

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

Bethany Christian Services of Middle Tennessee

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

220 Athens Way

405

City or town

State or country

ZIP + 4

Nashville

TN

37228

D Employer identification number

20-1204075

E Telephone number

616-224-7610

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization
covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ 5103

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return.M Check ☒ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 456,889

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	99,973		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	Total (add lines 1a through 1d) (cash \$ 99,973 noncash \$ 0)	1e	99,973		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	344,140		
	3	Membership dues and assessments	3	0		
	4	Interest on savings and temporary cash investments	4	0		
	5	Dividends and interest from securities	5	955		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0			
7	Other investment income (describe ▶)	7	0			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	501	8a	0
	b	Less: cost or other basis and sales expenses		0	8b	0
	c	Gain or (loss) (attach schedule)	501	8c	0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	501	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 29,290 of contributions reported on line 1b)	9a	11,220		
	b	Less: direct expenses other than fundraising expenses	9b	11,220		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0		
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	0		
	11	Other revenue (from Part VII, line 103)	11	100		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	445,669			
Expenses	13	Program services (from line 44, column (B))	13	551,468		
	14	Management and general (from line 44, column (C))	14	78,181		
	15	Fundraising (from line 44, column (D))	15	5,422		
	16	Payments to affiliates (attach schedule)	16	0		
	17	Total expenses. Add lines 16 and 44, column (A)	17	635,071		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-189,402		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-19,112		
	20	Other changes in net assets or fund balances (attach explanation)	20	383		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	-208,131		

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 34,656	34,656		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 243,653	243,653		
27	Pension plan contributions not included on lines 25a, b, and c	27 13,145	13,145		
28	Employee benefits not included on lines 25a – 27	28 43,729	43,729		
29	Payroll taxes	29 18,439	18,439		
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 23,008	23,008		
33	Supplies	33 4,730	4,730		
34	Telephone	34 6,996	6,996		
35	Postage and shipping	35 7,369	7,216		153
36	Occupancy	36 46,482	46,482		
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 6,383	5,686		697
39	Travel	39 14,665	14,665		
40	Conferences, conventions, and meetings	40 885	885		
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 185	185	0	0
43	Other expenses not covered above (itemize):				
a	Equipment Costs	43a 1,016	1,016	0	0
b	Dues / Subscriptions	43b 930	930	0	0
c	Advertising	43c 46,609	46,609	0	0
d	Miscellaneous	43d 122,191	39,438	78,181	4,572
e	Program Development	43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 635,071	551,468	78,181	5,422

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0 ; (ii) the amount allocated to Program services \$ 0 ; (iii) the amount allocated to Management and general \$ 0 ; and (iv) the amount allocated to Fundraising \$ 0

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Adoptions (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	551,468
b (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
c (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
d (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	551,468

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	-3,010	46	-190,764
	47 a Accounts receivable 47a 25,253			
	b Less: allowance for doubtful accounts 47b 0	73,650	47c	25,253
	48 a Pledges receivable 48a 0			
	b Less: allowance for doubtful accounts 48b 0	0	48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule) 51a 0			
	b Less: allowance for doubtful accounts 51b 0	0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,781	53	3,850
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis 55a 0			
	b Less: accumulated depreciation (attach schedule) 55b 0	0	55c	0
	56 Investments—other (attach schedule)	0	56	0
57 a Land, buildings, and equipment: basis 57a 6,665				
b Less: accumulated depreciation (attach schedule) 57b 185	0	57c	6,480	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Deposits)	3,021	58	3,021	
59 Total assets (must equal line 74). Add lines 45 through 58	77,442	59	-152,160	
Liabilities	60 Accounts payable and accrued expenses	27,919	60	20,618
	61 Grants payable		61	
	62 Deferred revenue	49,082	62	15,800
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> Additional Minimum Pension Liability)	19,553	65	19,553
	66 Total liabilities. Add lines 60 through 65	96,554	66	55,971
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-19,112	67	-208,131
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-19,112	73	-208,131
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	77,442	74	-152,160

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	457,272
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	383
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>Special Event Revenue</u>	b4	11,220
	Add lines b1 through b4	b	11,603
c	Subtract line b from line a	c	445,669
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total revenue (Part I, line 12). Add lines c and d	e	445,669

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	646,291
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>Special Event Expense</u>	b4	11,220
	Add lines b1 through b4	b	11,220
c	Subtract line b from line a	c	635,071
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	635,071

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name -- See Attached Board of Directors Listing -- City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 13		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	TN	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	9
91 a	The books are in care of Name Mervin K. Auchtung, COO/CFO Telephone no. 616-224-7610 Located at 901 Eastern Ave NE City Grand Rapids ST MI ZIP + 4 49503		
b	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 account)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ **92** N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year: _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Adoptions					337,190
b Counseling					780
c Other Program Services					6,170
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	955	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	501	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous					100
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,456	344,240
105 Total (add line 104, columns (B), (D), and (E))					345,696

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

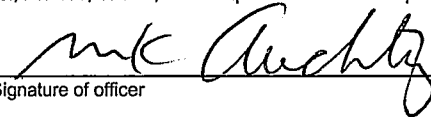
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X


**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer 
Mervin K. Auchtung, COO/CFO
Type or print name and title

Date 5-9-08

**Paid
Preparer's
Use Only**

Preparer's
signature 
Firm's name (or yours
if self-employed),
address, and ZIP + 4

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

EIN

Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2007

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Bethany Christian Services of Middle Tennessee

Employer identification number

20-1204075

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year ►	-- 0.00 --	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	-- 0.00 --	
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	-- 0.00 --	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►	-- 0.00 --	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐ City ☐ ST ☐ Country
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	153,300	126,348	82,804	104,647	467,099
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	326,371	190,357	325,053	160,890	1,002,671
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	567	2,257	15,509	401	18,734
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	480,238	318,962	423,366	265,938	1,488,504
24 Line 23 minus line 17	153,867	128,605	98,313	105,048	485,833
25 Enter 1% of line 23	4,802	3,190	4,234	2,659	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►				26a	9,717
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►				26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►				26c	485,833
d Add: Amounts from column (e) for lines: 18 <u>18,734</u> 19 <u> </u> ►				26d	18,734
22 <u> </u> 26b <u> </u> ►				26e	467,099
e Public support (line 26c minus line 26d total) ►				26e	467,099
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►				26f	96.14%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) <u> </u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) <u> </u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u>					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> ►				27c	0
17 <u> </u> 20 <u> </u> 21 <u> </u> ►				27d	0
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ►				27e	0
e Public support (line 27c total minus line 27d total) ►				27e	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ►				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►				27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►				27h	0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	70,683	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	29,290	4
5		5
6		6
7		7
8		8
9		9
10 Total	99,973	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Auction/ Banquet				
1a Number of special events					
2 Gross receipts	40,510				2 40,510
3 Less contributions	29,290				3 29,290
4 Gross revenue	11,220	0	0	0	4 11,220
5 Less direct expenses	11,220				5 11,220
6 Net income or (loss)	0	0	0	0	6 0

Line 20 (990) - Other Changes in Net Assets or Fund Balances

383

Description		Total
1	Unrealized Gain from Investments	383
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part II, Line 23 (990) - Specific Assistance to Individuals

34,656

Class of Activity		Amount
1	Foster Care Boarding	4,310
2	Medical	30,288
3	Transportation	36
4	Supplies	12
5	Other	10
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	-----	1	73,650	25,253			
2	-----	2					
3	-----	3					
4	-----	4					
5	-----	5					
6	-----	6					
7	-----	7					
8	-----	8					
9	-----	9					
10	-----	10					
11	Total accounts receivable	11	73,650	25,253	0		0

Part IV, Line 57 (990) - Land, Buildings, and Equipment

6,665								0	185	0	6,480
Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance			
1	Furniture & Equipment		X	6,665	0	185	0	6,480			
2							0	0			
3							0	0			
4							0	0			
5							0	0			
6							0	0			
7							0	0			
8							0	0			
9							0	0			
10							0	0			
11							0	0			
12							0	0			
13							0	0			
14							0	0			
15							0	0			
16							0	0			
17							0	0			
18							0	0			
19							0	0			
20							0	0			

Part IV, Line 58 (990) - Other Assets			3,021	3,021
Description		Beginning	End	
1	Deposits	3,021	3,021	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Part IV, Line 65 (990) - Other Liabilities		19,553	19,553
Description		Beginning	End
1	Additional Minimum Pension Liability	19,553	19,553
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts

		11,220
Other		Amount
1	Special Event Revenue	11,220
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmts

		11,220
Other		Amount
1	Special Event Expense	11,220
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VII, Line 93 (990) - Program Service Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
	Program Service Revenue	Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Adoptions					337,190
b	Counseling					780
c	Other Program Services					6,170
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
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v						
w						
x						
y						
z						

Part VII, Line 103 (990) - Other Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
	Other Revenue Description	Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Miscellaneous					100
b						
c						
d						
e						
f						
g						
h						
i						
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Bethany Christian Services of Middle Tennessee

Board of Directors List

FEIN: 20-1204075

Name	Phone	Address	Exp.	Role	Last Mod.
13 TN, Middle Tennessee					
Carter, Ron	O: 615/849-2240 H: 615 / 370-5472 F: 615/549-3347	2312 Candlewood Drive Franklin, TN 37069 ron.carter@pnfp.com	2010	Treasurer	05/15/2008
Clary, Jamie	O: 615/824-5999 H: 615/824-5999	143 Cages Road Hendersonville, TN 37075 jamieclary@comcast.net	2010		05/15/2008
Coomer, Tim	H: 376-5322	9309 Arrowhead Court Brentwood, TN 37027-7477 tlc@specificsoftware.com	2009		07/11/2007
Fredrickson, Kimberly	H: 615 / 781-3700	5637 Cedar Rock Drive Nashville, TN 37211 cfpkim@gmail.com	2010		05/15/2008
Huddleston, Bryan	O: 615-585-6500 H: 615-371-4238	6337 Noel Drive Brentwood, TN 37027 bryan.huddleston@hotmail.c	2011		05/15/2008
Jamieson, Karen	H: 615-781-8656	4528 Winfield Drive Nashville, TN 37211 karenjamieson@comcast.ne	2011		05/15/2008
Lawhon, Robert "Bob"	O: 615-748-5803 H: 615-794-4247 F: 615-748-5161	621 Pendlebury Park Place Franklin, TN 37069 bob.lawhon@suntrust.com	2009	Chair	07/11/2007
Lucarini, Suzette	H: 615-793-4023	1819 Turner Drive Nolensville, TN 37135 slucarini@deloitte.com	2008		05/15/2008
McDuffie, Erin	O: 662-2448 x18 H: 500-8676	400 Chaney Road, #323 Smyrna, TN 37167 efmcduffie@gmail.com	2009		05/15/2008
Price, Jeanie	H: 615-473-5529	5314 Camelot Court Brentwood, TN 37027 jeanie@faithfulfive.com	2011		05/15/2008
Robinson, Jill	O: 460-5560 H: 665-2330	519 Belair Way Nashville, TN 37215- robinsonj@mail.belmont.edu	2009	Vice President	05/15/2008
Schultz, Rachel	O: 931-540-2630 H: 931-626-4691	1007 Prince Street Spring Hill, TN 37174	2011		05/15/2008
Simmerman, David	O: 931-388-2655 H: 931-380-3932	945 Harmony Way Columbia, TN 38401 david@thefirstfamily.org	2009		07/11/2007

All Bethany Christian Services Board of Directors members are volunteers. No compensation is offered.