Department of the Treasu

Internal Revenue Service

Form

2949336210603

| Return of Organization Exempt From Income Ta | ıΧ |
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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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| 2018 |
|-----------------------|
| Open to Public |
| Inspection |

For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19D Employer identification number C Name of organization Check if applicable BETHANY PLACE, INC. Address change 73-0952619 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 405-789-2050 6789 NW 39TH EXPRESSWAY Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated **BETHANY** OK 73008 324,135 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending SONJA WHITE H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c) 4947(a)(1) or (insert no) 501(c)(3) WWW.BETHANYNAZ.ORG Website > H(c) Group exemption number X Corporation Trust M State of legal domicile Association Other > Year of formation Form of organization Summary Part I 1 Briefly describe the organization's mission or most significant activities LOW INCOME HOUSING Activities & Governance 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year **Current Year** 0 8 Contributions and grants (Part VIII, line 1h) 314,173 320,948 Program service revenue (Part VIII, line 2g) 46 166 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 3,320 3,021 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 317,539 324,135 12 Total revenue - add lines 8 through 11 (must equal Part 13 Grants and similar amounts paid (Part IX, column (A), ines 1 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 7,948 14,806 15 Salaries, other compensation, employee benefits (Part IX, column (16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,752 308,605 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 281,700 323,411 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 35,839 724 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 537,308 540,532 20 Total assets (Part X, line, 16) 40,659 43,159 21 Total liabilities (Part X, line 26) 496,649 497,373 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block ` dender penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 12-10-19 Śign TREASURER WHITE Here SONJA Type or print name and title PTIN Preparer's signature Print/Type preparer's name Check Paid MICHAEL BELL 11/05/19 P00178205 J. MICHAEL BELL Preparer 73-1275305 BELL & RHODES, Firm's EIN Firm's name **Use Only** 14220 BARBOUR AVE 405-341-2863 73134 OKLAHOMA CITY, OK Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

| | BETHANY PLACE | | 73-0952619 | | Page 2 |
|----------------------------------|---|--|---------------------------------------|---------------|------------------------|
| | _ | n Service Accomplishments ontains a response or note to an | v line in this Part III | | |
| | cribe the organization's mis | | y me in this rait in | | |
| rom ínc | OME HOUSING | | | | |
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| 2 I lid the ergs | enzation undertake envisie | inificant program services during the year | ar which were not listed on the | | |
| • | anization undertake any sig 990 or 990-EZ? | milicant program services during the year | ar which were not listed on the | , | Yes X No |
| | scribe these new services of | | | | |
| 3 Did the organization services? | anization cease conducting | , or make significant changes in how it o | conducts, any program | | Yes X No |
| | scribe these changes on Se | | | | |
| | = | ervice accomplishments for each of its t c)(4) organizations are required to report | - | | |
| | | r, for each program service reported | | | |
| 4a (Code |) (Expenses \$ | 306,729 including grants of | of \$ |) (Revenue \$ | 320,947) |
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| | am services (Describe in S | • |) (D | | |
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| W. | | | · · · · · · · · · · · · · · · · · · · | | Form 990 (2018) |

| orm | 1 990 (2018) BETHANY PLACE, INC. 73-0952 | 619 | <u> </u> | Page |
|-----|--|--------------------|---------------|---------------------|
| Pa | art IV Checklist of Required Schedules | | Ţ | |
| | • | | Ye | s No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Y | | | x |
| _ | complete Schedule A | 1 2 | + | ^ x |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | ╁╌ | +^ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in oppositi | on to | | x |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | ╁┈ | → ^ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section | 4 | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | | + | + |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedu | | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which don | | _ | •• |
| 0 | have the right to provide advice on the distribution or investment of amounts in such funds or account | | | |
| | "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open | | 1 | <u> </u> |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | ļ | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? | | | |
| • | complete Schedule D, Part III | 8 | İ | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve | e as a | T | |
| - | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repa | | | |
| | 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 | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Par | | | |
| | 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," | | İ | |
| | complete Schedule D, Part VI | 11: | 3 X | <u> </u> |
| þ | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% of | r more | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 111 | <u> </u> | <u> </u> |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of | or more | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 110 | ! | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total | | | ۱ |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 110 | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedu | | <u> X</u> | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote | | _ | ١., |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete School (ASC 740)? | | 1 | X |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Ye | | _ | • |
| | Schedule D, Parts XI and XII | 12: | • | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax your statement | I | . | x |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and X | il is optional 121 | $\overline{}$ | $\frac{\Lambda}{X}$ |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 14 | \neg | $\frac{x}{x}$ |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 170 | 1 | |
| b | fundraising, business, investment, and program service activities outside the United States, or aggregate | nate | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 141 | , | x |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistant | | | |
| • | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Ì | x |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or oth | | | |
| - | 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 serv | ices on | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | \bot | X |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributio | ns on | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | \perp | X |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lin | e 9a? | | |
| | If "Yes," complete Schedule G, Part III | 19 | _ | X |
| na | Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H | 20 | a | X |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Form **990** (2018)

X

20b

| Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º 10" Yes," complete Schedule (). Parts I and III 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | - K - C | Checkist of Required Schedules (Continued) | | | |
|---|------------|---|----------|-------|----------|
| Part IX, column (A), line 2° II "ves," compiete Schadule I, Parts I and III 22 Did the organization answer "ves" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directions, inustees, key employees, and highest compensated employees? If "Pes," compiete Schadule J 23 Individual and a section of the list of the Vest, that was issued after December 31, 2002? If "Pes," answer lines 240 intrough 24 and complete Schadule K if "No", or 50 in the 25a bit of the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization mixest any proceeds of tax-exempt bonds outstanding at any time during the year? 25c Section 801c(3), 501c(4), and 801c(3)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d In the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 25d In the organization are that it engaged in an excess benefit transaction with a disqualified person of the process of the organization engage in an excess benefit transaction with a disqualified person of the process of the organization and adiqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person of years. Period on the organization with a disqualified person of years organized to provide a grant or other assistance to an officer, director, trustee, key employee, understanding the process organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereois grant exceptions? 25d Under organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor ore process of the process organization provides schedule L, Part I | 22 | Did the graphization report more than \$5,000 of grapts or other assistance to or for domestic individuals on | <u> </u> | Yes | No |
| 23 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization survers and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "Yes," or of line 23 a 34 Dut 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 inhough 24d and complete Schedule K if "No," or line 23s 44a 35 Dut the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any trace-exempt bonds beyond a temporary period exception? 24b Dut the organization mantain an escrow account other than a refunding escrow at any time during the year? 24c 24d I the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d | | | 22 | l | x |
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| employees? If "Yes," complete Schedule J 23 Did the organization have at sex-empt 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 for the 25s Did the organization minimal an assorie vaccount other than a refunding section at a finite organization meets any proceeds of trac-exempt bonds beyond a temporary period exception? Did the organization maintain an assorie vaccount other than a refunding section at a finite period of the coganization maintain an assorie vaccount other than a refunding section at a finite period of the organization maintain an assorie vaccount other than a refunding section at a finite period of the organization maintain an assorie vaccount of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25g Section 90((5)(3, 90)((6)4), and 50)((6)20 organizations. Did the organization engage 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-E27 If "Yes," complete Schedule L, Part I 25g b Is the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourser to fromer officers, directors, fusities, key employee. Job the organization provide a grant or other assistance to an officer, director, fusities, key employee. Job the organization provide a grant or other assistance to an officer, director, fusities, key employee. Job the organization provide a part or other assistance to an officer, director, fusities, key employee? If "Yes," complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part IV A complete Schedule L, Part | | | | | |
| \$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 Schedulu K. If "No." pole line 25e Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d bid the organization maintain an escrive account officer than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d of Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d of Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d of Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d of Did the organization with a disqualified person during the year? 4f "Yes," complete Schedulue L, Part I of 15 is the organization wave that the transaction has not been reported on any of the organization sport and any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fursities, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedulue L, Part II of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedulue L, Part II of Was the organization aparty to a business transaction with one of the following parties (see Schedulue L, Part IV and the following parties (see Schedulue L, Part IV and the following parties (see Schedulue L, Part IV and the organization receive contributions of a first parties of the following parties (see Schedulue L, Part IV and A mainty in the parties of the parties of the parties of the parties of the parties of the | | | 23 | ŀ | X |
| through 74d and complete Schedule K. If "No." go to line 25s b. Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization account of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I is the organization account of the properties of the organization engage 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 provide a grant or their assistance of the organization provide a grant or organization provide a grant or organization provide a grant or organization provide a grant or organization complete Schedule L, Part II is Did the organization provide a grant or organization committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, "complete Schedule L Part II is 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 is 27 part III is 27 part III is 27 part III is 27 part III is 27 part III is 27 part III is 28 part 28 | 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
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| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part I 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 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization legisted Schedule S | | | 24d | | Ļ |
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| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Dif "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 organization? If "Yes," complete Schedule R, Part V, line 2 To bid 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? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Letter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 30 | | | | |
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| complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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, Iine 2 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, Iine 2 36 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 V I Inne 31 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 4 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 4 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 6 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 31_ | | X |
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| 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 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 reportable gaming (gambling) winnings to prize winners? 1c | | | 37 | | X |
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| 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 reportable gaming (gambling) winnings to prize winners? 1c | 10 | Enter the number reported in Box 3 of Form 1096. Enter, 0, if not applicable. | [·· | 7 US | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | · · · · · · · · · · · · · · · · · · · | | | į |
| reportable gaming (gambling) winnings to prize winners? | | | | | į |
| | • | | 1c | | ı |
| | | | | m 990 | (2018) |

| FC | Statements Regarding Other IRS Fillings and Tax Compilance (Continu | ueu) | | | | |
|---------|--|------------|---------------------------------------|-----------------------|------------|----------|
| 2- | Fater the analysis of analysis are did as Francisco M. 2. Transmitted of Manager and Tax | 1 1 | | [| Yes | No |
| za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | _ | 3 | | | |
| L | Statements, filed for the calendar year ending with or within the year covered by this return | _2a _ | | ─ ┤ <u>,</u> , | х | ŀ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return. | | | 2b | | |
| 3a | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? | > <i>)</i> | | 32 | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | 0 | | 3a 3b | _ | |
| 4a | | | ty over | 30 | | <u> </u> |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | | = | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | , | | _ , | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Account | ts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 10 (1 27 11 1) | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | tion? | | 5b | | X |
| 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 th | е | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | х |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | goods | | | | |
| | and services provided to the payor? | | | 7a | _ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs | | | | |
| | required to file Form 8282? | . 1 | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract | ? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ition file | e a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | d by th | е | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | امدا | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | احمما | | | | |
| a | Gross income from other sources (Do not not amounts due or paid to other sources | 11a | | | | |
| IJ | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 120 | - | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | · · · · · · · · · · · · · · · · · · · | - | | |
| а | 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 | | | | | |
| | the organization is licensed to issue qualified health plans | 13ь | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | ∂ O | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | or | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income | e? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O | | | | | |
| | | | | For | n 990 | (2018) |

73-0952619 Form 990 (2018) BETHANY PLACE, INC. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 6 1a 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, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 6 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Х 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? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 ь X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OK 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 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 > BETHANY 1ST CHURCH OF NAZARENE 6789 NW 39TH EXPWY BETHANY OK 73008 405-789-2050

Page 7

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.

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

| (A) Name and Title | (B) Average hours per week (list any | off | x, unle icer a | Pos check ess pe | rson | than or is both or/truste | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|-----------------------|--|--------------------------------|-----------------------|------------------------|--------------|---------------------------------|--------|--------------------------------------|---|---|
| | 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) | organization and related organizations |
| (1) FRED EVANS | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| MEMBER | 0.00 | X | - | ┢ | - | \vdash | | 0 | 0 | 0 |
| (2) JIM DUNN | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | $ \mathbf{x} $ | | | | | | o | o | 0 |
| (3) DOUG ADAMS | 0.00_ | ^ | | - | | + | | <u> </u> | | |
| (3) DOUG ADAMS | 1.00 | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | l o | l | 0 |
| (4) COY LEAGUE | 1 333 | + | 一 | <u> </u> | | 1 1 | | | | |
| (,, 555 = 22555= | 1.00 | | | | | | | | | |
| MEMBER | 0.00 | X | | | | 1 | | 0 | 0 | 0 |
| (5) KENT GERING | | | | | | | | | | |
| | 1.00 | 1 | | | | | | | | |
| PRESIDENT | 0.00 | X | ļ | | | | | 0 | 0 | 0 |
| (6) DOUG POFF | | | | | | | | | | |
| | 1.00 | | | | İ | | | | | |
| MEMBER | 0.00 | X | _ | _ | | \vdash | | 0 | 0 | 0 |
| (7) SONJA WHITE | 1 00 | | 1 | | | | | | | |
| mn = 1 4110 = 0 | 1.00 | | | x | | | | o | o | 0 |
| TREASURER | 0.00 | + | ├ | 1 | - | + | | <u> </u> | 0 | |
| (8) | | | | | | | | | | |
| (9) | , | | | | | | • | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| DAA | | | | <u> </u> | | | | | | 5om 990 (2018) |

| Pa | rt VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | and Highest Compensated | Employees (continued) | | | | |
|---------|---|---|--------------------------------|-----------------------|------------------------|--------------|------------------------------|-----------------------|---|---|----|--|----------------|----------|
| | (A) Name and title • | (B) Average hours per week (list any hours for | bo of | x, unle | Pos check ess pe | rson i | than o | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | co | (F) Estimate amount other mpensa from th | of ation | |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | 01 | ganizai nd relai ganizati | tion ted | |
| | | | | | | | | | | | | | | |
| | | | | | | | - | - | | <u>-</u> | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation shee Total (add lines 1b and 1c) | ets to Part VII, S | Secti | on A | | | | > > > | | | | | | |
| 2 | Total number of individuals (in reportable compensation from | | | | thos | e lisi | ted a | bov | e) who received more than | \$100,000 of | | | Yes | No |
| 3 4 | Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line | complete Sched | lule . | J for | sucl | ınd | lıvıdu | aĺ | | | | 3 | | х |
| 5 | organization and related organ individual Did any person listed on line 1 | a receive or acci | rue c | omp | ensa | ation | fron | n an | y unrelated organization or | | | 4 | · | X |
| Secti | for services rendered to the or ion B. Independent Contracto | | es," | com | olete | Sch | hedu | le J | for such person | | | 5 | | <u> </u> |
| 1 | Complete this table for your five compensation from the organization | | | | | | | | | | ar | | | |
| | | (A) business address | | | | | | | | (B) ion of services | | Com | (C) pensati | on |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | • | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent or received more than \$100,000 or | | | | | | | | se listed above) who | 0 | | | | |

| Pa | rt V | Statement of Reverse Check if Schedule | | ns a response or | note to any line in | this Part VIII | | |
|--|----------|--|----------------------|------------------|----------------------|---|---|--|
| | <u> </u> | • | - contain | lo d responde si | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| S S | 4- | Fodorated companies | 140 | | | revenue | | 512-514 |
| Program Service Revenue Contributions, Giffs, Grants | 1a | Federated campaigns | 1a | | | | | |
| ن ق | D | Membership dues | 1b | | | | | |
| r.A | C | Fundraising events | 1c | | | | | |
| ila G | a | Related organizations | 1d 1e | | | | | |
| Sin | e | Government grants (contributions) | I TE | | | | | |
| utic | т | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| ē. | | | | | | | | |
| 50 | g | | ⊦1f \$ | | | | | |
| <u> </u> | <u>h</u> | Total. Add lines 1a-1f | | | | | | |
| ğ | _ | | | Busn Code | 207 601 | 307,601 | | |
| ě | 2a | RENTAL REVENUE | | | 307,601 6,883 | 6,883 | | |
| ė, | b | TENANT FEES | | | 6,464 | 6,464 | | |
| Ξ̈ | С | LAUNDRY | | | 0,404 | 0,404 | | |
| နို | d | | | | | | · | |
| гап | е | | | - | | | | |
| 5 G | f | All other program service reve | enue | | 222 242 | | | |
| <u>a.</u> | | Total. Add lines 2a-2f | · | | 320,948 | | | |
| | 3 | Investment income (including | dividends, | interest, | 1.00 | | | 166 |
| | | and other similar amounts) | | | 166 | | | 166 |
| | 4 | Income from investment of tax | x-exempt b | ond proceeds | | | | |
| | 5 | Royalties | | • | | | | |
| | | (ı) Real_ | | (II) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less rental exps | | | | | | |
| | С | Rental inc. or (loss) | | | • | | 1 | |
| | _d | Net rental income or (loss) | | <u> </u> | | | | |
| | /a | Gross amount from sales of assets (i) Securities | s | (II) Other | | | | |
| | | other than inventory | | | | | | |
| | b | Less cost or other | | | | | | |
| | | basis & sales exps | | | | | | |
| | С | Gain or (loss) | | | • | | | |
| | d | Net gain or (loss) | _ | • | | | | |
| Ð | 8a | Gross income from fundraising even | ents | | | | | |
| Ę | | (not including \$ | | | | | | |
| Š | İ | of contributions reported on line 10 | ;) | | | | | |
| Other Revenue | | See Part IV, line 18 | a | | | | | |
| ţ. | b | Less direct expenses | b | | | | | |
| 0 | c | Net income or (loss) from fun- | draisin <u>g ev</u> | rents 🕨 | | | | |
| | 9a | Gross income from gaming activiti | es. | | | | | |
| | | See Part IV, line 19 | a | | | | | |
| | b | Less direct expenses | ь | | | | | |
| | c | Net income or (loss) from gar | ning ac <u>tivit</u> | ies 🕨 | | | | |
| | 10a | Gross sales of inventory, less | , | | | | | |
| | ŀ | returns and allowances | a | | | | | |
| | b | Less cost of goods sold | ь | | | | | |
| | l c | Net income or (loss) from sale | es of inven | tory > | | | | |
| | | Miscellaneous Revenue | | Busn Code | | | | |
| | 11a | OTHER INCOME | | | 3,021 | 3,021 | | |
| | b | | | | | | | |
| | ı c | | | | | | | |
| | d | All other revenue | | | | | | |
| | 1 | Total. Add lines 11a-11d | | > | 3,021 | | | |
| | | Total revenue. See instruction | ns | ▶ [| 324,135 | 323,969 | 0 | 166 |

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 (A) (B) (C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Fundraising Management and 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 5 Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,668 13,308 360 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,138 1,081 57 Payroll taxes 10 Fees for services (non-employees) 40,635 25,635 15,000 a Management 495 495 b Legal 695 695 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 1,599 1,599 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 41,899 41,899 22 Depreciation, depletion, and amortization 33,761 33,686 75 23 Insurance 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 Schedule O) REPAIRS & MAINTENANCE 82,074 82,074 70,967 70,967 UTILITIES 19,653 TAXES 19,653 c 9,676 9,676 LANDSCAPE MAINTEANCE 7,151 7,151 e All other expenses 323,411 306,729 16,682 0 25 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) End of year Beginning of year 115,996 137,972 1 Cash-non-interest bearing 20,085 2 20,251 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3,288 4 7,197 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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' beneficiaryorganizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 32,926 1,091 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,467,504 10a other basis Complete Part VI of Schedule D 364,761 373,769 1,093,735 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 12 Investments-other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 252 252 15 Other assets See Part IV, line 11 15 537,308 540,532 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 16,317 18,249 17 Accounts payable and accrued expenses 17 18 18 Grants payable 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 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 24,342 24,910 of Schedule D 40,659 43,159 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 496,649 497,373 27 Unrestricted net assets 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 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 496,649 497,373 33 Total net assets or fund balances 537,308 540,532 Total liabilities and net assets/fund balances Form 990 (2018)

| Form 9 | 990 (2018) BETHANY PLACE, INC. 73-0952619 | | | Page 12 |
|--------|--|--------------|------|----------------|
| Par | · · · · · · · · · · · · · · · · · · · | | | |
| · | Check if Schedule O contains a response or note to any line in this Part XI | | | $\Box\Box$ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32 | 4,135 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 32 | 3,411 |
| 3 1 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 724 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 49 | 6,649 |
| 5 I | Net unrealized gains (losses) on investments | 5 | | |
| 6 (| Ponated services and use of facilities | 6 | | |
| 7 | nvestment expenses | 7 | | |
| 8 1 | 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 (must equal Part X, line | | | |
| ; | 33, column (B)) | 10 | 49 | <u>7,373</u> |
| Par | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | , | res No |
| 1 / | Accounting method used to prepare the Form 990 $oxed{f \Box}$ Cash $oxed{f X}$ Accrual $oxed{f \Box}$ Other | | _ | |
| | f the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| ; | Schedule O | | | |
| 2a \ | Nere the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | <u> </u> |
| 1 | f "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| 1 | reviewed on a separate basis, consolidated basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Nere the organization's financial statements audited by an independent accountant? | | 2b | X |
| | f "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| ; | separate basis, consolidated basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| | f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | l |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| 1 | f 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 | | | |
| | he Single Audit Act and OMB Circular A-133? | | 3a | <u> </u> |
| | f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form | 990 (2018 |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| В | ETHANY PLACE, INC. | | 73-0 | 952619 |
|---------------|--|--|-------------|---------------------------------|
| Pé | art I Organizations Maintaining Donor Advised Fu | nds or Other Similar Funds or A | Account | s. |
| | Complete if the organization answered "Yes" on I | | | |
| | | (a) Donor advised funds | (b |) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | 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 tha | t the assets held in donor advised | | |
| | funds are the organization's property, subject to the organization's excl | | | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | | |
| - | only for charitable purposes and not for the benefit of the donor or donor | | | |
| | conferring impermissible private benefit? | or advisor, or for any other purpose | | ☐ Yes ☐ No |
| Ρá | art II Conservation Easements. | | | |
| | Complete if the organization answered "Yes" on F | Form 990. Part IV. line 7 | | |
| 1 | Purpose(s) of conservation easements held by the organization (check | | | |
| • | Preservation of land for public use (e.g., recreation or education) | Preservation of a historically impo | ortant land | area |
| | Protection of natural habitat | Preservation of a certified historic | | |
| | Preservation of open space | Freservation of a certified historic | . Siluciule | |
| 2 | | avotion contribution in the form of a conse | nustion | |
| 4 | Complete lines 2a through 2d if the organization held a qualified conservation the last day of the tax year | valion contribution in the form of a conse | | Hold at the End of the Tay Vege |
| _ | · | | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2a | |
| | Total acreage restricted by conservation easements | 1.1.7 | 2b | |
| С. | | • • | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/ | 06, and not on a | | |
| _ | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the organizat | tion during | the |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to conservation easement is I | ocated > | | |
| 5 | Does the organization have a written policy regarding the periodic mon | toring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds? | | | ∐ Yes ∐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling o | f violations, and enforcing conservation ea | asements | during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viol | ations, and enforcing conservation easem | nents durir | ig the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy t | he requirements of section 170(h)(4)(B)(i) |) | |
| | and section 170(h)(4)(B)(ii)? | | | ∐ Yes ∐ No |
| 9 | In Part XIII, describe how the organization reports conservation easeme | ents in its revenue and expense statemen | it, and | |
| | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that de | escribes th | ne |
| | organization's accounting for conservation easements | | | |
| Pa | art III Organizations Maintaining Collections of Art, | | Similar / | Assets. |
| | Complete if the organization answered "Yes" on F | orm 990, Part IV, line 8 | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), new permitted unde | ot to report in its revenue statement and b | alance sh | eet |
| | works of art, historical treasures, or other similar assets held for public | exhibition, education, or research in furthe | erance of | |
| | public service, provide, in Part XIII, the text of the footnote to its financial | al statements that describes these items | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to | report in its revenue statement and balai | nce sheet | |
| | works of art, historical treasures, or other similar assets held for public | exhibition, education, or research in furthe | erance 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, pro | vide the | |
| | following amounts required to be reported under SFAS 116 (ASC 958) | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | • • • • • • • • • • • • • • • • • • • | • | \$ |
| | Assets included in Form 990, Part X | | • | \$ |
| - | Panamork Bodystian Act Nation and the Instructions for Form 000 | | | Sahadula D (Farm 000) 2018 |

(investment) (other) depreciation 53,950 53,950 1a Land 964,160 1,242,369 278,209 **b** Buildings c Leasehold improvements 171,185 129,575 d Equipment e Other 373,769 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶

| Part VII Investments—Other Securities. | <u> </u> | 73 0332023 | rage |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Complete if the organization answered "Yes" on | Form 990, Part IV, line | e 11b See Form 990, F | Part X, line 12 |
| (a) Description of security or category | (b) Book value | (c) Method of | |
| (including name of security) | | Cost or end-of-year | ar market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | <u>.</u> |
| (3) Other | | • | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | _ | |
| (G) | | | <u> </u> |
| (H) | | | ··········· |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ | | | |
| Part VIII Investments—Program Related. | | | |
| Complete if the organization answered "Yes" on | Form 990, Part IV, line | e 11c See Form 990, P | Part X, line 13 |
| (a) Description of investment | (b) Book value | (c) Method of | |
| | | Cost or end-of-year | ar market value |
| (1) | | | |
| (2) | | | · |
| (3) | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | |
| (5) | | | |
| (6) | | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | |
| (8) | | - | |
| (9) | | | · · · · · · · · · · · · · · · · · · · |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | | |
| Part IX Other Assets. | F 000 D-+1\/ l | . 44-1 0 5 000 5 | N==4 V loss 4 F |
| Complete if the organization answered "Yes" on | Form 990, Part IV, line | e 110. See Form 990, F | (b) Book value |
| (a) Description | · | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | |
| (5) | | | |
| (6) | | | |
| (7) | | · | |
| (8) | | | · |
| (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | . , , | • | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" on | Form 990 Part IV line | 11e or 11f See Form | 990 Part X |
| line 25. | , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , | 000, 1 0,1171, |
| 1. (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) TENANT SECURITY DEPOSITS | 24,910 | | |
| (3) | = -, | | |
| (4) | | | |
| (5) | - | | |
| (6) | | | |
| (7) | | | |
| (8) | _ | | |
| (9) | | | |
| Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 24,910 | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

4b

Part XIII Supplemental Information.

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

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

e Add lines 2a through 2d

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

2e

3

4c

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 2018

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

73-0952619

Employer identification number

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 1-9 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC