Check if Schedule C contains a response or note to any line in this Part III  I Sently describe the organization is mission  LOW INCOME HOUSING  Proferors 90 or 900-127  Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-127  The response of the sea new services on Schedule O  Did the organization case conductory, or make significant changes in how it conducts, any program services conductory, or make significant changes in how it conducts, any program services conductory, or make significant changes in how it conducts, any program services conductory, or make significant changes in how it conducts, any program services or in the conductors or program service score in the conductors of grants and allocations to others, the total organizations program service accomplianments for each of its three largest program services, as measured by expenses Scotion 501(c(s)) and 501(c(s) organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to report the amount of grants and allocations to others, the total organizations are required to rep	orm 990 (2016)	BETHANY PLACE, II	NC. 73	-0952619	Page 2
LOW INCOME HOUSING  2. Det the organization undefake any significant program services during the year which were not listed on the prior form 990 or 990-E27  1. Yes, "describe these new services on Schedule O  2. Det the organization classe conducting, or make significant changes in how it conducts, any program service across conducting, or make significant changes in how it conducts, any program service accompliable of the organization services of the stress of the services of the service		_		s Part III	
2. Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E2?  If "tes," describe these news services on Schedule O Dot the organization cesse conducting, or make significant changes in how it conducts, any program services as measured by services?  If "ves," describe these changes on Schedule O Describe the organization's program service accomplishments for each of ris three largest program services, as measured by sexpenses Section 501(c)(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  Is (Code ) (Expenses \$ 262,755 including grants of \$ ) (Revenue \$ 310,274 (MID), 301 NOW APTER THE PASSING OP HUD TIME RESTRICTIONS, IS OPERATED FOR THE REGULATIONS OF THE U.S. DEPARTMENT OF HOUSING AND URRAIN DEVELOPEMENT (HID), 301 NOW APTER THE PASSING OP HUD TIME RESTRICTIONS, IS OPERATED FOR THE BENEFIT OF LOW INCOME TENANTS ON AN INDEPENDENT BASIS.  Is (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Id Other program services (Describe in Schedulle O) (Expenses \$ including grants of \$ ) (Revenue \$ )			s a response of note to any line in th	s rait iii	
prior From 990 or 990-EZ?    Yes   N     Y	LOW INC	OME HOUSING			
If "Yes," describe these new services on Schedule O  De the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, grants of \$  1 (Revenue \$  1 (Code ) (Expenses \$  1 (Revenue \$  1 (Code ) (Expenses \$  1 (Code ) (Expenses \$  1 (Revenue \$  1 (Code ) (Expenses \$  1 (Code ) (C	_	• •	program services during the year which were	not listed on the	
services?    Yes   N     Yes   Gescribe these changes on Schedule O     Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. The total expenses, and revenue, if any, for each organizations are required to report the amount of grants and allocations to others. The total expenses, and revenue if any, for each organizations are required to report the amount of grants and allocations to others. The total expenses \$ 262,755 including grants of \$ ) (Revenue \$ 310,274 LOW INCOME HOUSING ON A LEASE/RENTAL BASIS. PROPERTY WAS FORMERLY UNDER THE REGULATIONS OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPEMENT (HUD), BUT NOW AFTER THE PASSING OF HUD TIME RESTRICTIONS, IS OPERATED FOR THE BENEFIT OF LOW INCOME TENANTS ON AN INDEPENDENT BASIS.    Including grants of \$ ) (Revenue \$ ) (Revenue \$ )	If "Yes," des	scribe these new services on Sche			Yes X No
Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  In (Code	services?	_		program	Yes X No
LOW INCOME HOUSING ON A LEASE/RENTAL BASIS. PROPERTY WAS FORMERLY UNDER THE REGULATIONS OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPEMENT (HUD), BUT NOW AFTER THE PASSING OF HUD TIME RESTRICTIONS, IS OPERATED FOR THE BENEFIT OF LOW INCOME TENANTS ON AN INDEPENDENT BASIS.  By (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Id (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Id Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	Describe the expenses S	e organization's program service a Section 501(c)(3) and 501(c)(4) org	ccomplishments for each of its three largest parallels and an are required to report the amount	-	
ic (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  id Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	THE REG (HUD),	OME HOUSING ON A ULATIONS OF THE U BUT NOW AFTER THE	LEASE/RENTAL BASIS. I S.S. DEPARTMENT OF HOUSE PASSING OF HUD TIME I	PROPERTY WAS FORMERL SING AND URBAN DEVEL RESTRICTIONS, IS OPE	OPEMENT
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Form 990 (2016) BETHANY PLACE, INC.

Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contibutors (see instructions)?	_2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_ [		4,5
_	candidates for public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	İ		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,	İ	ļ	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		(	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	j		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		l
	complete Schedule D, Part III	_ 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ì		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	Į.		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	i		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	l	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X_	
b	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	_11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e	X	
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	11f	' ·	X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
5	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		X
6	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		х
7	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		x
8	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		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Ves " complete Schedule G. Part III	19		Х

<u>Forn</u>	1 990 (2016) BETHANY PLACE, INC. 73-0952619			P	age <b>4</b>
_P:	art IV Checklist of Required Schedules (continued)				
20-	Did the executation accepts and as many bounded facilities 2 /f #V/ " acceptate Cabadida II		-	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•	20b	<del> </del> -	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				-
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	1	x
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			1	1
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_	<del></del> -
	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
•	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b_		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II		26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		!		
	Schedule L, Part IV		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		} }		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ı	7>
	Part I	•	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				v
22	complete Schedule N, Part II		32	Ь	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		33		
J-	or IV. and Part V. line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		- 55a		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	•			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\vdash$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11h and	• •			

19? Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a **1**b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources 115 against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

orm	990 (2016) BETHANY PLACE, INC. 7	3-0952619			P	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" res	ponse to lines 2 throu	gh 7b below, and	for a '	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, pro					ıs.
	Check if Schedule O contains a response or note to any line in this Pa	rt VI	·			X
ec	tion A. Governing Body and Management					
		·			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year		1a			
	If there are material differences in voting rights among members of the governing body, of	r				
	if the governing body delegated broad authority to an executive committee or similar		}			
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent		1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	s relationship with				
	any other officer, director, trustee, or key employee?	·		2	Ì	X
3	Did the organization delegate control over management duties customarily performed by	or under the direct				
-	supervision of officers, directors, or trustees, or key employees to a management compa			3	1	X
4	Did the organization make any significant changes to its governing documents since the	•	?	4		X
5	Did the organization become aware during the year of a significant diversion of the organ			5		X
5	Did the organization have members or stockholders?			6	$\neg \uparrow$	X
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint		Ť		
	one or more members of the governing body?	oloci or appoint		7a	- 1	X
h	Are any governance decisions of the organization reserved to (or subject to approval by)	memhers		<u> </u>		_=
	stockholders, or persons other than the governing body?			7b		x
В	Did the organization contemporaneously document the meetings held or written actions u	ndertaken during the ve	ar by the following	, <u>, , , , , , , , , , , , , , , , , , </u>		
	The governing body?	ndertaken dannig the ye	ar by the following	8a	x	
a	Each committee with authority to act on behalf of the governing body?			8b	x	
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	annot be reached at				
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedu			9		Х
-	tion B. Policies (This Section B requests information about policies not in		nal Revenue Co			
ec	tion B. Folicies   This Section B requests information about policies not i	equired by the litter	THAT I LE VOITAGE GO	uc.)	Yes	No
۸-	Did the ergenization have local charters, branches, or affiliates?			10a	162	X
	Did the organization have local chapters, branches, or affiliates?	of auch chapters	•	IVa		
D	If "Yes," did the organization have written policies and procedures governing the activities			10b		
	affiliates, and branches to ensure their operations are consistent with the organization's e		the form?		х	
	Has the organization provided a complete copy of this Form 990 to all members of its go		g the form?	11a	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form	990		425		v
	Did the organization have a written conflict of interest policy? If "No," go to line 13		- 4	12a		<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually into		e to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	oncy if Yes,				
_	describe in Schedule O how this was done			12c		
3	Did the organization have a written whistleblower policy?			13		<u>x</u>
4	Did the organization have a written document retention and destruction policy?			14		<u>X</u>
5	Did the process for determining compensation of the following persons include a review a					
	independent persons, comparability data, and contemporaneous substantiation of the de	iberation and decision?				v
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		<u> X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in, contribute assets to, or participate in a joint venture or similar to the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization invest in the organization investigation in the organization investigation in the organization in the organization in the organization investigation in the organization in the organizati	lar arrangement				77
	with a taxable entity during the year?			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take step	s to safeguard the				
_	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	<del></del>				
7	List the states with which a copy of this Form 990 is required to be filed ▶ OK					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 99		01(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that app	oly				
	Own website Another's website X Upon request Other (explain in a	Schedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing doc	cuments, conflict of inter-	est policy, and			
	financial statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organ	ization's books and reco	ords 🕨			
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Form 990 (2016) BETHANY PLACE, INC	Form 990 (2016)	BETHANY	PLACE.	INC
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Form 990 (2016)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

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

(F) Reportable Name and Title Average Position Reportable Estimated compensation compensation from amount of hours per (do not check more than one other box, unless person is both an from related week (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ey employee ighest compensated mployee ndıvıdual trustee stitutional trustee and related organizations organizations below dotted line) (1) FRED EVANS 0.00 0 0.00 X 0 MEMBER (2) JIM DUNN 0.00 X 0 0 0.00 VICE PRESIDENT (3) MIKE LOYD 0.00 0 0 X MEMBER 0.00 (4) COY LEAGUE 0.00 0.00 X 0 0 0 MEMBER (5) TIM BROWN 0.00 0 0 SECRETARY-TREASURER 0.00 X 0 (6) KENT GERING 0.00 X 0 0 PRESIDENT 0.00 (7) (8) (9) (10)

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Pai	(A) (B) (C) (D) (E)  Name and title Average Position Reportable Reportable compensation from week box, unless person is both an from related (fist any officer and a director/trustee) the organizations			(F) Estimated amount of other compensation										
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	[ 6	from the	tion ted	
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1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	on A	\			<b>&gt;</b>					-	
d	Total (add lines 1b and 1c) Total number of individuals (in					e lis	ted a	bov	e) who received more than	\$100,000 of				
	reportable compensation from								<u> </u>				Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	"complete Schede 1a, is the sum	<i>dule :</i> of re	J for porta	<i>suci</i> able	h ind	<i>lividu</i> pens	<i>al</i> satio	n and other compensation	from the		3		X
5	organization and related organization and related organization listed on line 1 for services rendered to the organization.	a receive or acc	rue d	comp	ens	atior	fron	n an	y unrelated organization or			5		x x
Secti 1	on B. Independent Contracto Complete this table for your five		ensa	ted i	nder	end	ent o	onti	ractors that received more	than \$100.000 of				
	compensation from the organi								dar year ending with or with		ear	Con	(C)	
		business address								AUTO SCIVICES			ропосы	VII
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DAA	Total number of independent or received more than \$100,000								se listed above) who	00		Form	990	(2016)

10   10   10   10   10   10   10   10	74	irt V	Check if Schedule		ins a response o	r note to any line i	n this Part VIII		
Rederated campagins   18						(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
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See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  11a OTHER INCOME  b Loss on DISPOSAL OF ASSETS  c d All other revenue e Total. Add lines 11a-11d	J	С	Net income or (loss) from fund	Iraising e	vents <b>&gt;</b>				
b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  11a OTHER INCOME 3,114 3,114 b LOSS ON DISPOSAL OF ASSETS c d All other revenue e Total. Add lines 11a–11d		9a		es.					
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  11a OTHER INCOME b LOSS ON DISPOSAL OF ASSETS c d All other revenue e Total. Add lines 11a–11d  437				a					
10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  11a OTHER INCOME b LOSS ON DISPOSAL OF ASSETS c d All other revenue e Total. Add lines 11a–11d  b 437			•			İ	i		
returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn Code  11a OTHER INCOME 3,114 3,114 b Loss on DISPOSAL OF ASSETS -2,677 -2,677 c d All other revenue e Total. Add lines 11a-11d			_	nng ac <u>tivi</u>	ties				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn Code  11a OTHER INCOME 3,114 3,114  b Loss on Disposal of Assets -2,677 -2,677  c d All other revenue e Total. Add lines 11a-11d		10a	-						
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn Code  3,114  3,114  b LOSS ON DISPOSAL OF ASSETS  C d All other revenue  e Total. Add lines 11a-11d  All other sales of inventory  Busn Code  3,114  3,114  -2,677  -2,677		_							
Miscellaneous Revenue         Busn Code           11a OTHER INCOME         3,114           b LOSS ON DISPOSAL OF ASSETS         -2,677           c         -2,677           d All other revenue         437           e Total. Add lines 11a-11d         437									
11a OTHER INCOME  b LOSS ON DISPOSAL OF ASSETS  c d All other revenue  e Total. Add lines 11a-11d  3,114  3,114  -2,677  -2,677  437		С		s of inver				<del></del>	
b LOSS ON DISPOSAL OF ASSETS		44			Busn Code	3 114	2 114		
c d All other revenue e Total. Add lines 11a–11d  437					<del>                                     </del>				<del>                                     </del>
d All other revenue e Total. Add lines 11a–11d  • 437			LOSS ON DISPOSAL OF	ASSETS	<del>                                     </del>	-2,011	-2,0//		<del> </del>
e Total. Add lines 11a–11d		_	All other revenue		<del>   </del>				<del> </del>
		a			<u> </u>	437	<del></del>	·	<del>   </del>
		12	• • • • • • • • • • • • • • • • • • • •	ns	5		310,751		0

Form 990 (2016)

## 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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,663 8,547 116 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 700 9 709 10 Payroll taxes Fees for services (non-employees) 37,961 22,961 15,000 a Management 782 782 b Legal 1,225 1,225 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 1,887 1,887 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 36,756 36,756 Depreciation, depletion, and amortization 22 33,487 33,487 23 Insurance 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 Schedule O) 72,628 UTILITIES 72,628 47,262 REPAIRS AND MAINTEANCE 47,262 18,662 18,662 TAXES LANDSCAPE MAINTEANCE 15,113 15,113 6,639 6,639 e All other expenses 19,019 0 281,774 262,755 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 63,793 84,521 Cash-non-interest bearing 1 20,000 20,040 2 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 5,668 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 32,065 32,115 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,388,359 10a other basis Complete Part VI of Schedule D 1,029,563 356,313 358,796 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 952 15 952 15 Other assets See Part IV, line 11 499,551 478,791 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 27,507 15,838 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 19,451 22,903 of Schedule D 25 46,958 26 38,741 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 431,833 460,810 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 460,810 431,833 Total net assets or fund balances 33 499,551 478,791 34 Total liabilities and net assets/fund balances

Form 990 (2016)

orm	990 (2016) BETHANY PLACE, INC.	73-0952619			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		-			
	Check if Schedule O contains a response or note to any li	ne in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	3	10,	751
2	Total expenses (must equal Part IX, column (A), line 25)		2	2	81,	<u>774</u>
3	Revenue less expenses Subtract line 2 from line 1		3		28,	977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33	, column (A))	4	4	31,	833
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (mus	it equal Part X, line		·		
	33, column (B))		10	4	60,	810
Pa	rt XII Financial Statements and Reporting		_			
	Check if Schedule O contains a response or note to any li	ne in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Ac	crual Other				
	If the organization changed its method of accounting from a prior year or ch	ecked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an inc	fependent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for					
	reviewed on a separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated	and separate basis				
b	Were the organization's financial statements audited by an independent acc	countant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for					
	separate basis, consolidated basis, or both			į		
	Separate basis Consolidated basis Both consolidated	and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assun	nes responsibility for oversight		İ		İ
	of the audit, review, or compilation of its financial statements and selection			2c		
	If the organization changed either its oversight process or selection process	during the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an	audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the org	anization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps			3b	<u> </u>	
				Fo	om 99	0 (2016)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## 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.

Open to Public

Inspection

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

Name of the organization Employer identification number BETHANY PLACE, INC. 73-0952619 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 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? 6 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? 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 a 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 Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d 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 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 year Amount 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) Yes and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 b 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 2 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

a Revenue included on Form 990, Part VIII, line 1

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		53,950		53,950
b Buildings		1,171,326	905,405	265,921
c Leasehold improvements				
d Equipment		163,083	124,158	38,925
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colu	mn (B), line 10c)	▶	358,796

Page 3

Complete if the organization answered "Ye	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
1 1 (O) 1 (E) (E) (O) P1 V (O) P1 V	E	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related.		
	s" on Form 990, Part IV, line 1	1c See Form 990, Part X, line 1
Part VIII Investments—Program Related.	s" on Form 990, Part IV, line 1	(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye		
Part VIII Investments—Program Related. Complete if the organization answered "Ye (a) Description of investment		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of investment  (1) (2)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of Investment  (1) (2) (3)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of Investment  (1) (2) (3) (4)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of investment  (1) (2) (3) (4) (5)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of investment  (1) (2) (3) (4) (5) (6)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye (a) Description of investment  (1) (2) (3) (4) (5) (6) (7)		(c) Method of valuation
Part VIII Investments—Program Related. Complete if the organization answered "Ye  (a) Description of investment  (1) (2) (3) (4) (5) (6)		(c) Method of valuation

Qualitative and series and series of Was on Earm 000 Dort IV line 11d See Earm 000 Dort Y line 15

Sche	dule D (Form 990) 2016 BETHANY PLACE, INC.	73 -	- 0952619	Page 4
	at XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c

5

73-0952619

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 **2016** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 of 990-EZ) and its instructions is at www.irs.g

Employer identification number 73-0952619

BETHANY PLACE, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 SEND TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC