SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

	100	ganization							Employ	er identifica	ation number		
			OF NASHVILLE						62-0	84307	3		
Par	t I R	eason for Pu	blic Charity Statu	s (All organizations	s must	compl	ete thi	s part.) See	instruc	tions.		
				se it is: (For lines 1 thr									
1	H ^A	church, conventi	on of churches or asso	ociation of churches de	scribed i	n sectio	on 170(b)(1)(A)(i).				
2				A)(ii). (Attach Schedule									
3	HA	hospital or a coo	perative hospital servi	ce organization describ	oed in se	ction 1	70(b)(1)(A)(iii).					
4	∐ A	medical research	organization operate	d in conjunction with a	hospital	describ	ed in se	ction 17	70(b)(1)((A)(iii). E	inter the ho	spital	's
0230		me, city, and sta		·									
5	= "	O(D)(T)(A)(TV). (C	omplete Part II.)	college or university ow					I unit de	scribed in	n section		
6 7	HA 1	rederal, state, or	local government or g	overnmental unit descr	ribed in	section	170(b)(1	I)(A)(v).					
,	X An	organization that section 170(b)(1)	normally receives a sub (A)(vi). (Complete Pa	ostantial part of its suppo art II.)	ort from a	governr	nental ur	nit or from	n the ge	neral pub	olic describe	d	
8				70(b)(1)(A)(vi). (Comple	ete Part	11.)							
9	An from from Jun	organization that m activities related estment income ne 30, 1975. See	normally receives: (1) rd to its exempt functions and unrelated busines section 509(a)(2). (Co	nore than 33-1/3% of its s – subject to certain exc ss taxable income (less omplete Part III.)	support f ceptions, s section	rom con and (2) 511 tax	no more :) from b	than 33- ousiness	1/3% of es acqu	ite cuman	and frame and		after
10	An	organization org	panized and operated	exclusively to test for p	ublic sat	ety. See	e sectio	n 509(a)	(4).				
11	- 1110	scribes the type	orted organizations de of supporting organiza	lusively for the benefit of scribed in section 5090 tion and complete lines of Type III — Function	a)(1) or s 11e thi	section ough 11	509(a)(2 h.	2). See :	section	509(a)(3)). Check the	e box	
е	Пву	checking this bo	x I certify that the ord	anization is not contro	llad dira	otly or in	diractly	by one	or mor	امنيماناه	unctionally	integi	rated
	sec	er than foundation ction 509(a)(2).	i managers and other th	an one or more publicly	supporte	d organiz	zations d	lescribed	in secti	on 509(a)	(1) or	15	
f	Cite	CK IIIS DOX		nation from the IRS that									🛚
g	Sin	ce August 17, 20	006, has the organizat	ion accepted any gift of	or contrib	oution fr	om any	of the fe	ollowing	persons	s?		
	m	Δ	r									Yes	No
	(i)			ontrols, either alone or pported organization? .									
	(ii)	A family mem	ber of a person descri	bed in (i) above?							11 g (ii)		
	(iii)	A 35% control	led entity of a person	described in (i) or (ii) a	above?						11 g (iii)		
h	Pro	vide the followin	g information about th	e supported organizati	on(s).						119 (11)		
	(i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (s the ation in listed in overning ment?	(v) Did yo the organ column (supp	ization in	organiz colur organiz	Is the ration in mn (i) ed in the S.?	(vii) Amount	of mor	netary
			-		Yes	No	Yes	No	Yes	No			
(A)													
-													
(B)									-				-
(C)		20.01									-		
(D)													
(E)													
•								and the state					
Total													
BAA I	or Pap	erwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		S	chedule	A (Form	990 or 990-	EZ) 20	013

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

Se	ction A. Public Support						
be	endar year (or fiscal year ginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,132,354.	810,419.	812,207.	892,895.	517,421.	4,165,296.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,132,354.	810,419.	812,207.	892,895.	517,421.	4,165,296.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						59,206.
6	Public support. Subtract line 5 from line 4.						4,106,090.
Sec	ction B. Total Support						
beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,132,354.	810,419.	812,207.	892,895.	517,421.	4,165,296.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				980.	9.	989.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				300.		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV	10,386.	32,880.	49,960.	20,031.	10,151.	123,408.
11	Total support. Add lines 7 through 10						4,289,693.
12	Gross receipts from related activi	ities, etc (see insti	ructions)	TO THE OWNER OF THE OWNER OWN		12	1,807,305.
13	First five years. If the Form 990 is forganization, check this box and	or the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	tion C Computation of Duk	lic Cunnor De	anaanta aa				
14	Public support percentage for 20	13 (line 6, column	(f) divided by line	e 11, column (f)).			95.72%
	Public support percentage from 2						95.96%
162	33-1/3% support test — 2013. If the and stop here. The organization of	the organization di qualifies as a publ	id not check the t icly supported or	oox on line 13, an ganization	d the line 14 is 3	3-1/3% or more, c	theck this box
t	33-1/3% support test — 2012. If the and stop here. The organization	ne organization did qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more, 6	check this box
	10%-facts-and-circumstances tes or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar and-circumstance	id-circumstances' s' test. The orgar	test, check this be nization qualifies a	oox and stop here as a publicly supp	e. Explain in Part orted organization	IV how n ►
	10%-facts-and-circumstances tes or more, and if the organization norganization meets the 'facts-and	neets the 'facts-ar -circumstances' te	id-circumstances' est. The organizat	test, check this t ion qualifies as a	oox and stop here publicly supporte	Explain in Part do organization	IV how the ▶
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	tructions 🟲 🗌
BAA					Sch	odulo A (Form 00)	0 or 000 EZV 2012

Schedule A (Form 990 or 990-EZ) 2013 BETHLEHEM CENTERS OF NASHVILLE

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					(1)	(y rota.
2	Gross receipts from admis-		ļ				
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the				la ri		***************************************
-	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2					**	
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support (Subtract line						
	7c from line 6.)			THE MARKET			
Sect	tion B. Total Support						
Calend	lar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents.				140		
	royalties and income from						
	similar sources					1	
	income (less section 511						
	taxes) from businesses			1			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in		1		1		
	Part IV.)						
	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sect	ion C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 201	3 (line 8, column	(f) divided by line	e 13, column (f)).		15	%
16	Public support percentage from 2	012 Schedule A, I	Part III, line 15			16	%
Sect	ion D. Computation of Inve	stment Incom	e Percentage				
17	nvestment income percentage fo	r 2013 (line 10c, d	column (f) divided	by line 13, colum	nn (f))	17	90
18 1	nvestment income percentage from	om 2012 Schedule	A, Part III, line	17		18	0/0
19a	33-1/3% support tests — 2013. If the support	the organization d	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	l line 17
b i	s not more than 33-1/3%, check to 33-1/3% support tests — 2012. If the	the organization d	lid not chart a ba	zation qualifies as	a publicly suppor	ted organization.	
ĩ	33-1/3% support tests — 2012. If t ine 18 is not more than 33-1/3%,	check this box ar	nd stop here. The	organization dua	ie 19a, and line 16 lifies as a publicly	o is more than 33-1	1/3%, and ration ► □
		Total Ferror Control C		January quu	Jo do d publicly	supported organiz	audin
20 F	Private foundation. If the organiza	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instructions	▶

Schedule A	(Form 990 or 9	990-EZ) 2013	BETHI	LEHEM C	ENTERS	OF NAS	HVILLE		62-08430	73	Page 4
Part IV	Suppleme or 17b; an (See instr	ntal Inform d Part III, li uctions).	ation. Pr ne 12. Al	ovide the	e explan lete this	ations re part for	equired by F any additio	Part II, line nal informa	10; Part II, li ation.	ne 17a	
									. =		
			· 								
· 											

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

BETHLEHEM CENTERS OF NASHVILLE

62-0843073

PART II,	LINE	10 -	OTHER	INCOME
----------	------	------	--------------	--------

NATURE AND SOURCE	2013	2012	2011	2010	2009
OTHER INCOME TOTA	\$ 10,151	\$ 20,031.	\$ 49,960.	\$ 32,880.	\$ 10,386.
	\$ 10,151	\$ 20,031.	\$ 49,960.	\$ 32,880.	\$ 10,386.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization	, , , , , , , , , , , , , , , , , , ,	Employer identification number
BETHLEHEM CENTERS OF NASHVILI	Ε	62-0843073
Organization type (check one):		02 0013073
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
		a private loundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation
	501(c)(3) taxable private foundation	
0/ 1 /		
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ, o	r 990-PF that received, during the year, \$5,000 or more (in mon	ey or property) from any one
contributor. (Complete Parts I and II.)		
Special Rules		
X For a section 501(c)(3) organization filing F	orm 990 or 990-EZ that met the 33-1/3% support test of the	e regulations under sections
(2) 2% of the amount on (i) Form 990 Part	from any one contributor, during the year, a contribution o VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I	f the greater of (1) \$5,000 or
	on filing Form 990 or 990-EZ that received from any one contribu	
total contributions of more than \$1,000 for i	use exclusively for religious, charitable, scientific, literary, c	itor, during the year, or educational purposes, or
the prevention of cruelty to children or anim	nais. Complete Parts I, II, and III.	
For a section 501(c)(7), (8), or (10) organization contributions for use exclusively for religious.	on filing Form 990 or 990-EZ that received from any one contributions did not total to	itor, during the year,
ii ulis box is checked, enter here the total conti	fibilitions that were received during the year for an evolucively re	digious charitable ata
purpose. Do not complete any of the parts unle	ess the General Rule applies to this organization because it rece	eived nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year	> \$
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file So	chedule B (Form 990, 990-EZ, or
990-PF) but it must answer ino on Part IV line	e 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 9	990 F7 or on its Form 990 DF
(and the second		
BAA For Paperwork Reduction Act Notice, see or 990-PF.	Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

2 of Part 1

Employer identification number

BETHLEHEM	CENTERS	OF	NASHVILLE
DETHILLIEN	CHITTIL	OI	TATZOTT A TTTT

62-0843073

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space in	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>125,738.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$105,615.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>12,340.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$28,057.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>59,997.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page

2 of

2 of Part 1

BETHLEHEM CENTERS OF NASHVILLE

Employer identification number 62-0843073

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$16,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$31,252.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Complete Part II for noncash contributions.)

1 to 1 of Part II
Employer identification number

Name of organization BETHLEHEM CENTERS OF NASHVILLE

62-0843073

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>N/A</u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date re
		 \$	
(a) No. from Part I	(b) Description of noncash property given	FM\'	

Page

1 to

of Part III

lame of organization	n		
RETHI EHEM	CENTERS	OF	MACHWITTE

Employer identification number 62-0843073

Part III	Exclusively religious, charitable, et organizations that total more than For organizations completing Part III, enter total	\$1,000 for the year. Complete column	ection 501(c)(7), (8) or (10) s (a) through (e) and the following line entry.
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See instru-	ctions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addres		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

פרים	CHLEHEM CENTERS OF NASHVILLE	62-0843073	
Par	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6		
	(a) Donor advised funds	(b) Funds and other accou	unts
1	Total number at end of year	(2) : 0.100 0.10 0.110 0.110	
1	Aggregate contributions to (during year)		
2	Associate and from (during year)		
3	Aggregate value at end of year		
4			
5	Did the organization inform all donors and donor advisors in writing that the assets held in don are the organization's property, subject to the organization's exclusive legal control?	Tes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	can be used only purpose conferring	No
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7	•	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	an historically important land ar	ea
	Protection of natural habitat Preservation of	a certified historic structure	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the	9
	last day of the tax year.	Held at the End of the	Tay Vaar
	Total number of conservation easements	ROBERTS CONTROL OF THE PARTY OF	: Tax Teal
	Total number of conservation easements		
	: Number of conservation easements on a certified historic structure included in (a).		
(Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 20	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ▶	e organization during the	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements do		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during ▶\$	the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	tion 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that de	e statement, and balance sheet, as scribes the organization's accou	nd unting for
-	conservation easements.	Other Cimiler Assets	
	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8		
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items.	therance of public service, provide	,
1	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue so historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of public service, provide the	
	(i) Revenues included in 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 finance amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
	Revenues included in Form 990, Part VIII, line 1	▶\$	
1	Assets included in Form 990, Part X	► \$	

Part III Organizations Maintain	ing Collection	is of Art, Histo	rical Treasures, or	Other Similar Ass	ets (C	ontinu	<u>ea)</u>
3 Using the organization's acquisition, a items (check all that apply):	accession, and oth	er records, check ar	ny of the following that are	e a significant use of its	collectio	n	
a Public exhibition		d Loan or exchange programs					
b Scholarly research		e Other					
c Preservation for future general	ions						
4 Provide a description of the organizate Part XIII.	tion's collections a	nd explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	in to be maintain	ed as part of the or	rganization's collection?	·	Yes		No
Part IV Escrow and Custodial Inne 9, or reported an a	Arrangements mount on Form	. Complete if the second of th	ne organization ans line 21.	swered 'Yes' to For	m 990), Part	. IV,
1 a Is the organization an agent, trusted on Form 990, Part X2				er assets not included	Yes		No
b If 'Yes,' explain the arrangement in	n Part XIII and co	mplete the following	ng table:			1/2	
					Amoun	t	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance					Yes		No
2 a Did the organization include an am b If 'Yes,' explain the arrangement in						1	- "0
bili res, explain the arrangement in	Trait Alli. Gleck	There is the explain	tion has been provided	iii at Aii			
Part V Endowment Funds. Co	mplete if the	organization and	swered 'Yes' to For	m 990. Part IV. lin	e 10.		
Lindownient i and si oo	(a) Current year	(b) Prior year			1	Four year	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses	1						
d Grants or scholarships							
e Other expenditures for facilities and programs.							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		ar end balance (line	e 1g, column (a)) held	as:			
a Board designated or quasi-endowmer		×					
b Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.					
c Temporarily restricted endowment		-1.1000/					
The percentages in lines 2a, 2b, a	na zc snoula equ	ai 100%.					
3 a Are there endowment funds not in the organization by:						Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related or					3b		
4 Describe in Part XIII the intended to		ization's endowrne	iit iuiius.				
Part VI Land, Buildings, and E Complete if the organiz		d 'Yes' to Form	990, Part IV, line	11a. See Form 990	o, Par	t X, Iir	ne 10.
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land							
b Buildings			859,802.	719,786.			,016.
c Leasehold improvements			494,352.	280,690.			,662.
d Equipment			541,550.	507,243.		34	,307.
e Other.							
Total. Add lines 1a through 1e. (Column	(d) must equal F	orm 990, Part X, c	column (B), line 10(c).).		ula D. C		<u>, 985.</u>
BAA				Sched	ule D (F	orm 990	1) 2013

Part VII Investments - Other Securities.		N/A N Part IV line 11h See Form 990 Part Y line 12
), Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cost of end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(C)		
(D)		
(E)		
(F)		
(G)	4 1001111111111111111111111111111111111	
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.		N/A
(a) Description of investment type	(b) Book value), Part IV, line 11c. See Form 990, Part X, line 13.
	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		
	/-	
Part IX Other Assets.	N/A L'Yes' to Form 990) Part IV line 11d See Form 990 Part X line 15.
Complete if the organization answered	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered	N/A I 'Yes' to Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) December (1) (2)	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Dec (1) (2) (3)	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) December 2 (1) (2) (3) (4)	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Description (a) Des	I 'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	I 'Yes' to Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered (a) Description (a) Des	I 'Yes' to Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered (a) Description (a) Des	I 'Yes' to Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered (a) Description (a) Des	I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
Complete if the organization answered (a) Description answered (b) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	I 'Yes' to Form 990 scription	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
Complete if the organization answered (a) Description (a) Description (a) Description (a) Description of liability (b) Complete if the organization answered 'Yes' to Forganization of liability (c) Complete if the organization of liability (d) Federal income taxes	I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
Complete if the organization answered (a) Description (a) Description (a) Description (a) Description of liability (1) Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
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Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (c) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
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Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) (b) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	I 'Yes' to Form 990 scription B), line 15.)	1, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
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Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) (c) Total. (Column (b) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (c) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	B), line 15.) orm 990, Part IV, line 1 (b) Book value	1. Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 1e or 11f. See Form 990, Part X, line 25

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 573, 446. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 573, 446. 4 Amounts included on Form 990, Part VIII, line 7b c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IVII, line 7b. 4 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. 4 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. 4 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. 4 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. 4 Amounts included in Part XIII.)
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 2 Subtract line 2e from line 1 3 573,446. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part III, line 7b. 4 A lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 573,446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 621,675. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 C C Cother losses. 4 Other (Describe in Part XIII.). 2 E Add lines 2a through 2d. 3 Subtract line 2e from line 1 3 G 21,675. 4 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. 4 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. 4 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. 4 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. 4 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. 4 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. 4 Amounts included on Form 990, Part
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 2 Subtract line 2e from line 1 3 573,446. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part III, line 7b. 4 A lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 573,446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 621,675. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 C C Cother losses. 4 Other (Describe in Part XIII.). 2 E Add lines 2a through 2d. 3 Subtract line 2e from line 1 3 G 21,675. 4 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. 4 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. 4 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. 4 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. 4 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. 4 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. 4 Amounts included on Form 990, Part
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b Donated services and use of facilities
C Recoveries of prior year grants. 2 c d d Other (Describe in Part XIII.). 2 d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1. 3 573,446. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.). 4 b c Add lines 4a and 4b. 4 c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 573,446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 621,675. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.). 2 d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 . 3 621,675. 4 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. 4 a b Other (Describe in Part XIII.). 4 b Add
d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 S73, 446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Cother losses. c Other losses. 2 C C C C C C C C C C C C C C C C C C C
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a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines 4a and 4b. 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 573, 446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 621, 675. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.). 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 621, 675. 4 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 4a b Other (Describe in Part XIII.). 4b
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 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. 4 Amounts included in Part XIII.). 4 Other (Describe in Part XIII.). 4 Dother (Describe in Part XIII.).
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 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. b Other (Describe in Part XIII.). 4a b Other (Describe in Part XIII.). 4b
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 621, 675. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2a 2b 2c 3c
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2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities
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b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 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. b Other (Describe in Part XIII.). 2 d 2 e 3 621, 675.
e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 3 621, 675. 4 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. 4a b Other (Describe in Part XIII.). 4b
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4 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
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.). 4b
Double (Double III all VIII)
c Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
PART X - FIN 48 FOOTNOTE
THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. ACCORDINGLY,
NO PROVISION FOR INCOME TAXES HAS BEEN MADE.
THE ORGANIZATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS
CODIFICATION GUIDANCE CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A
Schedule D (Form 990) 2013

TEEA3305L 07/01/13

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Schedule D (Form 990) 2013

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.

Attach to Form 990 or 990-EZ.

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

BETHLEHEM CENTERS OF NASHVILLE 62-0843073
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
BETHLEHEM CENTERS OF NASHVILLE IS A NONPROFIT SOCIAL SERVICES AGENCY AND FAMILY
RESOURCE CENTER THAT PROMOTES SELF-RELIANCE AND POSITIVE LIFE CHOICES FOR CHILDREN,
ADOLESCENTS AND SENIORS IN MIDDLE TENNESSEE BY DELIVERING AND ADVOCATING QUALITY
PROGRAMS AND SERVICES.
FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES
BETHLEHEM CENTERS OF NASHVILLE CLOSED ITS CHILDCARE PROGRAM AS OF SEPTEMBER 30,
2013.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION
SENIOR SERVICES - 180 ELDERLY OR DISABLED ADULTS RECEIVED HOT, NUTRITIOUS LUNCHES
MONDAY THROUGH FRIDAY EACH WEEK OF THE YEAR. 30 ISOLATED SENIORS PARTICIPATED IN
SOCIAL, RECREATIONAL, SPIRITUAL, ACADEMIC AND HEALTH ACTIVITIES THREE TIMES PER
WEEK. TRANSPORTATION WAS PROVIDED TO ALL.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
990 IS REVIEWED BY EXECUTIVE COMMITTEE AND FINANCE STAFF BEFORE FILING.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM ANNUALLY AT THE BOARD
OF DIRECTORS ORIENTATION.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT
THE BOARD OF DIRECTORS REVIEWS THE NONPROFIT COMPENSATION STUDY FROM WATKINS
UIBERALL FOR COMPARISON, SUBSTANTIATION AND DECISION REGARDING COMPENSATION FOR THE
CEO
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.