

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2015 or other tax year beginning OCT 1, 2015 and ending SEP 30, 2016

2015

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization BETHANY HOUSE OF NASSAU COUNTY CORPORATION; Address 102 WHITEHOUSE AVENUE ROOSEVELT, NY 11575; D Employer identification number 11-2848726; E Unrelated business activity codes 531110.

Form section C: Book value of all assets at end of year 3,347,486; F Group exemption number; G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity: SEE STATEMENT 1

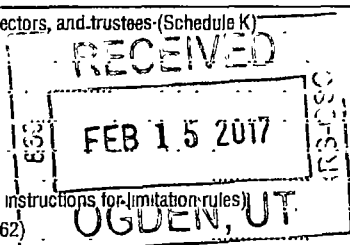
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of AIMEE KOONMEN Telephone number 516-546-7970

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc. Total income 60,262, Total expenses 18,835, Total net 41,427.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Charitable contributions, Depreciation, etc. Total deductions 48,897, Unrelated business taxable income before net operating loss deduction -7,470, Unrelated business taxable income -7,470.



SEE STATEMENT 2

SCANNED MAR 10 2017

27

BETHANY HOUSE OF NASSAU COUNTY CORPORATION

Form 990-T (2015)

11-2848726

Page 2

Part III Tax Computation

|   |     |    |
|---|-----|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation.<br>Controlled group members (sections 1581 and 1563) check here <input type="checkbox"/> See instructions and:<br>a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____<br>b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____<br>c Income tax on the amount on line 34 _____ | 35e | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) _____  | 36  |    |
| 37 Proxy tax. See instructions _____  | 37  |    |
| 38 Alternative minimum tax _____  | 38  |    |
| 39 Total. Add lines 37 and 38 to line 35d of 38, whichever applies _____  | 39  | 0. |

Part IV Tax and Payments

|  |     |    |
|--|-----|----|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) _____  | 40a |    |
| b Other credits (see instructions) _____   | 40b |    |
| c General business credit. Attach Form 3800 _____  | 40c |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) _____   | 40d |    |
| e Total credits. Add lines 40a through 40d _____   | 40e |    |
| 41 Subtract line 40e from line 39 _____  | 41  | 0. |
| 42 Other taxes. Check if front: <input type="checkbox"/> Form 4265 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8897 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (attach schedule) _____ | 42  |    |
| 43 Total tax. Add lines 41 and 42 _____  | 43  | 0. |
| 44 a Payments: A 2014 overpayment credited to 2015 _____   | 44a |    |
| b 2015 estimated tax payments _____  | 44b |    |
| c Tax deposited with Form 8868 _____   | 44c |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) _____   | 44d |    |
| e Backup withholding (see instructions) _____  | 44e |    |
| f Credit for small employer health insurance premiums (Attach Form 8941) _____   | 44f |    |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other _____ Total _____  | 44g |    |
| 45 Total payments. Add lines 44a through 44g _____   | 45  |    |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> _____   | 46  |    |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed _____  | 47  | 0. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid _____  | 48  | 0. |
| 49 Enter the amount of line 48 you want: Credited to 2018 estimated tax _____ Refunded _____   | 49  |    |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

|  |     |    |
|--|-----|----|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file _____   |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year: \$ _____  |     |    |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation: N/A

|   |    |  |  |     |    |
|---|----|--|--|-----|----|
| 1 Inventory at beginning of year _____                | 1  |  | 8 Inventory at end of year _____   | 8   |    |
| 2 Purchases _____                                     | 2  |  | 7 Cost of goods sold. Subtract line 8 from line 5. Enter here and in Part I, line 2 _____                                  | 7   |    |
| 3 Cost of labor _____                                 | 3  |  | 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? _____ | Yes | No |
| 4a Additional section 263A costs (an. schedule) _____ | 4a |  |  |     |    |
| b Other costs (attach schedule) _____                 | 4b |  |  |     |    |
| 5 Total. Add lines 1 through 4b _____                 | 5  |  |  |     |    |

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 taxpayer) is based on all information of which preparer has any knowledge.

*Joseph A. Orlando* 2/8/17 PRESIDENT  
Signature of officer Date Title

May the IRS disclose this return with the preparer shown below (see instructions)?  Yes  No

|                        |                                 |                          |                                |  |           |
|------------------------|---------------------------------|--------------------------|--------------------------------|--|-----------|
| Paid Preparer Use Only | Print preparer's name           | Preparer's signature     | Date                           | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                        | EDWIN BIAZON                    | <i>Edwin Biazon</i>      |                                |  | P00537569 |
|                        | Firm's name                     | Firm's EIN               |                                | Firm's address   |           |
|                        | CITRIN COOPERMAN & COMPANY, LLP | 22-2428965               | 131 SUNNYSIDE BLVD., SUITE 110 |  |           |
|                        | PLAINVIEW, NY 11803             | Phone no. (516) 349-2150 |                                |  |           |

BETHANY HOUSE OF NASSAU COUNTY

Form 990-T (2015) CORPORATION

11-2848726

Page 3

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1) RESIDENTIAL PROPERTY

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)<br><b>SEE STATEMENT 3</b> |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)               | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   | 60,262.   | 18,835.   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 60,262.   |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>60,262.</b> |   | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 8, column (B) <b>18,835.</b>                        |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                         |   |
| (1) RESIDENTIAL PROPERTY  |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)               | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b>   |   |  | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b> | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>      |
| <b>Total dividends-received deductions included in column 8</b>                                   |   |  | <b>0.</b>  | <b>0.</b>   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number                 | Exempt Controlled Organizations                   |  |  |  |
|------------------------------------|---|---|--|--|--|
|                                    |   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income    | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |  |  |
| (2)                                |   |   |  |  |  |
| (3)                                |   |   |  |  |  |
| (4)                                |   |   |  |  |  |
| Nonexempt Controlled Organizations |   |   |  |  |  |
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income   | 11. Deductions directly connected with income in column 10                             |  |
| (1)                                |   |   |  |  |  |
| (2)                                |   |   |  |  |  |
| (3)                                |   |   |  |  |  |
| (4)                                |   |   |  |  |  |
| <b>Totals</b>                      |   |   | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A) <b>0.</b> | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B) <b>0.</b> |  |

BETHANY HOUSE OF NASSAU COUNTY

Form 990-T (2015) CORPORATION

11-2848726

Page 4

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            | 0.                  |  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        | 0.  | 0.  |   |   |                                      | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> | 0.                          | 0.                          |   |                       |                     | 0.   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|--|
| (1)                                |                             |                             |  |                       |                     |  |
| (2)                                |                             |                             |  |                       |                     |  |
| (3)                                |                             |                             |  |                       |                     |  |
| (4)                                |                             |                             |  |                       |                     |  |
| <b>Totals from Part I</b>          | 0.                          | 0.                          |  |                       |                     | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 0.                          | 0.                          |  |                       |                     | 0.   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

TO PROVIDE TEMPORARY HOUSING AND SHELTER FOR HOMELESS WOMEN & THEIR CHILDREN TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

Table with 2 columns: DESCRIPTION, AMOUNT. Rows include LEASE /RENT PROCESSING (3,505), PROPERTY INSURANCE (2,871), INSURANCE CORPORATE LIABILITY/ UMBRELLA POLICY (4,600), and TOTAL TO FORM 990-T, PAGE 1, LINE 28 (10,976).

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 3

Table with 4 columns: DESCRIPTION, ACTIVITY NUMBER, AMOUNT, TOTAL. Rows include UTILITIES (12,618), REPAIRS & MAINTENANCE (4,336), SUPPLIES (1,881), - SUBTOTAL - (18,835), and TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3 (18,835).

2015 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL PROPERTY

E- 1

| Asset No | Description              | Date Acquired | Method | Life | Conv | Line No | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|----------|--------------------------|---------------|--------|------|------|---------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 11       |                          | 05/01/03      |        | .000 |      | HV16    |                          |            |                     |                      |                        | 82,479.                            |                         | 0.                     | 82,479.                         |
|          | * TOTAL 990-T SCH E DEPR |               |        |      |      |         | 0.                       |            |                     |                      |                        | 82,479.                            |                         | 0.                     | 82,479.                         |

598111  
04-01-15

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone