6(a)

Assistance consists of student financial assistance received from the Department of Education, Pell.

FINANCIAL AID OR ASSISTANCE SEOG and College Work Study The College's right to such aid has never been revoked or suspended

FROM A GOVERNMENT

efile GRAPHIC print - DC	NOT PROCESS	As Filed Dat	ta -	DLN	DLN: 93493135054147		
SCHEDULE F (Form 990)	Statement of	Activities C	Outside the Unit	ed States	OMB No 1545-0047		
(i. c.i.ii. c.c.)	► Complete	if the organization	990,	2015			
		· ·	14b, 15, or 16. o Form 990.				
Department of the Treasury Internal Revenue Service ► Inf	formation about Schedu	ile F (Form 990) a	nd its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection		
Name of the organization Bethany College				Employer ide	ntification number		
				55-0356985	i		
			ne United States. orm 990, Part IV, line	14b.			
1 For grantmakers. Does	•			_			
and other assistance, t	_	lity for the gran	nts or assistance, and	the selection criteria			
used to award the gran	ts or assistance?				☐ Yes ☐ No		
2 For grantmakers. Desc assistance outside the		rganızatıon's pı	rocedures for monitori	ng the use of its gra	nts and other		
3 Activites per Region (The	e following Part I, line	3 table can be du	uplicated if additional spa	ace is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region			
(1) Central America and the Caribbean	0		Investments		3,571,324		
(2)							
(3)							
(4)							
(5)							
	0	0			3,571,324		
b Total from continuation sh to Part I	heets 0	0			0		
c Totals (add lines 3a and 3		ı			3,571,324		
For Paperwork Reduction Act Notic	ce, see the Instructions	for Form 990.	Cat	No 50082W Sche	edule F (Form 990) 2015		

Schedule F (Form 990) 2015

	applicable)		disparsement	assistance	assistance	appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page 3
	ther Assistance duplicated if addit			:ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						1	
(2)				1			
(3)							
(4)						<u></u>	
(5)							
(6)				1			
(7)				,			
(8)							
(9)							
(10)							
(11)						1	1

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

4 Yes No

5 Did the organization have any operations in or related to any boycotting countries during the tax year? If

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If
"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form
5713, do not file with Form 990)

Yes ✓ No

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 55-0356985

Name: Bethany College

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization Bethany College

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493135054147

2015

Open to Public Inspection

Employer identification number

55-0356985

Part I G	eneral Information	on Grants and	Assistance					
the selec	e organization maintain re ction criteria used to awa e in Part IV the organizat	ard the grants or as:	sistance?				tance, and	✓ Yes No
	rants and Other Assistant t received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
orgai	and address of nization vernment	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	al number of section 50:	. , , ,	-				· • _	
	al number of other organ							
or Paperwork F	Reduction Act Notice, see t	the Instructions for I	orm 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Schedule I (Form 990) 2015

(1) STUDENT SCHOLARSHIPS AND AWARDS	661	11,652,361		

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

Return Reference Explanation Students receiving scholarships and grants from Bethany College are monitored to ensure that they meet the academic requirements or other criteria Schedule I, Part I, Line 2

Procedures for monitoring use of associated with the respective designation of the award grant funds

Page **2**

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Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

DLN: 93493135054147 OMB No 1545-0047

2015

Open to Public Inspection

	rreasury		LINS DE	સભા
	Internal Revenue Service			
	Name of the organiz	ation Employer identificat	ion nun	nber
	Bethany College			
		55-0356985		
	Part I Questi	ons Regarding Compensation		
,	•			Yes

				55-0356985			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
1 a		ck the appropiate box(es) if the organization provide , Part VII, Section A , line 1a Complete Part III to p					
		First-class or charter travel	~	Housing allowance or residence for personal use			
	~	Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	✓	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the organi bursement or provision of all of the expenses descri			1b	Yes	
2		the organization require substantiation prior to reiml ctors, trustees, officers, including the CEO/Executiv			2	Yes	
3	orga	cate which, if any, of the following the filing organizat inization's CEO/Executive Director Check all that a d by a related organization to establish compensatio	pply	Do not check any boxes for methods			
	✓	Compensation committee	Г	Written employment contract			
		Independent compensation consultant	✓	Compensation survey or study			
	✓	Form 990 of other organizations	√	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part related organization	t VII	I, Section A, line 1a with respect to the filing organization	ו		
а	Rec	eive a severance payment or change-of-control payi	ment	t?	4a		Νo
b	Part	icipate in, or receive payment from, a supplemental	nond	qualified retirement plan?	4b		Νo
c	Part	ricipate in, or receive payment from, an equity-based	con	mpensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and provid	e the	e applicable amounts for each item in Part III			
	Only	, 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s mu	st complete lines 5-9.			
5	For	persons listed on Form 990, Part VII, Section A, line pensation contingent on the revenues of		·			
а	The	organization?			5a		Νo
b	Any	related organization?			5b		No
	If"Y	es," on line 5a or 5b, describe in Part III					
6		persons listed on Form 990, Part VII, Section A, line pensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The	organization?			6a		Νo
b	Any	related organization?			6b		Νo
	If"Y	es," on line 6a or 6b, describe in Part III					
7		persons listed on Form 990, Part VII, Section A, line ments not described in lines 5 and 6? If "Yes," desc		, ,	7		No
8	subj	e any amounts reported on Form 990, Part VII, paid ect to the initial contract exception described in Req art III		·	8		Νo

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	` ' '	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other reportable compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
Katrına D'Aquın VP of Academic Affairs	(i)	117,912	0	0	9,164	36,975	164,051	0	
	(ii)	0	0	0	0	0	0	0	

17,522

26,207

2 Scott D Miller

Former President

234.785

0 Schedule J (Form 990) 2015

278.514

Discretionary spending account

social club dues or initiation fees

these are considered to be nontaxable

Schedule J (Form 990) 2015

The President and the VP receive housing provided by the organization. Housing is considered nontaxable pursuant to IRS Section 119 because residing on-campus is a required condition of employment

The social club membership is provided for business purpose use. The President reimburses the College for any and all incidental personal use. As such,

Page 3

Schedule J (Form 990) 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DLN: 93493135054147 OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization

(Form 990)

Bethany College

Department of the Treasury

Employer identification number

55-0356985 Part I **Bond Issues** (c) CUSIP # (g) Defeased (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No The County Commission of 55-6000302 112512AC0 07-01-2011 24,631,200 Refinancing and Capital Х Х **Brooke County** Improvements **Proceeds** Part II С D 172,000 2 Total proceeds of issue 3 24,765,000 2,463,120 6 Issuance costs from proceeds 439,811 8 0 9 Ω 10 292,069 11 21,570,000 12 13 2013 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Has the final allocation of proceeds been made? Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х

Are there any lease arrangements that may result in private business use of bond-

				۹.	!	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to of bond-financed property?	ousiness use		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final									
prope										
С	Are there any research agreements that may result in private business use financed property?	of bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government			0 %		•		•		•
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	rsection		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			X						
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		×							
Par	t IV Arbitrage									
		A			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х							
2	If "No" to line 1, did the following apply?		•		•		•		•	
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x						
7	Has the organization established written procedures to monitor the requirements of section 148?	×							
Pai	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure								

Х and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

that violations of federal tax requirements are timely identified

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493135054147

OMB No 1545-0047

2015

Open to Public

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

Nam	e of the organization ny College				Employer identificat	ion nu	mber	
					55-0356985			
Pa	rt I Types of Property		Т	Г				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	- etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		883	Market value			
5	Clothing and household goods	Х		4,198	Market value			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	1,094	68,904	Market value			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other ► (X	21	21,206	Market value			
	l/Beverage)			67.00				
Hors	Other►(ses/Equine Items)	X	3		Market value			
	Other ► (tion Donations)	X	9	5,775	Market value			
	Other • (
	Number of Forms 8283 received	by the orga	I Anization during the tay yea	r for contributions	1 1			
	for which the organization comple				29			(
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	3 1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part i	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not repor	t an amount	in column (c) for a type of	property for which column	(a) is checked,			

describe in Part II

Schedule M (Form 990) (2015)

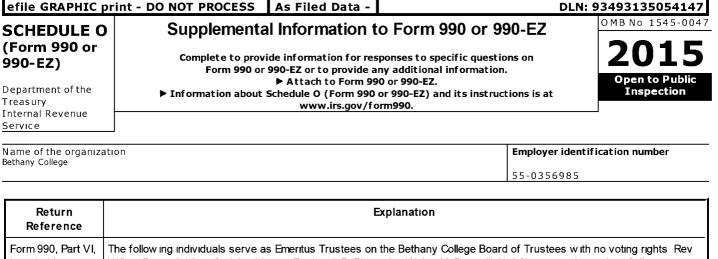
Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

Schedule M. Part I Explanations of Books and publications - 2 contributions received Clothing and household goods - 3 contributions reporting method for number of received Other - Food/Beverage 21 contributions received Other - Horses/Equine Items 3

contributions contributions received Securities - Publicly traded - 1,094 of shares received Other - Auction Donations 9 contributions received



Line 1a Voting William Burw ell Allen, O. John Alpizar, Frederick D. Bloemeke, Walter M. Bortz, III, Neil Christman, James Lee Collins, Douglas Danforth, George M Davis, Robert W Ewing, Jr., Rodney B Hurl, Thomas P Johnson, Jr. Harry Martens, Eugene Rights Miller Robert Ponton, Ann, C Preston, John W Renner, William S Ryan, Robert A Sandercox, and Harold R Watkins

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	Per the Bylaw s, Section 2 At its annual meeting the board shall elect a COMMITTEE OF NOT LESS THAN 7 NOR MORE THAN 11 TRUSTEES, THE EXACT NUMBER TO BE DETERMINED BY THE BOARD, BUT TO INCLUDE THE CHAIRMAN OF THE BOARD, TO SERVE AS AN EXECUTIVE COMMITTEE UNTIL THE NEXT ANNUAL MEETING OF THE BOARD AND UNTIL THEIR SUCCESSORS ARE CHOSEN THE PRESIDENT OF THE COLLEGE SHALL BE AN EX-OFFICIO MEMBER OF THE COMMITTEE WITHOUT A VOTE A MAJORITY SHALL CONSTITUTE A QUORUM THE COMMITTEE SHALL ELECT ONE OF ITS MEMBERS AS CHAIRMAN AND SHALL ELECT OR APPOINT A SECRETARY THE COMMITTEE SHALL MEET ON TEH SECOND SATURDAY IN MARCH AND IMMEDIATELY BEFORE EACH REGULAR MEETING OF THE BOARD AND AT OTHER TIMES ON THE CALL OF EITHER THE PRESIDENT OF THE COLLEGE OR THE CHAIRMAN OF THE COMMITTEE THE AUTHORITY OF THE BOARD OF TRUSTEES IS HEREBY DELEGATED TO SAID EXECUTIVE COMMITTEE, EXCEPT AS OTHERWISE PROVIDED IN THE CHARTER OR IN THE BY LAWS, TO TRANSACT ALL BUSINESS RELATING TO THE COLLEGE AT ALL TIMES WHEN THE BOARD AT ITS NEXT MEETING

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	G NUTTING AND R NUTTING - Family relationship

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of	The Form 990 is reviewed in depth by the principal officers and accounting staff of the institution. It
form 990 by governing body	is also shared with all members of the governing body for review prior to filing

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Pursuant to Article IX of the By-Law's of the Board of Trustees of Bethany College, all board members are officers of Bethany College, as well as the Assistant Secretary of the Board are given a Conflict of Interest Disclosure Survey which they must submit at the annual meeting of the Board of Trustees (usually in May). The responses are monitored by the Assistant Secretary to the Board of Trustees. A list of potential conflicts is reported to the President of the College who in turn submits the report to the Officers of the Board and the College's external auditing firm for review. Trustees with conflict of interest abstain from voting.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The President is evaluated in an Executive Session, at the annual meeting of the Board of Trustees, according to written objectives, specific and general, developed by consultation between the President and the Board Chair and presented to and approved by the Board before the outset of each academic year. The President reports on these goals at each Board meeting. The President is also formally evaluated by the Board at least every four years or at any time deemed desirable by the Board. The evaluation is conducted by an outside evaluator who is appointed by the Board with the approval of the President. The Executive Committee serves as the President's Compensation Committee, and based on the annual evaluation, meets in Executive Session to review the President's compensation package. The President's duties, terms of employment, and compensation are committed to a ten (10) page "Employment Agreement" (contract). The first nine (9) pages of the contract contain specific duties and terms. A one (1) page appendix is updated each year with salary and any special conditions. A supplemental letter outlines reimbursement for spousal accommodation expense(s). The contract mirrors the President's contract at his prior institution (President, Wesley College, 1997-2007). That contract was developed by an independent higher education consulting firm and with the assistance of independent legal counsel. An updated Bethany College version was drafted by the Chair of the Board and the College's General Counsel and approved by the President of the College as well as the Executive Committee of the Board of Trustees. Annual compensation was set at a small percentage increase over his prior contract at Wesley. The full Board ratified duties, terms and compensation. Per the contract, "The Employee's (President) base salary for subsequent years will be reviewed and established annually, on or before March 31 of each calendar year, the the Executive Committee of the Board of Trustees and, if adjusted, will be adjusted effective July

Return Reference	Explanation
Form 990, Part VI, Line	The College uses comparable compensation data (CUPA, NAICU, NACUBO, etc) to determine the appropriate level
15b Process to establish	of compensation for its key employees, taking experience, education, and specialization into consideration. The
compensation of other	information is reviewed for compensation by the Chair of the Board of Trustees for Bethany College and a small
employees	executive committee (Comprised of board members) They look at national presidential compensation reports such
	as Yaffe This process is undertaken annually and is documented via email communications

Return Reference	Explanation
Form 990, Part VI, Line 19 Required	Conflict of interest and governing documents are made available through the College's website
documents available to the public	Financial statements are available upon request in the office of the College President

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT117048, CHANGE IN VALUE OF
assets or fund balances	BENEFICIAL INTEREST TRUSTS58015,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related O

Related Organizations and Unrelated Partnerships

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

2015

DLN: 93493135054147OMB No 1545-0047

ZULS
Open to Public

Open to Public Inspection

Employer identification number

55-0356985

Department of the Treasury
Internal Revenue Service
Name of the organization

Bethany College

(Form 990)

► Attach to Form 990.

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

(a)	(b)	(c)	(d)	(e)	D	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		controlling entity		
III Identification of Related Tax-Exempt Organizer or more related tax-exempt organizations during the state of the state	zations Complete if the tax vear.	he organization an	swered "Yes"	on Form 990, Pa	irt IV, line	34 because it	had one	e
(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)		(6)	((g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	Public charity ((if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	ontroll
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code se	ction Public charity	status (c)(3))	Direct controlling	Section (13) co ent	ontroll tity?

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
				514)			Yes	No	1	Yes	No	
							1.05		-			
										$oxed{oxed}$		
							ļ			igspace		
Part IV Identification of Related Organizations Taxable a	s a Cornor	ation	or Trust C	omplete if th	0 0r020172	tion anci	warad	"Voc"	on Form 9	an c	Dart 1	TV line

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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	(b) (c) Primary activity Legal domicile (state or foreign country)		(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	Section (b)(i contro	13) olled ty?
								Yes	No
CHARITABLE REMAINDER (1)TRUSTS (4)	INVESTMENTS	PA	NA	Trust				Yes	
(2)CHARITABLE TRUSTS (4)	INVESTMENTS	PA	NA	Trust				Yes	

chedule k (Form 990) 2015					Рад	ge 3			
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. 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 orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1 b		No			
c Gift, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				1 p		No			
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1 q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1 s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				s					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved				

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		organizations?		501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets			(h) Disproprtionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 I					
													<u>. </u>				

