

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

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

2015

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).

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

Header section containing organization name (BETHANY HOUSE OF NASSAU COUNTY CORPORATION), address (102 WHITEHOUSE AVENUE, ROOSEVELT, NY 11575), and identification number (11-2848726).

Section C: Book value of all assets at end of year (3,347,486) and Section F: Group exemption number and organization type (501(c) corporation).

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

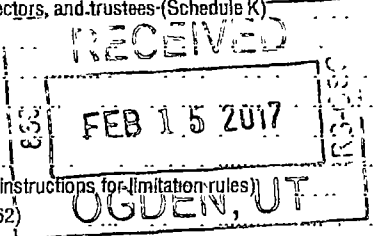
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (X) No

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1581 and 1583) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ 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: <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 35e of 36, 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 from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <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.
44a Payments: A 2014 overpayment credited to 2015 _____	44a	
b 2016 estimated tax payments _____	44b	
c Tax deposited with Form 8878 _____	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"/> Form 4136 <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 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> _____	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		6 Inventory at end of year _____	6	
2 Purchases _____	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 _____	7	
3 Cost of labor _____	3				
4a Additional section 263A costs (att. schedule) _____	4a				
b Other costs (attach schedule) _____	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? _____	Yes	No
5 Total. Add lines 1 through 4b _____	5				

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.

Sign Here: *Joseph Flaherty* 2/8/17 PRESIDENT

Paid Preparer Use Only: EDWIN BIAZON, CITRIN COOPERMAN & COMPANY, LLP, 131 SUNNYSIDE BLVD., SUITE 110, PLAINVIEW, NY 11803. Phone no. (516) 349-2150.

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

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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) RESIDENTIAL PROPERTY	60,262.	SEE STATEMENT 3
(2)		
(3)		
(4)		
Total	0. Total 60,262.	
(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
60,262.		18,835.

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)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

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)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	

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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)				
Totals	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)						
Totals	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)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, 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)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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

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

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
LEASE /RENT PROCESSING	3,505.
PROPERTY INSURANCE	2,871.
INSURANCE CORPORATE LIABILITY/ UMBRELLA POLICY	4,600.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	10,976.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		12,618.	
REPAIRS & MAINTENANCE		4,336.	
SUPPLIES		1,881.	
- SUBTOTAL -	1		18,835.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			18,835.

2015 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL PROPERTY

B- 1

Asset No	Description	Date Acquired	Method	Life	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	HY16						82,479.		0.	82,479.
	* TOTAL 990-T SCH E DEPR					0.				0.	82,479.		0.	82,479.

528111
04-01-15

(D) - Asset disposed

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