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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2008**Open to Public  
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

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

Please use IRS label or print or type  
See Specific Instructions**C** Name of organization**BETHANNA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1030 SECOND STREET PIKE**City or town, state or country, and ZIP + 4  
**SOUTHAMPTON, PA 18966****F** Name and address of principal officer: **CHARLES SEITH**  
**SAME AS C ABOVE****D** Employer identification number**23-1649667****E** Telephone number**215-355-6500****G** Gross receipts \$ **16,928,703.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BETHANNA.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1950** **M** State of legal domicile: **PA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: <b>THE PROVISION OF RESIDENT AND FOSTER CARE SERVICES</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3	10				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10				
5	Total number of employees (Part V, line 2a)	5	321				
6	Total number of volunteers (estimate if necessary)	6	75				
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	636,222.	401,095.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,424,205.	16,508,634.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,584.	685.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,036.					
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,069,047.	16,910,414.				
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,187,840.	10,744,636.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>182,717.</b>						
17	Other expenses (Part IX, column (A), lines 11a-11d; 11f-24f)	7,251,516.	7,449,364.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,439,356.	18,194,000.				
19	Revenue less expenses. Subtract line 18 from line 12	-370,309.	-1,283,586.				
20	Total assets (Part X, line 16)	Beginning of Year	End of Year				
21	Total liabilities (Part X, line 26)	5,129,128.	4,933,848.				
22	Net assets or fund balances. Subtract line 21 from line 20	4,740,164.	5,838,002.				
		388,964.	-904,154.				

**Part II Signature Block**

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

Sign Here: **Ronald L. Fritch** Signature of officer **5/13/10** Date

Type or print name and title: **Ronald L. Fritch, CFO**

Paid Preparer's Use Only: Preparer's signature **Thomas H. Martin** Date **5/2/10** Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: **KLATZKIN & COMPANY, LLP**  
**1670 WHITEHORSE HAM SQ RD**  
**HAMILTON, NJ 08690-3513**

EIN ▶ **(609)890-9189** Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUL 1 2 2010

015-18  
19

**Part III Statement of Program Service Accomplishments** (see instructions)

- 1 Briefly describe the organization's mission. **SEE SCHEDULE O FOR CONTINUATION**  
**BETHANNA IS A CHRISTIAN NON-PROFIT ORGANIZATION THAT PROVIDES SERVICES FOR CHILDREN AND THEIR FAMILIES. FOR OVER 75 YEARS BETHANNA HAS REACHED OUT TO ABUSED, NEGLECTED AND MEDICALLY NEEDY CHILDREN IN THE GREATER PHILADELPHIA AREA. BETHANNA'S MISSION, AS A CHRISTIAN**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  
**SEE SCHEDULE O FOR CONTINUATION(S)**
- 4a (Code: ) (Expenses \$ **4,766,377.** including grants of \$ ) (Revenue \$ **3,838,133.** )  
**RESIDENTIAL TREATMENT FACILITY - THE RESIDENTIAL TREATMENT PROGRAM (FY 2009 PROGRAM REVENUE = \$3,838,133) LOCATED ON BETHANNA'S 40 ACRE SOUTHAMPTON CAMPUS, PROVIDES HIGHLY STRUCTURED AND INDIVIDUALIZED 24-HOUR OUT-OF-HOME CARE FOR CHILDREN AND ADOLESCENTS WITH A HISTORY OF PSYCHIATRIC HOSPITALIZATIONS AND SOCIAL AND BEHAVIORAL DYSFUNCTIONS. RESULTS HAVE CONSISTENTLY SHOWN THAT YOUTH IN RESIDENTIAL TREATMENT ACHIEVED REDUCTIONS IN THE FREQUENCY AND INTENSITY OF THEIR SYMPTOMS WHICH RANGE FROM ATTENTION DEFICIT DISORDER TO OPPOSITIONAL DEFIANT DISORDER. THE PRIMARY OBJECTIVE OF RESIDENTIAL TREATMENT IS TO PROVIDE COMPREHENSIVE MENTAL HEALTH TREATMENT IN A THERAPEUTIC LIVING ENVIRONMENT. THE PROGRAM ACCOMMODATES UP TO 50 BOYS AND GIRLS, AGES 6 TO 15. A TREATMENT TEAM WORKS DILIGENTLY TO RETURN THE CHILDREN TO**
- 4b (Code: ) (Expenses \$ **2,654,345.** including grants of \$ ) (Revenue \$ **3,346,571.** )  
**KINSHIP CARE (FY 2009 PROGRAM REVENUE = \$3,346,571) - A GROWING NUMBER OF CHILDREN WHO CANNOT LIVE WITH THEIR PARENTS ARE BEING RAISED BY A RELATIVE OR ANOTHER ADULT WHO HAS A PRE-EXISTING BOND WITH THE CHILDREN OR THEIR PARENTS. THIS TYPE OF ARRANGEMENT IS KNOWN AS KINSHIP CARE. THROUGH THIS PROGRAM CHILDREN ARE PLACED IN THE HOME OF A "RELATIVE" WHERE THE "RELATIVE", THE PARENTS AND THE "RELATIVE" CAREGIVERS RECEIVE SOCIAL SERVICES AND SUPPORT TO PROVIDE A SAFE, NURTURING, TEMPORARY HOME AND SECURE A PERMANENT LIVING SITUATION FOR THE CHILDREN. THE PRIMARY PLACEMENT GOAL IS REUNIFICATION OF THE CHILDREN AND PARENTS, HOWEVER, VARIOUS PLACEMENT ALTERNATIVES ARE EXPLORED AND OBTAINED. IF REUNIFICATION IS NOT APPROPRIATE, ADOPTION OR PERMANENT LEGAL CUSTODIANSHIP ARE PERMANENCY OPTIONS FOR CHILDREN LIVING WITH**
- 4c (Code: ) (Expenses \$ **2,577,518.** including grants of \$ ) (Revenue \$ **2,642,660.** )  
**FOSTER CARE - BETHANNA'S FOSTER CARE PROGRAM (FY 2009 PROGRAM REVENUE = \$2,642,660) RECRUITS FAMILIES TO PROVIDE TEMPORARY LOVING CARE TO CHILDREN. CHILDREN COMING INTO FOSTER CARE ARE TYPICALLY ADJUDICATED THROUGH THE COURT SYSTEM AS DEPENDENT AND REFERRED TO BETHANNA BY COUNTY CHILDREN AND YOUTH AGENCIES. IN MOST CASES, ASSUMING A CHILD'S SAFETY IS ASSURED, THE GOAL IS TO REUNITE THE CHILD WITH THE PARENTS. SOCIAL WORK SERVICES HELP BIRTH FAMILIES ACHIEVE REUNIFICATION GOALS. AFTERCARE SERVICES PROVIDE SUPPORT TO FAMILIES WHEN REUNIFICATION HAS OCCURRED AND ENSURE THAT CHILDREN ARE SAFE AND HEALTHY. FOSTER PARENTS CARE FOR THE CHILDREN'S DAY TO DAY NEEDS, INCLUDING ASSISTANCE WITH MEDICAL AND MENTAL HEALTH SERVICES, AS REQUIRED. THROUGH THE FOSTER PARENT MENTORING PROGRAM, FOSTER PARENTS HAVE THE UNIQUE OPPORTUNITY TO**
- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ **5,762,895.** including grants of \$ ) (Revenue \$ **6,681,270.** )
- 4e **Total program service expenses** ▶ \$ **15,761,135.** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12</b> X	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b> X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	66	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	321	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter N/A		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	10	
<b>b</b> Enter the number of voting members that are independent	10	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **PA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**  
**RONALD FRITCH - 215-355-6500**  
**1030 SECOND STREET PIKE, SOUTHAMPTON, PA 18966**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH CARACAPPA MEMBER	1.00	X						0.	0.	0.
VALORIE T. GOUGH MEMBER	1.00	X						0.	0.	0.
RAY PETERS MEMBER	1.00	X						0.	0.	0.
VICTOR RIVERA MEMBER	1.00	X						0.	0.	0.
JANET TYLER MEMBER	1.00	X						0.	0.	0.
FRANK WECKENMAN MEMBER	1.00	X						0.	0.	0.
REIN CLABBERS PRESIDENT	1.00			X				0.	0.	0.
ROBERT KILE TREASURER	1.00			X				0.	0.	0.
DONALD LEYPOLDT SECRETARY	1.00			X				0.	0.	0.
CONNIE WOOD VICE PRESIDENT	1.00			X				0.	0.	0.
CHARLES A. SEITH EXECUTIVE DIRECTOR	40.00			X	X			143,018.	0.	11,245.
RONALD L FRITCH CFO	35.00			X				90,970.	0.	11,817.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								233,988.	0.	23,062.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

- |   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | X  |

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <span style="float: right;">0</span>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	10,874.				
	b Membership dues	1b					
	c Fundraising events	1c	7,354.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	382,867.				
	g Noncash contributions included in lines 1a-1f \$		168,447.				
	h <b>Total.</b> Add lines 1a-1f			401,095.			
Program Service Revenue	2 a FEES AND CONTRACTS FROM	Business Code	900099	16508634.	16508634.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			16508634.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,764.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				11,210.			
c Gain or (loss)				18,289.			
d Net gain or (loss)				-7,079.			-7,079.
8 a Gross income from fundraising events (not including \$ 7,354. of contributions reported on line 1c) See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d							
12 <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				16910414.	16508634.	0.	685.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	244,543.		244,543.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	8,098,920.	7,151,146.	819,534.	128,240.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,625.	62,851.	41,289.	2,485.
<b>9</b> Other employee benefits	1,635,755.	1,349,410.	270,875.	15,470.
<b>10</b> Payroll taxes	658,793.	542,857.	108,675.	7,261.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	26,339.		26,339.	
<b>c</b> Accounting	36,000.		36,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	230,853.	223,950.	6,903.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	81,409.	71,253.	9,296.	860.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	210,982.	157,966.	53,016.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,300.	7,929.	17,681.	690.
<b>20</b> Interest	195,587.	178,313.	17,274.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	298,493.	136,266.	162,227.	
<b>23</b> Insurance	223,739.	196,969.	26,770.	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> CHILD CARE AND CLOTHING	3,173,757.	3,173,757.		
<b>b</b> TEMPORARY STAFF	1,157,249.	1,155,779.	1,220.	250.
<b>c</b> TRANSPORTATION	450,490.	441,273.	8,747.	470.
<b>d</b> SUPPLIES	382,540.	365,824.	15,065.	1,651.
<b>e</b> BILLING ADJUSTMENTS	287,863.		287,863.	
<b>f</b> All other expenses	667,763.	545,592.	96,831.	25,340.
<b>25</b> Total functional expenses. Add lines 1 through 24f	18,194,000.	15,761,135.	2,250,148.	182,717.
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	16,963.	1	14,950.
	2 Savings and temporary cash investments	56,453.	2	727,474.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,179,947.	4	1,577,785.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,621.	9	12,741.
	10a Land, buildings, and equipment cost basis	10a 6,213,790.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 3,786,795.		
		2,704,049.	10c	2,426,995.
	11 Investments - publicly traded securities		11	35,685.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	149,095.	15	138,218.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,129,128.	16	4,933,848.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,601,870.	17	1,446,839.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	105,000.
	23 Secured mortgages and notes payable to unrelated third parties	3,060,163.	23	4,261,394.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	78,131.	25	24,769.
	26 <b>Total liabilities.</b> Add lines 17 through 25	4,740,164.	26	5,838,002.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	304,936.	27	-965,325.
	28 Temporarily restricted net assets	34,028.	28	11,171.
	29 Permanently restricted net assets	50,000.	29	50,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	388,964.	33	-904,154.
	34 <b>Total liabilities and net assets/fund balances</b>	5,129,128.	34	4,933,848.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	961,475.	589,623.	425,805.	636,222.	401,095.	3014220.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	961,475.	589,623.	425,805.	636,222.	401,095.	3014220.
<b>5</b> 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)						239,087.
<b>6 Public Support.</b> Subtract line 5 from line 4						2775133.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	961,475.	589,623.	425,805.	636,222.	401,095.	3014220.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,131.	183,921.	27,161.	8,208.	-2,589.	243,832.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		24.	67.	412.		503.
<b>11 Total support.</b> Add lines 7 through 10						3258555.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	77,234,280.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	85.16 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	81.41 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3. Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b. If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a. Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b. If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	61,736.				
b Contributions					
c Investment earnings or losses	1,935.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	63,671.				

2. Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 78.50 %  
 c Term endowment ► 21.50 %

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4. Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		17,100.		17,100.
b Buildings		2,873,221.	1,993,440.	879,781.
c Leasehold improvements		1,774,051.	534,228.	1,239,823.
d Equipment		1,348,629.	1,084,203.	264,426.
e Other		200,789.	174,924.	25,865.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,426,995.

Schedule D (Form 990) 2008

<b>Part VII</b>	<b>Investments - Other Securities.</b> See Form 990, Part X, line 12.
-----------------	---

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
<b>Total</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

[illegible]

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15
----------------	--

[illegible]

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25
---------------	---

(a) Description of liability	(b) Amount
Federal income taxes	
<b>CAPITAL LEASE OBLIGATIONS</b>	<b>24,769.</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	<b>24,769.</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,910,414.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,194,000.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,283,586.
4	Net unrealized gains (losses) on investments	4	-9,532.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-9,532.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,293,118.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	17,000,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-9,532.
b	Donated services and use of facilities	2b	104,006.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	94,474.
3	Subtract line 2e from line 1	3	16,905,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,472.
c	Add lines 4a and 4b	4c	4,472.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	16,910,414.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	18,293,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	104,006.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	104,006.
3	Subtract line 2e from line 1	3	18,189,528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,472.
c	Add lines 4a and 4b	4c	4,472.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,194,000.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART V, LINE 4: THE INVESTMENT INCOME AND NET APPRECIATION EARNED ON**

**THE ENDOWMENT PRINCIPAL ARE TO BE USED FOR EDUCATIONAL SCHOLARSHIPS.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**INDIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME ON FINANCIAL**

**STATEMENTS: 4472.**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information *(continued)*

INDIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME ON  
FINANCIAL STATEMENTS: 4472.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**BETHANNA**

Employer identification number

**23-1649667**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director Check all that apply

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **BETHANNA** Employer identification number **23-1649667**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CHARLES SEITH - C	X		20,000.	20,000.		X		X		X
RONALD FRITCH - C	X		85,000.	85,000.		X		X	X	
<b>Total</b>				▶ \$ 105,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**BETHANNA**

Employer identification number

**23-1649667**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		175.	DISCOUNTD/THRIFT VALUE
5 Clothing and household goods	X		146,633.	DISCOUNTD/THRIFT VALUE
6 Cars and other vehicles	X	1	3,370.	BLUE BOOK VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	31	3,756.	COST/REPLACEMENT VALUE
20 Drugs and medical supplies	X	1	100.	COST/REPLACEMENT VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>COMPTR HRDWRE</u> )	X	4	8,520.	DISCNTD/THRIFT OR COST
26 Other ► ( <u>HORSE &amp; TACK</u> )	X	1	2,450.	DISCNTD/THRIFT OR COST
27 Other ► ( <u>RECREATN TCKT</u> )	X	6	1,778.	FACE VALUE
28 Other ► ( <u>WINDOWS</u> )	X	1	1,665.	REPLACEMENT VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION, IS TO PROVIDE THE HIGHEST QUALITY SYSTEM OF CARE FOR  
CHILDREN AND FAMILIES. . .TO ENSURE SAFETY, RESTORE EMOTIONAL WELLNESS,  
AND BUILD FAMILY STABILITY. BETHANNA SERVED APPROXIMATELY 2,300  
CHILDREN DURING THE FISCAL YEAR ENDED JUNE 30, 2009 RANGING IN AGE FROM  
BIRTH TO 18 YEARS OLD. BETHANNA OFFERS A CONTINUUM OF SERVICES TO  
SUPPORT AT-RISK CHILDREN, YOUTH, AND THEIR FAMILIES. BETHANNA'S  
GUIDING BELIEF IS THAT THESE CHILDREN SHOULD LIVE WITH AND BE RAISED BY  
THEIR BIRTH PARENTS. HOWEVER, WHEN THIS SETTING IS DISRUPTED, BETHANNA  
HAS AN ARRAY OF SOCIAL AND MENTAL HEALTH SERVICES AVAILABLE TO MEET THE  
UNIQUE NEEDS OF INDIVIDUAL CHILDREN AND THEIR FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THEIR BIRTH FAMILIES OR TO A LESS RESTRICTIVE SETTING SUCH AS  
THERAPEUTIC FOSTER CARE OR TRADITIONAL FOSTER CARE. DURING THE FISCAL  
YEAR ENDED JUNE 30, 2009, BETHANNA SERVED MORE THAN 66 DIFFERENT  
CHILDREN IN THE RESIDENTIAL TREATMENT PROGRAM. THE PROGRAM EXPENSES  
FOR THE RESIDENTIAL TREATMENT PROGRAM WERE \$4,766,377. WITH THE END OF  
THE FISCAL YEAR, JUNE 30, 2009, BETHANNA DISCONTINUED THIS PROGRAM  
GOING FORWARD BECAUSE OF THE INABILITY TO FINANCIALLY SUSTAIN THE  
PROGRAM BASED ON REDUCTIONS IN REFERRALS AND INCREASING REGULATIONS AND  
COSTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

RELATIVES. KINSHIP CAREGIVERS ARE GUIDED BY THE SAME STATE, COUNTY AND  
AGENCY REGULATIONS WHICH GOVERN OUR FOSTER CARE PROGRAM. DURING THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

FISCAL YEAR ENDED JUNE 30, 2009, BETHANNA SERVED APPROXIMATELY 270  
DIFFERENT CHILDREN IN THE KINSHIP PROGRAM. THE PROGRAM EXPENSES FOR  
THE KINSHIP CARE PROGRAM WERE \$2,654,345.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
WORK ALONG WITH THE LEGAL PARENTS TO ASSIST THEM IN DEVELOPING THE  
SKILLS AND SUPPORTS NECESSARY TO ACHIEVE REUNIFICATION WITH THEIR  
CHILDREN. MEDICALLY FRAGILE CHILDREN HAVE MEDICAL CONDITIONS RANGING  
FROM DIABETES OR ASTHMA TO TERMINAL DISEASE STATES REQUIRING  
ROUND-THE-CLOCK NURSING CARE. THESE SPECIAL NEEDS CHILDREN REQUIRE  
FOSTER PARENTS WHO HAVE A MEDICAL BACKGROUND AND/OR HAVE RECEIVED  
SPECIAL TRAINING TO PROVIDE THE CARE THEY NEED. DURING THE FISCAL YEAR  
ENDED JUNE 30, 2009 BETHANNA SERVED APPROXIMATELY 240 DIFFERENT  
CHILDREN IN THE FOSTER CARE PROGRAM. THE PROGRAM EXPENSES FOR THE  
FOSTER CARE PROGRAM WERE \$2,577,518.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
ADOPTION (FY 2009 PROGRAM REVENUE = \$922,102) - THE ADOPTION UNIT  
PROVIDES FULL ADOPTION SERVICES TO FAMILIES FROM ORIENTATION AND  
HOMESTUDY TO POST-FINALIZATION SUPPORT. MOST OF THE CHILDREN AVAILABLE  
FOR ADOPTION HAVE COME THROUGH THE FOSTER CARE SYSTEM, THUS ARE  
PREDOMINATELY SPECIAL NEEDS CHILDREN (DUE TO THEIR OLDER AGE, EMOTIONAL  
AND PSYCHIATRIC HISTORY AND SIBLING SETS). IF FOSTER PARENTS CANNOT  
ADOPT THEIR CHILD, BETHANNA DOES RECRUITMENT AND MATCHING WITH OTHER  
FAMILIES INTERESTED IN SPECIAL NEEDS CHILDREN. BETHANNA COMPLETES  
CHILD PROFILES ON EACH CHILD WITH THE GOAL OF ADOPTION. A CHILD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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**2008**

Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

PROFILE IS A FULL REPORT ON A CHILD INCLUDING PLACEMENT HISTORY, THE BIRTH FAMILY'S SOCIAL AND MEDICAL HISTORY AND THE CHILD'S PHYSICAL, EMOTIONAL AND PSYCHIATRIC HISTORY. BETHANNA ALSO COMPLETES HOMESTUDIES AND OTHER LEGAL PAPERWORK FOR PRIVATE ADOPTIONS. DURING THE FISCAL YEAR ENDED JUNE 30, 2009, BETHANNA SERVED APPROXIMATELY 540 DIFFERENT CHILDREN AND ADOPTIVE FAMILIES IN THE ADOPTION PROGRAM. BETHANNA ALSO HAD 55 ADOPTIONS FINALIZED DURING THE YEAR. THE PROGRAM EXPENSES FOR THE ADOPTION PROGRAM WERE \$996,744.

EXPENSES \$ 996744. INCLUDING GRANTS OF \$ 0. REVENUE \$ 922102.

THERAPEUTIC FOSTER CARE - BETHANNA'S TREATMENT FOSTER CARE PROGRAM (FY 2009 PROGRAM REVENUE = \$2,570,437) IS DESIGNED AS AN INTENSIVE LEVEL OF FAMILY-BASED FOSTER CARE THAT PROVIDES A STRUCTURED, THERAPEUTIC ENVIRONMENT FOR EMOTIONALLY AND/OR BEHAVIORALLY CHALLENGED CHILDREN. "TREATMENT" REFERS TO COORDINATED, IN-HOME BEHAVIORAL INTERVENTIONS DELIVERED BY APPROPRIATELY TRAINED TREATMENT FOSTER CARE PARENTS SUPPORTED BY SOCIAL WORK INTERVENTIONS AND COMMUNITY-BASED SERVICES. CHILDREN PLACED IN TREATMENT FOSTER CARE HAVE IDENTIFIABLE NEEDS THAT CANNOT BE MET IN THEIR OWN HOMES OR IN GENERAL FOSTER CARE, BUT ARE NOT SEVERE ENOUGH TO WARRANT RESIDENTIAL TREATMENT. THE PROGRAM IS ALSO EMPLOYED AS A STEP-DOWN RESOURCE FOR CHILDREN AND YOUTH WHO ARE READY TO TRANSITION OUT OF HIGHER LEVELS OF CARE, SUCH AS PSYCHIATRIC HOSPITALS, RESIDENTIAL TREATMENT FACILITIES, AND OTHER INSTITUTIONAL PLACEMENTS. THE OBJECTIVE OF THIS PROGRAM IS TO PROMOTE SAFETY, PERMANENCY, STABILITY, AND IMPROVED BEHAVIORAL FUNCTIONING AND FAMILY/CHILD WELL-BEING. DURING THE FISCAL YEAR ENDED JUNE 30, 2009,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

BETHANNA SERVED APPROXIMATELY 140 DIFFERENT CHILDREN IN THE TREATMENT  
FOSTER CARE PROGRAM. THE PROGRAM EXPENSES FOR THE TREATMENT FOSTER  
CARE PROGRAM WERE \$1,770,906.

EXPENSES \$ 1770906. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2570437.

PECE (FY 2009 PROGRAM REVENUE = \$103,520) - BETHANNA PROVIDES PARENTING  
SKILL ENHANCEMENT SERVICES THROUGH THE "PARENTS ENJOYING CHILDREN  
ENJOYING PARENTS") PROGRAM (PECE, PRONOUNCED "PEACE"). THE CORE  
PHILOSOPHY OF THE PROGRAM IS REPRESENTED IN ITS CIRCULAR LOGO. THE 12-  
TO 16-WEEK PARENT EDUCATION PROGRAM PROVIDES PRACTICAL PARENTING  
SKILLS, ENCOURAGES OPEN COMMUNICATION, AND SUPPORTS INTERACTION BETWEEN  
PARENTS AND THEIR CHILDREN. THE CLASSES CONSIST OF VIDEOTAPED LESSONS,  
GROUP DISCUSSIONS, AND EXERCISES. TAUGHT BY EXPERIENCED BETHANNA  
STAFF, TOPICS INCLUDE PARENTING STYLES, STAGES OF CHILDHOOD  
DEVELOPMENT, DIFFERENCE BETWEEN DISCIPLINE AND ABUSE, PARENTING STRESS,  
AND COPING SKILLS. THE PARENT EDUCATION PROGRAM OFFERS A VARIETY OF  
CLASSES TO MEET PARENTS' NEEDS. "PEACEFUL PARENTS" HELPS FAMILIES WHO  
ARE WORKING TOWARD REUNIFICATION OR WHO DESIRE TO STRENGTHEN THEIR  
PARENTING SKILLS. "DYNAMIC DADS" EXPLORES PARENTING ISSUES SPECIFIC TO  
FATHERHOOD. IN THE "GROWING MOMS" CLASS, SINGLE TEENAGE MOTHERS LEARN  
PARENTING, LIFE SKILLS, AND NUTRITION. AS PART OF A WORK RELEASE  
PROGRAM, BETHANNA CONDUCTS PARENTING CLASSES FOR WOMEN IN  
PHILADELPHIA'S PRISON SYSTEM. PARENTING CLASSES FOR KINSHIP CAREGIVERS  
ARE ALSO OFFERED TO PROVIDE SUPPORT AND EDUCATION TO EXTENDED FAMILY  
CARING FOR CHILDREN. DURING THE FISCAL YEAR ENDED JUNE 30, 2009,  
BETHANNA SERVED APPROXIMATELY 166 DIFFERENT PARENTS IN THE PECE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
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OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

PROGRAM. THE PROGRAM EXPENSES FOR THE PECE PROGRAM WERE \$116,991.

EXPENSES \$ 116991. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103520.

GREENHOUSE - THE GREENHOUSE SCHOOL PROGRAM (FY 2009 PROGRAM REVENUE = \$687,122) IS AN ESSENTIAL COMPONENT OF THE RESIDENTIAL TREATMENT PROGRAM. THE GREENHOUSE SCHOOL IS BETHANNA'S PRIVATELY LICENSED ACADEMIC INSTITUTION, WHICH EXISTS TO PROVIDE EACH CHILD WITH THE TOOLS TO SUCCEED EDUCATIONALLY, SOCIALLY, AND EMOTIONALLY IN ORDER TO ATTEND A LESS RESTRICTIVE SCHOOL SETTING. THE ACADEMIC SETTING IS HIGHLY STRUCTURED AND EMPLOYS A COMBINATION OF INDIVIDUAL BEHAVIORAL AND EDUCATIONAL PLANS. CLASSROOMS CONSIST OF NO MORE THAN SEVEN CHILDREN TAUGHT BY ONE CERTIFIED TEACHER AND ONE INSTRUCTIONAL ASSISTANT. STUDENTS TEND TO IMPROVE THEIR READING AND MATH LEVELS AT LEAST TWO GRADE LEVELS WHILE AT BETHANNA. THE SCHOOL IS VIEWED AS SO EFFECTIVE THAT OTHER PRIVATE SCHOOLS REFER THEIR MOST CHALLENGING STUDENTS TO GREENHOUSE SCHOOL. BETHANNA SERVED APPROXIMATELY 40 DIFFERENT CHILDREN IN THE GREENHOUSE PROGRAM DURING FISCAL YEAR ENDED JUNE 30, 2009. THE PROGRAM EXPENSES FOR THE GREENHOUSE PROGRAM WERE \$705,158. CONSISTENT WITH THE CLOSE OF THE RESIDENTIAL TREATMENT FACILITY AT THE END OF THE FISCAL YEAR, JUNE 30, 2009, BETHANNA DISCONTINUED THIS PROGRAM GOING FORWARD BECAUSE OF THE INABILITY TO FINANCIALLY SUSTAIN THE COMBINED PROGRAMS BASED ON REDUCTIONS IN REFERRALS AND INCREASING REGULATIONS AND COSTS.

EXPENSES \$ 705158. INCLUDING GRANTS OF \$ 0. REVENUE \$ 687122.

OUTPATIENT MENTAL HEALTH CLINIC (FY 2009 PROGRAM REVENUE = \$374,184) -

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23-1649667

BETHANNA HAS A PROVEN HISTORY OF SUCCESS IN WORKING WITH CHILDREN AND

FAMILIES IN NEED. BETHANNA OPERATES TWO OUTPATIENT MENTAL HEALTH

CLINICS, ONE AT THE LOCATION IN PHILADELPHIA AND ONE IN SOUTHAMPTON.

OUTPATIENT MENTAL HEALTH SERVICES ARE PROVIDED TO CHILDREN AND FAMILIES

BEING SERVED BY OTHER BETHANNA PROGRAMS AND, IN ADDITION, TO CHILDREN

AND FAMILIES REFERRED BY THE COURTS AND OTHER SOCIAL SERVICE AGENCIES

OUTSIDE OF BETHANNA. OUTPATIENT MENTAL HEALTH SERVICES ARE DESIGNED TO

MEET THE UNIQUE NEEDS OF CHILDREN WITH A VARIETY OF ADJUSTMENT,

BEHAVIORAL AND EMOTIONAL DIFFICULTIES, INCLUDING IMPULSIVITY,

OPPOSITIONAL BEHAVIOR, MOOD DISORDERS, SELF-ESTEEM ISSUES, AND SCHOOL

PROBLEMS. BETHANNA'S MENTAL HEALTH PROFESSIONALS ARE SPECIALLY TRAINED

TO MEET THE NEEDS OF CHILDREN PLACED IN FOSTER, PRE-ADOPTIVE AND

ADOPTIVE HOMES. TREATMENT IS BASED ON A TEAM APPROACH, INVOLVING

CURRENT CAREGIVERS, FAMILY MEMBERS AND THE CHILD WELFARE SYSTEM.

DURING THE FISCAL YEAR ENDED JUNE 30, 2009, THE OUTPATIENT MENTAL

HEALTH CLINIC SERVED MORE THAN 430 CLIENTS. THE PROGRAM EXPENSES FOR

THE OUTPATIENT MENTAL HEALTH CLINIC WERE \$534,613.

EXPENSES \$ 534613. INCLUDING GRANTS OF \$ 0. REVENUE \$ 374184.

VISITATION PROGRAM (FY 2009 PROGRAM REVENUE = \$411,058) - PARENT AND

CHILD VISITATION WHEN FAMILIES ARE SEPARATED DUE TO SUPERVISED

OUT-OF-HOME PLACEMENT IS A COMPLEX AND CRITICAL ISSUE. WHEN PARENTS

VISIT, THEY TEND TO BE CHARACTERIZED AS INTERESTED IN THEIR CHILD AND

READY OR AT LEAST PREPARING FOR REUNIFICATION. VISITATION AS A PROCESS

AND VEHICLE FOR FAMILY GROWTH, RATHER THAN A DISCRETE EVENT, MUST

BECOME A DRIVING FORCE IN PERMANENCY PLANNING. IN PROVIDING ITS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

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**SCHEDULE O**

(Form 990)

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Name of the organization

BETHANNA

Employer identification number

23-1649667

VISITATION SUPPORT SERVICES, BETHANNA WILL ENSURE THAT CONTACT BETWEEN PARENTS AND CHILDREN IS CONVENIENT IN LOCATION AND TIME AND CONSISTENT AND CONNECTED TO SERVICE PLAN GOALS AND OBJECTIVES. VISITATION WILL BE SUPPORTED TO PROVIDE OPPORTUNITY FOR RELATIONSHIPS BETWEEN PARENTS AND CHILDREN TO DEVELOP AND PROVIDE INFORMATION TO SOCIAL WORKERS TO MAKE PERMANENCE PLANNING DECISIONS. BETHANNA HAD VISITATION PROGRAMS IN BUCKS COUNTY, LANCASTER COUNTY AND DELAWARE COUNTY DURING FISCAL YEAR 2009 DURING THE FISCAL YEAR ENDED JUNE 30, 2009, BETHANNA SERVED APPROXIMATELY 110 DIFFERENT CHILDREN AND FAMILIES IN THE VISITATION PROGRAM. THE PROGRAM EXPENSES FOR THE VISITATION PROGRAM WERE \$437,361.

EXPENSES \$ 437361. INCLUDING GRANTS OF \$ 0. REVENUE \$ 411058.

CTSS - CLINICAL TRANSITION AND STABILIZATION SERVICES (FY 2009 PROGRAM REVENUE = \$831,195) - THE PRIMARY GOAL OF THIS SERVICE IS TO ASSIST CHILDREN WITH ESTABLISHING STABLE AND ENDURING FOUNDATIONS IN NEW TREATMENT FOSTER HOMES, THEREBY REDUCING THE NUMBER OF CHILDREN WHO EXPERIENCE MULTIPLE PLACEMENTS. WITH A COLLABORATIVE APPROACH, A TEAM OF MENTAL HEALTH PROFESSIONALS PROVIDES A COMPREHENSIVE MODEL OF INDIVIDUALIZED SERVICES TO OPTIMIZE CHILDREN'S AND FAMILIES' OPPORTUNITIES FOR STABILITY. SERVICES ARE PROVIDED BY THE MENTAL HEALTH TEAM, AS NEEDED, IN THE FOSTER HOME, SCHOOL AND COMMUNITY FOR UP TO 90 DAYS. CTSS ARE PROVIDED TO CHILDREN IN BETHANNA'S FOSTER CARE SYSTEM, AS WELL AS CHILDREN IN PLACEMENT THROUGH OTHER FOSTER CARE PROVIDERS. DURING FISCAL YEAR ENDING JUNE 30, 2009, BETHANNA SERVED 70 DIFFERENT CHILDREN. THE PROGRAM EXPENSES FOR THE CTSS PROGRAM WERE

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**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

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Employer identification number  
23-1649667

\$619,230.

EXPENSES \$ 619230. INCLUDING GRANTS OF \$ 0. REVENUE \$ 831195.

BHRS - BEHAVIORAL HEALTH REHABILITATION SERVICES (FY 2009 PROGRAM REVENUE = \$781,652) - THE PRIMARY GOAL OF THIS SERVICE IS DESIGNED TO SUPPORT CHILDREN AND ADOLESCENTS WHO ARE EXPERIENCING SIGNIFICANT BEHAVIOR CHALLENGES. THE PROGRAM PROVIDES SERVICES IN THE CONTEXT OF THE SETTING WHERE THE CHILD OR YOUTH IS EXPERIENCING THE CHALLENGES. THROUGH THE USE OF STRUCTURED BEHAVIORALLY BASED TREATMENT PLANS, THERAPY SESSIONS AND THERAPEUTIC STAFF SUPPORT, CHILDREN EXPERIENCE BEHAVIORAL SUCCESSES. THESE SUCCESSES ENABLE THE CHILDREN TO SUSTAIN HEALTHY ADJUSTMENT IN THEIR HOME, COMMUNITY AND SCHOOL SETTINGS. DURING FISCAL YEAR 2009 BETHANNA SERVED APPROXIMATELY 60 DIFFERENT CHILDREN. THE PROGRAM EXPENSES FOR THE BHRS PROGRAM DURING FISCAL YEAR 2009 WERE \$581,892.

EXPENSES \$ 581892. INCLUDING GRANTS OF \$ 0. REVENUE \$ 781652.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING THE POLICY AT THE JUNE BOARD MEETING. THE POLICY REQUIRES CONFLICTS OF INTEREST TO BE DISCLOSED AT THE TIME OF THE CONFLICT. IN ADDITION, ACCOUNTS PAYABLE ARE MONITORED FOR ANY POSSIBLE CONFLICTS OF INTEREST.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**

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23-1649667

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS THE EXECUTIVE DIRECTORS SALARY EVERY THREE YEARS, SETTING THE SALARY FOR THE NEXT THREE YEARS. THE BOARD USES A COMPENSATION STUDY AS PART OF THE REVIEW PROCESS. THE BOARD LAST REVIEWED THE EXECUTIVE DIRECTORS SALARY AS OF 6/30/08. THE REVIEW PROCESS WAS DOCUMENTED AS IT OCCURRED.

THE ONLY OTHER OFFICER WAS THE CHIEF FINANCIAL OFFICER. HIS SALARY WAS REVIEWED BY THE COMPENSATION COMMITTEE AS PART OF THEIR REVIEW OF ALL ORGANIZATION SALARIES. THE EXECUTIVE DIRECTOR COMPARED THE CFO'S SALARY TO OTHERS IN SIMILAR POSITIONS THROUGH THE USE OF A COMPENSATION STUDY. THE CFO THEN RECEIVED AN INCREASE THAT WAS THE SAME AS THE GENERAL AGENCY INCREASE. THIS INCREASE WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED STRICTLY ON A NEED-TO-KNOW, AS REQUESTED BASIS. AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO DIFFERENT INTERESTED PARTIES BASED ON THEIR CLASSIFICATION AS DONORS, BANKERS, OR FEDERAL/STATE/PAYORS/ADMINISTRATORS OF PROGRAMS.

FORM 990, PART XI, LINE 2C

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT AUDITOR HAS NOT CHANGED.

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

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Name of the organization

BETHANNA

Employer identification number

23-1649667

(A) NAME OF PERSON: CHARLES SEITH

(A) PURPOSE OF LOAN:

CURRENT OPERATIONS, DUE TO LACK OF FUNDING FROM PA DUE TO PA BUDGET CRISIS

(A) NAME OF PERSON: RONALD FRITCH

(A) PURPOSE OF LOAN:

CURRENT OPERATIONS, DUE TO LACK OF FUNDING FROM PA DUE TO PA BUDGET CRISIS

FORM 990, PART V, LINE 7G AND LINE 7H

THE ORGANIZATION RECEIVED NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL

PROPERTY THEREFORE FORM 8899 WAS NOT REQUIRED. THE ORGANIZATION

RECEIVED NO AUTOMOBILE CONTRIBUTIONS THAT REQUIRED A FORM 1098-C TO BE

FILED.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	BETHANNA	23-1649667
	Number, street, and room or suite no. If a P.O. box, see instructions. 1030 SECOND STREET PIKE	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTHAMPTON, PA 18966	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MARGARET STEWART**

- The books are in the care of ► 1030 SECOND STREET PIKE, SOUTHAMPTON, PA - 18966  
Telephone No. ► 215-355-6500 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

TM/MSW  
#15695

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	BETHANNA	23-1649667
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1030 SECOND STREET PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SOUTHAMPTON, PA 18966	

**Check type of return to be filed** (File a separate application for each return).

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

### RONALD FRITCH

• The books are in the care of **1030 SECOND STREET PIKE, SOUTHAMPTON, PA - 18966**

Telephone No. **215-355-6500**

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2010**  
 5 For calendar year **JUL 1, 2008**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**  
 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension

### ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE AN ACCURATE INFORMATION RETURN

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

Form 8868 (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	BETHANNA	23-1649667
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	1030 SECOND STREET PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SOUTHAMPTON, PA 18966	

Check type of return to be filed (File a separate application for each return):

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

### MARGARET STEWART

• The books are in the care of **1030 SECOND STREET PIKE, SOUTHAMPTON, PA - 18966**

Telephone No. **215-355-6500**

FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE AN ACCURATE INFORMATION RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Thomas H. Matus**

Title **\_\_\_\_\_**

**Klatzkin and Company, CPA's**  
#21-0650289 08690

Date **2/12/10**

Form 8868 (Rev. 4-2009)

15645  
TM/MSM