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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)

OMB No 1545-0047

2009Open to Public
Inspection

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

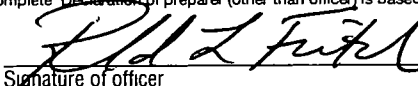
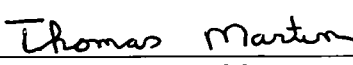
A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization		D Employer identification number
		BETHANNA		23-1649667
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
1030 SECOND STREET PIKE			215-355-6500	
City or town, state or country, and ZIP + 4		G Gross receipts \$ 14,612,985.		
SOUTHAMPTON, PA 18966		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
F Name and address of principal officer. CHARLES SEITH				
SAME AS C ABOVE				
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.BETHANNA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1950 M State of legal domicile: PA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE PROVISION OF FOSTER CARE SERVICES</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	270
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	401,095.	494,305.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7b)	16,508,634.	12,474,948.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	685.	885,103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,910,414.	13,852,838.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	10,744,636.	7,157,916.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,868.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,449,364.	5,776,371.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,194,000.	12,934,287.
19 Revenue less expenses Subtract line 18 from line 12	-1,283,586.	918,551.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,933,848.	4,434,598.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,838,002.	4,420,201.
		-904,154.	14,397.

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.			
Sig Here	 Signature of officer		Date 6/13/11
	Type or print name and title Ronald L. Fritch, CFO		
Paid Preparer's Use Only	Preparer's signature	 Date 5/12/11	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶ KLATZKIN & COMPANY, LLP 1670 WHITEHORSE HAM SQ RD HAMILTON, NJ 08690-3513	
		Phone no. ▶ (609) 890-9189	

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

☒ Yes ☐ No

SCANNED JUN 15 2010

Part III Statement of Program Service Accomplishments

- 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 \$ 2,614,214. including grants of \$) (Revenue \$ 2,851,851.)
KINSHIP CARE (FY 2010 PROGRAM REVENUE = \$2,852,459) - 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
- 4b (Code:) (Expenses \$ 2,517,612. including grants of \$) (Revenue \$ 2,617,416.)
FOSTER CARE - BETHANNA'S FOSTER CARE PROGRAM (FY 2010 PROGRAM REVENUE = \$2,617,416) 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
- 4c (Code:) (Expenses \$ 2,062,087. including grants of \$) (Revenue \$ 2,459,662.)
THERAPEUTIC FOSTER CARE - BETHANNA'S TREATMENT FOSTER CARE PROGRAM (FY 2010 PROGRAM REVENUE = \$2,459,662) 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
- 4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 4,222,199. including grants of \$) (Revenue \$ 4,546,019.)
- 4e **Total program service expenses** ▶ \$ 11,416,112.

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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>	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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>	6	X
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 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>	15	X
16 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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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
35 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
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	9	
1b Enter the number of voting members that are independent	9	
2 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
3 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
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a 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 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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 current officer, director, or trustee.

(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			
REIN CLABBERS PRESIDENT	1.00	X		X				0.	0.	0.
CONNIE WOOD VICE PRESIDENT	1.00	X		X				0.	0.	0.
ROBERT KILE TREASURER	1.00	X		X				0.	0.	0.
DONALD LEYPOLDT SECRETARY	1.00	X		X				0.	0.	0.
JOSEPH CARACAPPA 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.
CHARLES A. SEITH EXECUTIVE DIRECTOR	40.00			X	X			154,001.	0.	13,627.
RONALD L FRITCH CFO	35.00			X				97,349.	0.	15,587.
KAREN HAMILTON ASSISTANT DIRECTOR	35.00					X		101,643.	0.	15,687.

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			
1b Total								352,993.	0.	44,901.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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
- 5** 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

	Yes	No
3		X
4	X	
5		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
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

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	6,824.				
	b	Membership dues	1b					
	c	Fundraising events	1c	26,612.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	460,869.				
	g	Noncash contributions included in lines 1a-1f \$		145,981.				
	h	Total. Add lines 1a-1f		494,305.				
	Program Service Revenue	2 a	FEES FOR SERVICE	Business Code	900099	12474948.	12474948.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		12474948.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		3,174.			3,174.
		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					
		c	Gain or (loss)					
		d	Net gain or (loss)			881,929.		881,929.
	8 a	Gross income from fundraising events (not including \$ 26,612. of contributions reported on line 1c) See Part IV, line 18	a	26,054.				
		b	Less: direct expenses	b	26,054.			
		c	Net income or (loss) from fundraising events		0.			
		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	MISCELLANEOUS	900099	-1,518.			-1,518.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		-1,518.					
12	Total revenue. See instructions.		13852838.	12474948.	0.	883,585.		

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	265,810.		265,810.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,248,406.	4,534,894.	596,627.	116,885.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-2,096.	-2,096.		
9 Other employee benefits	1,188,159.	968,151.	207,312.	12,696.
10 Payroll taxes	457,637.	382,588.	65,201.	9,848.
11 Fees for services (non-employees):				
a Management				
b Legal	2,728.		2,728.	
c Accounting	55,641.		55,641.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	131,971.	131,971.		
12 Advertising and promotion				
13 Office expenses	71,680.	67,863.	2,958.	859.
14 Information technology				
15 Royalties				
16 Occupancy	135,751.	94,472.	41,279.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,271.	325.	19,621.	325.
20 Interest	164,440.	164,440.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	245,727.	233,613.	12,114.	
23 Insurance	169,461.	166,850.	2,611.	
24 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.)				
a CHILD CARE AND CLOTHING	2,872,201.	2,872,201.		
b TEMPORARY STAFF	988,169.	979,395.	8,774.	
c TRANSPORTATION	344,935.	341,023.	3,849.	63.
d SUPPLIES	236,209.	232,797.	907.	2,505.
e BUILDING AND GROUND MAINTENANCE	128,789.	128,789.		
f All other expenses	208,398.	118,836.	81,875.	7,687.
25 Total functional expenses. Add lines 1 through 24f	12,934,287.	11,416,112.	1,367,307.	150,868.
26 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
Assets	1 Cash - non-interest-bearing	14,950.	1	5,965.
	2 Savings and temporary cash investments	727,474.	2	11,105.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,577,785.	4	2,138,583.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	12,741.	9	66,065.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 5,397,180.		
	b Less accumulated depreciation	10b 3,712,387.	2,426,995.	10c 1,684,793.
	11 Investments - publicly traded securities	35,685.	11	41,184.
	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	138,218.	15	486,903.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,933,848.	16	4,434,598.	
Liabilities	17 Accounts payable and accrued expenses	1,446,839.	17	1,390,736.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	105,000.	22	
	23 Secured mortgages and notes payable to unrelated third parties	4,261,394.	23	3,017,638.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	24,769.	25	11,827.
	26 Total liabilities. Add lines 17 through 25	5,838,002.	26	4,420,201.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-965,325.	27	-52,660.
	28 Temporarily restricted net assets	11,171.	28	17,057.
	29 Permanently restricted net assets	50,000.	29	50,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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	-904,154.	33	14,397.
34 Total liabilities and net assets/fund balances	4,933,848.	34	4,434,598.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	589,623.	425,805.	636,222.	401,095.	494,305.	2547050.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	589,623.	425,805.	636,222.	401,095.	494,305.	2547050.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						124,046.
6 Public support. Subtract line 5 from line 4						2423004.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	589,623.	425,805.	636,222.	401,095.	494,305.	2547050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	183,921.	27,161.	8,208.	-2,589.	3,174.	219,875.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24.	67.	412.		-1,518.	-1,015.
11 Total support. Add lines 7 through 10						2765910.
12 Gross receipts from related activities, etc. (see instructions)					12	74,665,405.

13 First five years. 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 **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	87.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.16 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 stop here. 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 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(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 acquisition, 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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 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 the 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	63,671.	61,736.			
b Contributions					
c Net investment earnings, gains, and losses	3,386.	1,935.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	67,057.	63,671.			

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 74.60 %
 c Term endowment ► 25.40 %

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) Accumulated depreciation	(d) Book value
1a Land		17,100.		17,100.
b Buildings		2,373,704.	1,870,080.	503,624.
c Leasehold improvements		1,474,039.	488,727.	985,312.
d Equipment		1,375,737.	1,203,788.	171,949.
e Other		156,600.	149,792.	6,808.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,684,793.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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		
Closely-held equity interests		
Other _____		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15
----------------	--

(a) Description	(b) Book value
CEMETARY LOTS	65,098.
SECURITY DEPOSITS	3,514.
OTHER ASSETS	14,578.
TEMPORARY CASH INVESTMENTS RESTRICTED FOR ENDOWMENT	37,752.
ACCRUED REVENUE	365,961.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	486,903.

Part X	Other Liabilities. See Form 990, Part X, line 25
---------------	---

1.	(a) Description of liability	(b) Amount
Federal income taxes		
CAPITAL LEASE OBLIGATIONS		11,827.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		11,827.

2. FIN 48 Footnote. 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,852,838.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,934,287.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	918,551.
4	Net unrealized gains (losses) on investments	4	
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	918,551.

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	13,879,964.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	28,250.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	28,250.
3	Subtract line 2e from line 1	3	13,851,714.
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	1,124.
c	Add lines 4a and 4b	4c	1,124.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,852,838.

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

1	Total expenses and losses per audited financial statements	1	12,961,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	28,250.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	28,250.
3	Subtract line 2e from line 1	3	12,933,163.
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	1,124.
c	Add lines 4a and 4b	4c	1,124.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,934,287.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

THE ENDOWMENT PRINCIPAL ARE TO BE USED FOR EDUCATIONAL SCHOLARSHIPS.

PART X: THE ORGANIZATION'S FEDERAL EXEMPT RETURNS FOR THE

FISCAL YEARS ENDED JUNE 30, 2007-2009 ARE SUBJECT TO EXAMINATION BY THE

INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

THE ORGANIZATION'S STATE INFORMATIONAL RETURNS FOR 2006-2009 ARE SUBJECT

TO EXAMINATION UP TO FOUR YEARS AFTER THEY WERE FILED. THE STATUTE OF

Part XIV Supplemental Information (continued)

LIMITATIONS DOES NOT APPLY TO UNFILED RETURNS. THE ORGANIZATION BELIEVES
THAT ALL REQUIRED RETURNS HAVE BEEN FILED.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME ON FINANCIAL
STATEMENTS: 1124.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES, NETTED AGAINST INCOME ON
FINANCIAL STATEMENTS: 1124.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	52,666.			52,666.
	2 Less: Charitable contributions	26,612.			26,612.
	3 Gross income (line 1 minus line 2)	26,054.			26,054.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,354.			6,354.
	6 Rent/facility costs	17,408.			17,408.
	7 Food and beverages	2,292.			2,292.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				26,054.
	11 Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____**a** Is the organization licensed to operate gaming activities in each of these states? ...**b** If "No," explain:**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," explain**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are 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.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2009

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

► **Complete if the organizations answered "Yes" on Form**
990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

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				
5 Clothing and household goods	X		118,701.	DISCOUNTD/THRIFT VAL
6 Cars and other vehicles				
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	9	1,175.	COST/REPLACEMENT VAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>COMPTR HRDWRE</u>)	X	4	24,825.	DISCNTD/THRIFT/COST
26 Other ► (<u>WINDOWS</u>)	X	1	1,280.	REPLACEMENT VALUE
27 Other ► ()				
28 Other ► ()				

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
-----	--	---

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?

31 X

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

32a X

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

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Schedule M (Form 990) 2009

• **SCHEDULE O**
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009
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 2,350
CHILDREN DURING THE FISCAL YEAR ENDED JUNE 30, 2010 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 3, CHANGES IN PROGRAM SERVICES:

CHANGES IN THE SOCIAL WELFARE SYSTEM OVER THE LAST SEVERAL YEARS
NECESSITATED THE CLOSING OF BETHANNA'S RESIDENTIAL TREATMENT FACILITY
(PRTF) AND ACCOMPANYING SCHOOL PROGRAM EFFECTIVE JULY 1, 2009.

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

RELATIVES. KINSHIP CAREGIVERS ARE GUIDED BY THE SAME STATE, COUNTY AND
AGENCY REGULATIONS WHICH GOVERN OUR FOSTER CARE PROGRAM. DURING THE
FISCAL YEAR ENDED JUNE 30, 2010, BETHANNA SERVED APPROXIMATELY 260
DIFFERENT CHILDREN IN THE KINSHIP PROGRAM. THE PROGRAM EXPENSES FOR
THE KINSHIP CARE PROGRAM WERE \$2,614,214.

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

WORK ALONG WITH THE LEGAL PARENTS TO ASSIST THEM IN DEVELOPING THE

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Schedule O (Form 990) 2009

932211
02-03-10

• **SCHEDULE O**
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

BETHANNA

Employer identification number
23-1649667

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. IN FY 2012, THIS PROGRAM WILL BE COMBINED WITH KINSHIP CARE [DUE TO CHANGES PRIMARILY IN THE PHILADELPHIA PBC PROGRAM]. DURING THE FISCAL YEAR ENDED JUNE 30, 2010 BETHANNA SERVED APPROXIMATELY 280 DIFFERENT CHILDREN IN THE FOSTER CARE PROGRAM. THE PROGRAM EXPENSES FOR THE FOSTER CARE PROGRAM WERE \$2,517,612.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: 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, 2010, BETHANNA SERVED APPROXIMATELY 110 DIFFERENT CHILDREN IN THE TREATMENT FOSTER CARE PROGRAM. THE PROGRAM EXPENSES FOR THE TREATMENT FOSTER CARE PROGRAM WERE \$2,062,087.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADOPTION (FY 2010 PROGRAM REVENUE = \$1,461,731) - 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

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Schedule O (Form 990) 2009

932211
02-03-10

• SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BETHANNA

Employer identification number
23-1649667

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
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, 2010, BETHANNA SERVED APPROXIMATELY 800 DIFFERENT
CHILDREN AND ADOPTIVE FAMILIES IN THE ADOPTION PROGRAM. BETHANNA ALSO
HAD 94 ADOPTIONS FINALIZED DURING THE YEAR. THE PROGRAM EXPENSES FOR
THE ADOPTION PROGRAM WERE \$1,087,927.
EXPENSES \$ 1087927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1461731.

PECE (FY 2010 PROGRAM REVENUE = \$111,741) - 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

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

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932211
02-03-10

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

Supplemental Information to Form 990

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2009

Open to Public
Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

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, 2010,
BETHANNA SERVED APPROXIMATELY 165 DIFFERENT PARENTS IN THE PECE
PROGRAM. THE PROGRAM EXPENSES FOR THE PECE PROGRAM WERE \$107,327.
EXPENSES \$ 107327. INCLUDING GRANTS OF \$ 0. REVENUE \$ 111741.

OUTPATIENT MENTAL HEALTH CLINIC (FY 2010 PROGRAM REVENUE = \$349,366) -
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

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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, 2010, THE OUTPATIENT MENTAL
HEALTH CLINIC SERVED NEARLY 400 CLIENTS. THE PROGRAM EXPENSES FOR THE
OUTPATIENT MENTAL HEALTH CLINIC WERE \$514,096.

EXPENSES \$ 514096. INCLUDING GRANTS OF \$ 0. REVENUE \$ 349366.

VISITATION PROGRAM (FY 2010 PROGRAM REVENUE = \$453,681) - 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
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 AND LANCASTER COUNTY DURING FISCAL YEAR 2010. DURING THE
FISCAL YEAR ENDED JUNE 30, 2010, BETHANNA SERVED APPROXIMATELY 90
DIFFERENT CHILDREN AND FAMILIES IN THE VISITATION PROGRAM. THE PROGRAM
EXPENSES FOR THE VISITATION PROGRAM WERE \$484,305.

EXPENSES \$ 484305. INCLUDING GRANTS OF \$ 0. REVENUE \$ 453681.

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CTSS - CLINICAL TRANSITION AND STABILIZATION SERVICES (FY 2010 PROGRAM

REVENUE = \$878,689) - 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, 2010, BETHANNA SERVED

155 DIFFERENT CHILDREN. THE PROGRAM EXPENSES FOR THE CTSS PROGRAM WERE

\$761,125.

EXPENSES \$ 761125. INCLUDING GRANTS OF \$ 0. REVENUE \$ 878689.

BHRS - BEHAVIORAL HEALTH REHABILITATION SERVICES (FY 2010 PROGRAM

REVENUE = \$1,290,811) - 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 2010 BETHANNA SERVED APPROXIMATELY 100 DIFFERENT

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CHILDREN. THE PROGRAM EXPENSES FOR THE BHRS PROGRAM DURING FISCAL YEAR

2010 WERE \$1,267,419.

EXPENSES \$ 1267419. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1290811.

FORM 990, PART VI, SECTION B, LINE 11: 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.

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.

SCHEDULE O
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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.

**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 ☒
- 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	BETHANNA	23-1649667
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	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):

- | | | |
|--|---|------------------------------------|
| <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 |

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 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, 2011**, 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, 2009**, and ending **JUN 30, 2010**.

- 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 Balance Due. 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)

- 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).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your 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. 1030 SECOND STREET PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTHAMPTON, PA 18966	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- 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, 2011**

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 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 COMPLETE 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

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 Manton**

Title

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

Date **2/14/11**