Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2022 calen	dar year, or tax year beginni	ing	8/1/2022	, an	d ending	7/3	1/2023	
В	Check i	if applicable:	C Name of organization					D Employ	yer identification num	ıber
Ш	Address	s change	Ben's Place Services Inc							
	Name o	change	Number and street (or P.O. box if r	nail is not delivered to	street address)		Room/suite		32-0122751	
	Initial re	eturn	4530-15 St Johns Ave				325	E Telepho	one number	
	Final retu	urn/terminated	City or town		State	ZIP cod	de			
	Amende	ed return	Jacksonville		FL	32210	o •		(904) 379-7570	
	Applicat	tion pending	Foreign country name	Foreign provinc	e/state/county		n postal code	F Group	Exemption	
			l					Numb	er	
G	Accour	nting Method:	X Cash Accrual	Other (specify)				Check	if the organiza	tion is
	Websi		pensplacecof.org	Other (specify)					ed to attach Sched	
				<u> </u>				(Form 990		uie D
<u>J</u>	Tax-exer	mpt status (ched	ck only one) — X 501(c)(3)	501(c) () (insert no.)	4947(a)(1)	or527			
Κ	Form of	f organization:	X Corporation	Trust	Association	□ ∘	ther			
L	Add line	es 5b. 6c. and	7b to line 9 to determine gross	receipts. If gross	receipts are \$200.0	000 or moi	e. or if total as	sets		
			=		•				\$	47,917
Pa	art I	Revenue	are \$500,000 or more, file Forme, Expenses, and Chan	ges in Net Ass	sets or Fund B	Balances	s (see the in	struction	s for Part I)	
			the organization used So							. X
\neg	1		ns, gifts, grants, and similar						1	35,666
	2	Program se	rvice revenue including gov	ernment fees and	d			-	2	12,211
	3	Memberehir	p dues and assessments .	erriment lees and	CONTRACTS				3	12,211
	4		income						4	40
	- 5а		unt from sale of assets other			5a			•	
	b		or other basis and sales exp	•		5b		_		
	C		s) from sale of assets other				a)		ic	0
	6		d fundraising events:	undin in volucity (c			-,			
	a	-	ne from gaming (attach Sch	edule G if greate	r than					
ne	-					6a				
Revenue	b		me from fundraising events (\$	of cor	ntributions			
Ş			ising events reported on line		dule G if the					
-			n gross income and contribu			6b				
	С		expenses from gaming and			6c				
	d		or (loss) from gaming and f			nd 6b and	l subtract			
		line 6c)						. 6	id	0
	7a	Gross sales	s of inventory, less returns ar	nd allowances .		7a				
	b		of goods sold			7b				
	С		or (loss) from sales of inver						'c	0
	8		nue (describe in Schedu l e O						8	
\perp	9		ue. Add lines 1, 2, 3, 4, 5c,						9	47,917
	10		similar amounts paid (list in						0	
	11		id to or for members						1	
Ses	12		her compensation, and emp						2	37,474
Expenses	13		I fees and other payments t						3	1,890
ď	14		rent, utilities, and maintena						4	1,435
Ш	15		blications, postage, and ship						5	07.00:
	16		nses (describe in Schedule (6	27,821
\dashv	17		nses. Add lines 10 through 1						7	68,620
şţ	18	•	deficit) for the year (subtract		•			1	8	-20,703
SSE	19		or fund balances at beginnin						10	0E 400
Net Assets	20	•	figure reported on prior yea	•					9	35,486
Ne le	20		ges in net assets or fund bal		·				20	14 700
	21	net assets (or fund ba l ances at end of y	ear. Combine line	es 18 inrough 20		<u></u>	. 2	21	14,783

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	Balance Sheets (see the instructions Check if the organization used Schedule O	to respond to an	y question in t	morarem					· · · · · <u>L</u>
					(A)	Beginning of	year		(B) End of year
22	Cash, savings, and investments			[35	5,486	22	14,783
23	Land and buildings			[23	
24	Other assets (describe in Schedule O)			[24	
25	Total assets					35	5,486	25	14,783
26	Total liabilities (describe in Schedule O)							26	
27	Net assets or fund balances (line 27 of colun	nn (B) must agre	e with line 21)			35	5,486	27	14,783
Pa	rt III Statement of Program Service Accom	ı plishments (see	the instruction	ns for Part III)			_		
	Check if the organization used Schedule	e O to respond to	any question	in this Part III .		'	X		Expenses
Nha	t is the organization's primary exempt purpose?	Serve those	with developm	nental or physical	disa	bilities			quired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomp		ch of its three I	argest program s	ervic	es,		orga	nizations; optional
as m	neasured by expenses. In a clear and concise m	anner, describe tl	he services pro	ovided, the numb	er of		•	for o	thers.)
	ons benefited, and other relevant information for				4				_
28	Support - We provide supportive services for the	ose with develop	mental or						
	physical disabilities allowing them to interact an					.			
	skills with their peers in a social environment. V	Ve serve nearly 2	20 persons		;		<u></u>		
	(Grants \$) If this am	nount includes for	eign grants, cl	heck here				28a	
29	Activities - Service programs include arts/crafts,	gardening, jewe	Iry making,						
	music activities, dancing, learning to wash cloth	es, and leatherw	ork.						
	(Grants \$) If this am	nount includes for	eign grants, cl	heck here				29a	
30	Skill Building - By learning vocational skills and	training individua	Is are	4					
	better positioned to be employable.								
	(Grants \$) If this am	nount includes for	eign grants, cl	heck here			П	30a	
31	Other program services (describe in Schedule (D)	<i>[, , , , , , , , , , , , , , , , , , ,</i>				_		
31	Other program services (describe in Schedule (Grants \$) If this am								
,	(Grants \$) If this am	ount includes for	eign grants, cl	heck here				31a	
32	(Grants \$) If this am Total program service expenses. (add lines 26)	ount includes for 8a through 31a)	reign grants, cl	heck here				31a 32	0
32	(Grants \$) If this am Total program service expenses. (add lines 29 rt IV List of Officers, Directors, Trustees, and	nount includes for Ba through 31a) nd Key Employe	eign grants, cl	heck here	· · · · · · · · · · · · · · · · · · ·	ted—see th	e instr	31a 32	os for Part IV)
32	(Grants \$) If this am Total program service expenses. (add lines 26)	nount includes for Ba through 31a) nd Key Employe	eign grants, cl	heck here	· · · · · · · · · · · · · · · · · · ·		e instr	31a 32 ruction	os for Part IV)
32	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule	nount includes for Ba through 31a) nd Key Employe O to respond to	reign grants, cl	heck here	ensa	ted—see th	e instr	31a 32 ruction	os for Part IV)
32	(Grants \$) If this am Total program service expenses. (add lines 29 rt IV List of Officers, Directors, Trustees, and	nount includes for Ba through 31a) nd Key Employe O to respond to	reign grants, cl	heck here	ensa		e instr	31a 32 ruction	as for Part IV)
32	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule	nount includes for Ba through 31a) nd Key Employe O to respond to	reign grants, cl	heck here	ensa SC/	ted—see th d) Health	e instr	31a 32 ruction	os for Part IV)
32 Pa	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title	nount includes for Ba through 31a) nd Key Employe O to respond to	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
32 Pa	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule	nount includes for Ba through 31a) nd Key Employe O to respond to	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
32 Pa Anni Volu	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough nteer Executive Director	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
32 Pa Anni Volu Emil	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title the Candy Yarbrough Inter Executive Director y Pate	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
32 Pa Anni Volu Emil	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough nteer Executive Director y Pate sident	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
Anni Volu Emill Pres	(Grants \$) If this am Total program service expenses. (add lines 26 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough nteer Executive Director y Pate sident Abraham	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
Anni Volu Emil Pres Jay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough nteer Executive Director y Pate sident Abraham surer	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
Anni Volu Emil Pres Jay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title de Candy Yarbrough nteer Executive Director y Pate sident Abraham surer on Gibson	nount includes for Ba through 31a) nd Key Employe O to respond to (b) hours devoted Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
Anni Volu Emil Pres Jay Trea Jasc	(Grants \$) If this am Total program service expenses. (add lines 2) It IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title The Candy Yarbrough Inter Executive Director In Yarbrough Inter Executive Director In Gibson In Gibson In Gibson In Trustees, and In Canada In Trustees, and In Canada In In Canada In	nount includes for Ba through 31a) nd Key Employe O to respond to hours devoted Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
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Anni Volu Emil Pres Jay Vice Deb Secr	Total program service expenses. (add lines 20 ort IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title The Candy Yarbrough (a) Name and title The Candy Yarbrough (b) Pate (c)	nount includes for Ba through 31a) nd Key Employe O to respond to (b) hours devoted Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
Anni Volu Emil Pres Jay Jasc Vice Deb Secr Law	Total program service expenses. (add lines 2) It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title The Candy Yarbrough Interest Executive Director y Pate Indient I	nount includes for Ba through 31a) nd Key Employe O to respond to (b) hours devoted Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
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Anni Volu Emil Pres Jay Vice Deb Secr Law Dire Ebool	Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title The Candy Yarbrough (a) Name and title The Candy Yarbrough (b) Pate (c)	nount includes for Ba through 31a) nd Key Employe O to respond to (b) hours devoted Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	os for Part IV)
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Anni Volu Emil Pres Jay Vice Deb Secr Law Dire Eboi Dire Eboi Clay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough Inteer Executive Director In President In Gibson	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
Anni Volu Emil Pres Jay Vice Deb Seci Law Dire Eboi Estep Proc	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough Inteer Executive Director In President In Gibson	nount includes for Ba through 31a) nd Key Employe O to respond to (b) hours devoted Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
Anni Volu Emil Pres Jay Vice Deb Secr Law Dire Eboi Dire Eboi Clay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough Inteer Executive Director In President In Gibson	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
Anni Volu Emill Pres Jay Vice Deb Secr Law Dire Eboi Dire Eboi Clay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough Inteer Executive Director In President In Gibson	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)
Anni Volu Emill Pres Jay Vice Deb Secr Law Dire Eboi Dire Eboi Clay	(Grants \$) If this am Total program service expenses. (add lines 28 rt IV List of Officers, Directors, Trustees, an Check if the organization used Schedule (a) Name and title e Candy Yarbrough Inteer Executive Director In President In Gibson	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	reign grants, cl	heck here	ensa SC/	ted—see th (d) Health contribu employee be	e instr	31a 32 ruction	as for Part IV)

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa	rt V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Χ
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911; section 4912; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed.			
42a		(907) 3	379 - 757	70
724	-		775 101	
	Located at 1751 LINDSEY RD City Jacksonville ST FL ZIP + 4 322	Z1		<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions.	45b		Х
				_

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	022) Ben's Place Servi	ces Inc						32-0122	751	Page 4
										Yes	No
46		e organization engage, directly or i	• • •				•				
		ididates for public office? If "Yes," o		edule C, Part I					. 46		<u> </u>
Part	VL	Section 501(c)(3) Organizati			47 405 1 50						
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.										
		Check if the organization used	Schedule	O to respond to a	nv question in t	his Part	VI.				
				- to 100pona to a.	, 90.000.0					Yes	⊢ ∏No
47	Did th	e organization engage in lobbying	activities or h	ave a section 501(h)	\ election in effect	t during t	ho tav			162	INO
71		If "Yes," complete Schedule C, Par							. 47		X
48		organization a school as described							48	1	$\frac{\hat{x}}{x}$
49a		e organization make any transfers							49a		
		s," was the related organization a s	-		-				. 49b	1	
50		lete this table for the organization's						ors, trustees,	and key		
		yees) who each received more tha	_		•		_				
					(c) Reportable		(d) He	alth benefits,			
		(a) Name and title of each employee		(b) Average hours per week	compensation		ontributio	ns to employee	1 ' '	nated am	
				devoted to position	(Forms W-2/1099-N 1099-NEC)	MISC/ b		ns, and deferred pensation	other	compens	ation
	N 1				<u>'</u>				1		
	None			. 00							
Title			Hr/Wh	.00							
Name_ Title			 Hr/Wk	.00							
Name			FII/VVF	.00							
Title			 Hr/Wk	.00							
Name			11117441								
Title			 Hr/Wk	.00							
Name											
Title			Hr/Wh	.00							
f	Total r	number of other employees paid ov	er \$100,000		· · ·						
51		lete this table for the organization's				rs who ea	ach red	ceived more	than		
	\$100,	000 of compensation from the orga	anization. If th	nere is none, enter " <mark>I</mark>	None."			1			
		(a) Name and business address of each	independent con	tractor	(b) Type (of service		(c) Compens	ation	
								<u> </u>			
	None	St			.						
City		Sī		ZIP							
Name		St		710	-						
City				ZIP							
Name_ City				ZIP	-						
Name		St		ZII							
City		Sī		ZIP	-						
Name		St									
City		Sī	-	ZIP							
d	Total r	number of other independent contra	actors each re	eceiving over \$100,0	000	· _					
52		e organization complete Schedule	A? Note: All	section 501(c)(3) org	ganizations must	attach a					
	completed Schedule A										
		of perjury, I declare that I have examined this					of my kr	owledge and be	lief, it is		
true, co	rrect, an	d complete. Declaration of preparer (other tha	an officer) is base	d on all information of whi	ch preparer has any k	nowledge.					
Sign		Signature of officer						ate			
Here		Anne M Yarbrough					E	xecutive Dire	ector		
		Type or print name and title Print/Type preparer's name		Dropororio signatura		Doto			PTIN		
Paid		**		Preparer's signature		Date	0004		if	·VVVV	~
Prep	arer	Alicia D Gabree	unting 9 Tax	Alicia D Gabree		2/21/2		self-employed	•	(XXXX) 7	
Use	Only	Firm's name Alicia D Gabree Acco							3-186117 04) 233-(
May t	ne IRS	Firm's address 4584 St Johns Avoidiscuss this return with the prepar			e		1 1	hone no. (9		es] No
iviay li	10 II/Q	alocuos uno return with the prepar	CI SIIUWII ADC	vo: occ manuchons	·				I L	<u>ت</u> ت	1 140

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

990 or Form 990-EZ.

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

Inspection Employer identification number

Ben'	s PI	ace Services Inc					32-01	22751
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	orga	anization is not a private foundat	ion because it is: (Fe	or lines 1 through 12,	check on l y	one box.)	
1		A church, convention of church	es, or association of	f churches described ir	n section	170(b)(1)(A)(i).	
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedu l e E (Form	990).)		•	
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(I	b)(1)(A)(iii).	
4		A medical research organizatio hospital's name, city, and state:		nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	iter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a gov	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170)(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	init or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organizor university or a non-land-gran	zation described in s it college of agricultu	section 170(b)(1)(A)(ix ure (see instructions).	c) operated Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or
10	X	university: An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt functio income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its
11		An organization organized and	operated exclusively	y to test for public safe	ety. See s e	ection 509	(a)(4).	
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See sectio :	n 509(a)(3).
а]	Type I. A supporting organiz the supported organization(s organization. You must con	ation operated, supos) the power to regul	ervised, or controlled blarly appoint or elect a lons A and B.	oy its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting
b		Type II. A supporting organize control or management of the organization(s). You must c	e supporting organi	zation vested in the sa				
С		Type III functionally integration its supported organization(s	(see instructions).	You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizati	ion generally must sati	isfy a distr	ibution red	quirement and an att	
е		Check this box if the organize functionally integrated, or Ty	ation received a wri	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported						0
g		Provide the following information						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		V/			Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								•
Tota	I						0	0

Schedule A (Form 990) 2022 Ben's Place Services Inc 32-0122751

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) **Section A. Public Support** Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 0 0 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) 0 0 0 Amounts from line 4 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **Section C. Computation of Public Support Percentage** Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 0.00% 15 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

<u> Page</u> **2**

Ben's Place Services Inc 32-0122751

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

Schedule A (Form 990) 2022

(Complete only if you checked the box on line 10 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 II.)

Sec	ction A. Public Support	•		, ,	· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	37,950	16,156	3,374	11,115	25,034	93,629
2	Gross receipts from admissions, 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						
	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	07.050	10.150			27.001	(
6	Total. Add lines 1 through 5	37,950	16,156	3,374	11,115	25,034	93,629
7a	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			. 4			
	or 1% of the amount on line 13 for the year						(
_	Add lines 7a and 7b	0	• 0	0	0	0	
8	Public support (Subtract line 7c from	Ü		J	Ü	Ü	
Ŭ	line 6.)						93,629
Sec	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	37,950	16,156	3,374	11,115	25,034	93,629
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	·					
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business	V					
	activities not included on line 10b, whether						_
	or not the business is regularly carried on						C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	37,950	16 156	3,374	11,115	25,034	93,629
14	and 12.)		16,156			25,034	93,028
1-4	organization, check this box and stop here			-			
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2022 (line 8, c		_	(f))		15	100.00%
16	Public support percentage from 2021 Sched	* *	•			16	100.00%
	ction D. Computation of Investmen						
17	Investment income percentage for 2022 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
19a	33 1/3% support tests—2022. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The org	anization qua l ifies	as a publicly suppo	orted organization		X
b	33 1/3% support tests—2021. If the organi						_
	line 18 is not more than 33 1/3%, check this						_
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

Page **3**

Schedule A (Form 990) 2022 Ben's Place Services Inc 32-0122751 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
4		
10b		

Schedul	le A (Form 990) 2022 Ben's Place Services Inc	32-0122751	F	age 5
Part				
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	m d		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a 11c below, the governing body of a supported organization?	na 11 a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, p</i>			
	detail in Part VI .	11 c	;	
Secti	on B. Type I Supporting Organizations	•		
		A	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount and organization and org			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Page 11.	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1,7	
1	Ware a majority of the organization's directors or tructoes during the tay year also a majority of the director	are T	Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or manage			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C = =4:	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations		\	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye The organization satisfied the Activities Test. Complete line 2 below.	ar (see instructioi	ns).	
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntal antitu (: :	- (' - · · -)	
С		ritai eritity (see instruc	_	
2	Activities Test. Answer lines 2a and 2b below.	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported or anizations and explain how these activities directly furthered their exempt purpos			
	how the organization was responsive to those supported organizations, and how the organization determined the support of the s			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	ent,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged			
_	these activities but for the organization's involvement.	<u>2b</u>		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regarder.			

 Schedule A (Form 990) 2022
 Ben's Place Services Inc
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 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	inte	egrated Type III supporting of	
instructions).			·

Part '	Type III Non-Functionally Integrated 509(a)(3)	<u>) Supporting Organi</u>	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt		1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—p	orovide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respoi	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 0			
b	From 2018			
С	From 2019			
d	From 2020			
<u>e</u>	From 2021			
f	Total of lines 3a through 3e	0	_	
g	Applied to underdistributions of prior years		0	
	Applied to 2022 distributable amount			0
<u> i</u>	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021 0			
е	Excess from 2022 0			

Schedule A (Form 990) 2022 Ben's Place Services Inc 32-0122751 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Ben's Place Services Inc 32-0122751 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Ben's Place Services Inc

Employer identification number
32-0122751

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person

Name of organization

Ben's Place Services Inc

Employer identification number
32-0122751

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(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 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
		\$	

Name of org	anization e Services Inc				Employer identification number 32-0122751	
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ear from any o ompleting Part (Enter this info	ne contributor. Com III, enter the total of e ormation once. See in	plete colu exclusively	section 501(c)(7), (8), or umns (a) through (e) and religious, charitable, etc.,	0
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
						- - -
		(e) Tı	ansfer of gift			
	Transferee's name, address, and Z	IP + 4	Relation	nship of t	ransferor to transferee	
	For. Prov. Country					-
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
						- - -
	Transferee's name, address, and Z	IP + 4	ransfer of gift Relation	nship of t	ransferor to transferee	
	For. Prov. Country					- - -
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
						- - -
	Transferee's name, address, and Z		ansfer of gift Relation	nship of 1	ransferor to transferee	
	For. Prov. Country					- - -
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
						-
				-		-
			ansfer of gift			
	Transferee's name, address, and Z	IP + 4 	Relation	nsnip of 1	transferor to transferee	
						-
	For. Prov. Country					-

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 32-0122751 Ben's Place Services Inc Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) custody or control of or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 0 0 0 0 0 3 0 10 0 0 **Total** 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		more than \$15,000 of fo		^		
		events with gross recei	pts greater than \$5,00 (a) Event #1	(b) Event #2	(c) Other events	1
			(a) Event#1	(b) EVOIR #2	(b) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts			(0
~	2	Less: Contributions Gross income (line 1 minus			(0
		line 2)				0
	4	Cash prizes				0
	5	Noncash prizes				0
enses	6	Rent/facility costs			C	0
Direct Expenses	7	Food and beverages			C	0
Direc	8	Entertainment			C	0
	9	Other direct expenses				0
	10 11	Direct expense summary. Add Net income summary. Subtract				(0)
Pa	rt III		ne organization answe	red "Yes" on Form 990), Part IV, line 19, or r	
		\$15,000 on Form 990-E				·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue	•.0			0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				
)irect	_	•				0
	4	Rent/facility costs	40			0
<u> </u>	4 5		× (O)			
_	4 5 6	Rent/facility costs	Yes %	☐ Yes %	Yes%	0
		Rent/facility costs Other direct expenses	No	No	No	0
	6	Rent/facility costs Other direct expenses	No No lines 2 through 5 in colu	mn (d)	No	0 0
	6 7 8	Rent/facility costs Other direct expenses	No lines 2 through 5 in colu	mn (d)	No	(0) 0
	6 7 8 E a Is	Rent/facility costs Other direct expenses	No No lines 2 through 5 in columns Subtract line 7 from line ganization conducts gaminduct gaming activities in	mn (d)	No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9	6 7 8 El a Is b If	Rent/facility costs Other direct expenses	No No lines 2 through 5 in columns and the second	mn (d)	No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9	6 7 8 E la ls b lf	Rent/facility costs Other direct expenses	No lines 2 through 5 in column. Subtract line 7 from line ganization conducts gaminduct gaming activities in aming licenses revoked, s	nn (d)	No No	0 0 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Sched	ule G (Form 990) 2022 Ben's Place Services Inc	32-012	<u> 2751 </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	🖂	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes] No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the amount of gaming revenue retained by the third party \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		v [ا ا
b	retain the state gaming license?		Yes	∐ No
	spent in the organization's own exempt activities during the tax year \$			0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns			d
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	informat	ion.	
	See instructions.			

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Ben's Place Services Inc	32-0122751
Form 990-EZ, Part III, Line 31: Schedule O Grants and allocations: 0, Program service	
expenses: 0	
Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 8,491	
Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 7,838	
Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,052	
Form 990-EZ, Part I, Line 16, Other Expenses: Food supplies: 1,427	
Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 179	
Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 421	
Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 3,037	
Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 5,306	
Form 990-EZ, Part I, Line 16, Other Expenses: License: 70	
• ()	

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Ben's Place Services Inc	32-0122751
	02 0 12210 1
	
	/
X	
*	

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 8/1 , 2022, and ending 7/31 , 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN			
Ben's Place Services Inc	XX-XX	(X2751		
Name and title of officer or person subject to tax	•			
Anne M Yarbrough	Executive Directo	r		
Part I Type of Return and Return Information	_			
Check the box for the return for which you are using this Form 8879-TE and enter the CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	dollars only. If you check the box on line 1a with this form was blank, then leave line 1b u entered -0- on the return, then enter -0- or Part VIII, column (A), line 12)	, 2a, 3a, 4a, , 2b, 3b, 4b, the b		
Under penalties of perjury, I declare that X I am an officer of the above entity or		pect to (name		
of entity) Ben's Place Services Inc (EIN) XX-XXX2751 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize Alicia D Gabree Accounting & Tax Service, Inc to enter my PIN XXXXX as my signature Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent scre				
As an officer or person subject to tax with respect to the entity, I will e electronically filed return. If I have indicated within this return that a c regulating charities as part of the IRS Fed/State program, I will enter	copy of the return is being filed with a sta my PIN on the return's disclosure cons	ite agency(ies) ent screen.		
Signature of officer or person subject to tax	Date	2/21/2024		
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	XXXXXXXXXX Do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2 that I am submitting this return in accordance with the requirements of Pub. 41 IRS <i>e-file</i> Providers for Business Returns.				
ERO's signature Alicia D Gabree	Date			
ERO Must Retain This Form—See Instructions				

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 8/1 , 2022, and ending 7/31 , 20 23

Ī

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer Ben's Place Services Inc. XX-XXX2751 Name and title of officer or person subject to tax Anne M Yarbrough **Executive Director** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below, Do not complete more than one line in Part I. 1a Form 990 check here **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . 1b 2a Form 990-EZ check here **b** Total revenue, if any (Form 990-EZ, line 9). . 2h 3a Form 1120-POL check here . . . **b** Total tax (Form 1120-POL, line 22). 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5). 4h 5a Form 8868 check here **b** Balance due (Form 8868, line 3c) . . 6a Form 990-T check here **b** Total tax (Form 990-T, Part III, line 4). **b Total tax** (Form 4720, Part III, line 1) . 7a Form 4720 check here 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b b Tax due (Form 5330, Part II, line 19). . 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury. I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) XX-XXX2751 of entity) Ben's Place Services Inc and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Alicia D Gabree Accounting & Tax Service, Inc to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. XXXXXX do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Alicia D Gabree ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So