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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2011
		Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
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	C Name of organization BETHANNA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 SECOND STREET PIKE City or town, state or country, and ZIP + 4 SOUTHAMPTON, PA 18966		D Employer identification number 23-1649667
			E Telephone number (215) 355-6500
			G Gross receipts \$ 12,368,620
F Name and address of principal officer CHARLES SEITH 1030 SECOND STREET PIKE 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 ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (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
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PROVISION OF FOSTER CARE SERVICES 																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>9</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>9</td></tr><tr><td>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>199</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>25</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	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 individuals employed in calendar year 2011 (Part V, line 2a)	5	199	6 Total number of volunteers (estimate if necessary)	6	25	7a Total 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						
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Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-04-23 Date		
	ALFRED HOLBERT CONTROLLER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ THOMAS MARTIN	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00123816
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	KLATZKIN & COMPANY LLP 1670 WHITEHORSE HAM SQ RD HAMILTON, NJ 086903513		EIN ▶ 21-0650289
				Phone no ▶ (609) 890-9189

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

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 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 2,323 children during the fiscal year ended June 30, 2012 ranging in age from birth to 20 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.

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 organization’s program service accomplishments for each of its three largest program services, as measured 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.

4a	(Code) (Expenses \$ 4,124,352 including grants of \$) (Revenue \$ 4,275,362)
Foster Care/Kinship Care (FY2012 Program Revenues Totaled \$4,275,362, Expenses totaled \$4,124,352) Bethanna's Foster Care/Kinship Program 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 work along with the legal parents to assist them in developing the skills and supports necessary to achieve reunification with their children. Medically fragile children have medical conditions ranging from diabetes or asthma to terminal disease states requiring round-the-clock nursing care. These special needs children require foster parents who have a medical background and/or have received special training to provide the care they need. During the fiscal year ended June 30, 2012 Bethanna served approximately 437 different children in the Foster Care program providing 72,535 service days of care.	

4b	(Code) (Expenses \$ 2,349,672 including grants of \$) (Revenue \$ 2,887,507)
Therapeutic Foster Care (FY2012 Program Revenues Totaled \$2,887,507, Expenses totaled \$2,349,672) Bethanna's Treatment Foster Care program is designed as an intensive level of family-based foster care that provides a structured, therapeutic environment for emotionally and/or behaviorally challenged children. "Treatment" refers to coordinated, in-home behavioral interventions delivered by appropriately trained Treatment Foster Care parents supported by social work interventions and community-based services. Children placed in Treatment Foster Care have identifiable needs that cannot be met in their own homes or in general foster care, but are not severe enough to warrant residential treatment. The program is also employed as a step-down resource for children and youth who are ready to transition out of higher levels of care, such as psychiatric hospitals, residential treatment facilities, and other institutional placements. The objective of this program is to promote safety, permanency, stability, and improved behavioral functioning and family/child well-being. During the fiscal year ended June 30, 2012, Bethanna served approximately 119 different children in the Treatment Foster Care program providing 26,807 service days of care. During the fiscal year ended June 30, 2012, Bethanna was recognized for achieving all performance benchmarks established by Philadelphia County.	

4c	(Code) (Expenses \$ 1,246,167 including grants of \$) (Revenue \$ 1,484,014)
Adoption (FY2012 Program Revenues Totaled \$1,484,014, Expenses totaled \$1,246,167) The adoption unit provides full adoption services to families from orientation and homestudy to post-finalization support. Most of the children available for adoption have come through the foster care system, thus are predominately special needs children (due to their older age, emotional and psychiatric history and sibling sets). If foster parents cannot adopt their child, Bethanna does recruitment and matching with other families interested in special needs children. Bethanna completes child profiles on each child with the goal of adoption. A child 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, 2012, Bethanna served approximately 657 different children and adoptive families in the Adoption Program. Bethanna also had 69 adoptions finalized during the year.	

	(Code) (Expenses \$ 1,057,427 including grants of \$) (Revenue \$ 948,185)
BHRS - Behavioral Health Rehabilitation Services (FY2012 Program Revenues Totaled \$948,185, Expenses totaled \$1,057,427) 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 2012 Bethanna served over 97 different children.	

	(Code) (Expenses \$ 831,433 including grants of \$) (Revenue \$ 908,871)
CTSS - Clinical Transition and Stabilization Services (FY2012 Program Revenues Totaled \$908,871, Expenses totaled \$831,433) 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, 2012, Bethanna served 167 different children.	

	(Code) (Expenses \$ 610,360 including grants of \$) (Revenue \$ 438,187)
Outpatient Mental Health Clinic (FY2012 Program Revenues Totaled \$438,187, Expenses totaled \$610,360) Bethanna has a proven history of success in working with children and families in need. Bethanna operates two Outpatient Mental Health Clinics, one at the location in Philadelphia and one in Southampton. Outpatient Mental Health Services are provided to children and families being served by other Bethanna programs and, in addition, to children and families referred by the courts and other social service agencies outside of Bethanna. Outpatient Mental Health Services are designed to meet the unique needs of children with a variety of adjustment, behavioral and emotional difficulties, including impulsivity, oppositional behavior, mood disorders, self-esteem issues, and school problems. Bethanna's Mental Health Professionals are specially trained to meet the needs of children placed in foster, pre-adoptive and adoptive homes. Treatment is based on a team approach, involving current caregivers, family members and the child welfare system. During the fiscal year ended June 30, 2012, the Outpatient Mental Health Clinic served nearly 449 clients.	
















	(Code) (Expenses \$ 512,378 including grants of \$) (Revenue \$ 482,794)
Visitation Program (FY2012 Program Revenues Totaled \$482,794, Expenses totaled \$512,378) 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 2012, for which the contract with Lancaster County increased 400%. During the fiscal year ended June 30, 2012, Bethanna served approximately 125 different children and families in the Visitation Program.	

	(Code) (Expenses \$ 103,487 including grants of \$) (Revenue \$ 113,383)
PECE (FY2012 Program Revenues Totaled \$113,383, Expenses totaled \$103,487) Bethanna provides parenting skill enhancement services through the "Parents Enjoying Children Enjoying Parents" program (PECE, pronounced "peace"). The core philosophy of the program is represented in its circular logo. The 12- to 16-week parent education program provides practical parenting skills, encourages open communication, and supports interaction between parents and their children. The classes consist of videotaped lessons, group discussions, and exercises. Taught by experienced Bethanna staff, topics include parenting styles, stages of childhood development, difference between discipline and abuse, parenting stress, and coping skills. The parent education program offers a variety of classes to meet parents' needs. "Peaceful Parents" helps families who are working toward reunification or who desire to strengthen their parenting skills. "Dynamic Dads" explores parenting issues specific to fatherhood. In the "Growing Moms" class, single teenage mothers learn parenting, life skills, and nutrition. As part of a work release program, Bethanna conducts parenting classes for women in Philadelphia's prison system. Parenting classes for Kinship caregivers are also offered to provide support and education to extended family caring for children. During the fiscal year ended June 30, 2012, Bethanna served approximately 140 different parents in the PECE program.	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 3,115,085 including grants of \$) (Revenue \$ 2,891,420)
4e	Total program service expenses \$ 10,835,276



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	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	No
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	No
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	No
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	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	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> 	11a	Yes
b	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> 	11b	No
c	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> 	11c	No
d	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> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	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> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
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	No
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	Yes
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	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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>	21		No
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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
b	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>	25b		No
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>	26		No
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>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
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> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
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>	37		No
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	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	64		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c			
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. .	2a	199		
b 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 (see instructions).		2b			Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b			
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 or securities account)? .	4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for 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? .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
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? .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .		6b			
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? .		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h		Yes	
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? .				8	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? .		9a			
b Did the organization make a distribution to a donor, donor advisor, or related person? .		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a			
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b			
c Enter the aggregate amount of reserves on hand.		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? .				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	2	No
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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	FRED HOLBERT 1030 SECOND STREET PIKE SOUTHAMPTON, PA 18966 (215) 355-6500	

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) REIN CLABBERS PRESIDENT	1.00	X		X				0	0	0
(2) CONNIE WOOD VICE PRESIDENT	1.00	X		X				0	0	0
(3) ROBERT KILE TREASURER	1.00	X		X				0	0	0
(4) DONALD LEYPOLDT SECRETARY	1.00	X		X				0	0	0
(5) JOSEPH CARACAPPA MEMBER	1.00	X						0	0	0
(6) RAY PETERS MEMBER	1.00	X						0	0	0
(7) VICTOR RIVERA MEMBER	1.00	X						0	0	0
(8) JANET TYLER MEMBER	1.00	X						0	0	0
(9) FRANK WECKENMAN MEMBER	1.00	X						0	0	0
(10) CHARLES A SEITH EXECUTIVE DIRECTOR	40.00			X				143,803	0	12,271
(11) RONALD L FRITCH CFO (JULY - APRIL)	35.00			X				96,147	0	100
(12) FRED HOLBERT CFO (APRIL - JUNE)	35.00			X				0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	239,950	0	12,371

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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	1a	Federated campaigns . . .	1a	1,542				
	b	Membership dues	1b					
	c	Fundraising events	1c	19,716				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	780,453				
	g	Noncash contributions included in lines 1a-1f \$ 105,727						
	h	Total. Add lines 1a-1f						801,711
Program Service Revenue			Business Code					
	2a	FEES FOR SERVICE	900099	11,538,303	11,538,303			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			11,538,303			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		10,308			10,308	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		7,000						
		6,498		651				
		502		-651				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-149			-149
	8a	Gross income from fundraising events (not including \$ 19,716 of contributions reported on line 1c) See Part IV, line 18			0			
	a	11,298						
	b	Less direct expenses		11,298				
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			12,350,173	11,538,303	0	10,159	

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	273,650		273,650	
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	5,054,613	4,355,372	632,589	66,652
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,600		3,600	
9	Other employee benefits	1,156,018	997,167	157,225	1,626
10	Payroll taxes	399,702	327,838	66,669	5,195
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,575		1,575	
c	Accounting	41,025		41,025	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	164,525	164,525		
12	Advertising and promotion				
13	Office expenses	67,312	60,490	6,450	372
14	Information technology				
15	Royalties				
16	Occupancy	107,869	89,258	18,611	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,149	241	14,388	520
20	Interest	215,882	183,924	31,958	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,613	133,557	4,056	
23	Insurance	119,386	110,335	8,723	328
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CHILD CARE AND CLOTHING	2,708,131	2,708,131		
b	TEMPORARY STAFF	748,283	741,120	7,163	
c	TRANSPORTATION	482,769	472,547	10,218	4
d	SUPPLIES	120,130	112,361	5,878	1,891
e					
f	All other expenses	457,842	378,410	72,874	6,558
25	Total functional expenses. Add lines 1 through 24f	12,275,074	10,835,276	1,356,652	83,146
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	38,027
	2	Savings and temporary cash investments			152,781	2	107
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,271,171	4	1,440,017
	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			55,480	9	27,845
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	5,446,536			
	b	Less: accumulated depreciation	10b	3,999,696	1,501,610	10c	1,446,840
	11	Investments—publicly traded securities			206,089	11	218,263
	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			513,445	15	535,530
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,700,576	16	3,706,629	
Liabilities	17	Accounts payable and accrued expenses			863,754	17	818,559
	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				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,964,994	23	2,923,169
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	19,064
	26	Total liabilities. Add lines 17 through 25			3,828,748	26	3,760,792
	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			-298,172	27	-229,017
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets			170,000	29	174,854
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			-128,172	33	-54,163
34	Total liabilities and net assets/fund balances			3,700,576	34	3,706,629	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,350,173
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,275,074
3	Revenue less expenses Subtract line 2 from line 1	3	75,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-128,172
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,090
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-54,163

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

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

2011

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 **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 Se**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?

(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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

Part II

Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	636,222	401,095	494,305	522,629	801,711	2,855,962
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	636,222	401,095	494,305	522,629	801,711	2,855,962
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)						638,159
6 Public Support. Subtract line 5 from line 4						2,217,803

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	636,222	401,095	494,305	522,629	801,711	2,855,962
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,208	-2,589	3,174	6,301	10,308	25,402
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	412		-1,518			-1,106
11 Total support (Add lines 7 through 10)						2,880,258

12

Gross receipts from related activities, etc (See instructions)

12

68,191,500

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	77 000 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	88 410 %

16a

33 1/3% support test—2011. 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

b

33 1/3% support test—2010. If the organization did not check the 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

17a

10%-facts-and-circumstances test—2011. 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

b

10%-facts-and-circumstances test—2010. 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

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div>YesNo</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

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 170(h)(4)(B)(ii)?

YesNo

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the 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

1b

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

2b

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	168,549	67,057	63,671	61,736
1b	Contributions	4,854	120,000		
1c	Investment earnings or losses	8,274	7,577	3,386	1,935
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs		26,085		
1f	Administrative expenses	1,301			
1g	End of year balance	180,376	168,549	67,057	63,671

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 3 000 %

b

Permanent endowment ▶ 97 000 %

c

Term endowment ▶

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,284		20,284
1b Buildings		2,373,704	1,970,939	402,765
1c Leasehold improvements				
1d Equipment		1,394,664	1,341,724	52,940
1e Other		1,657,884	687,033	970,851
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,446,840

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,350,173
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,275,074
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	75,099
4	Net unrealized gains (losses) on investments	4	-1,090
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,090
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	74,009

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	12,486,008
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,090
b	Donated services and use of facilities	2b	136,925
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	135,835
3	Subtract line 2e from line 1	3	12,350,173
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	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,350,173

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,411,999
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	136,925
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	136,925
3	Subtract line 2e from line 1	3	12,275,074
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,275,074

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The Board has interpreted the donor's will to intend that all investment income, including realized and unrealized gains, be used for the mandated continuous education needs of the older foster children in the care of Bethanna.
Description of Uncertain Tax Positions Under FIN 48	Part X	The Organization's federal exempt returns for fiscal years ended before June 30, 2009 are no longer subject to examination by the Internal Revenue Service. The Organization's state informational returns are subject to examination up to four years after they were filed. The statute of limitations does not apply to unfiled returns. The Organization believes that all required returns have been filed. At this time, management believes there are no uncertain tax positions which would not be sustained upon examination, therefore, the Organization did not have a liability for any unrecognized tax benefits. The Organization recognizes interest and penalties, if any, related to unrecognized tax benefits as other administrative expenses in the Statement of Functional Expenses. During the years ended June 30, 2012 and 2011, the Organization did not incur any interest or penalties.
Part XIII, Line 4b - Other Adjustments		Indirect Fundraising Expenses, netted against income on financial statement.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

2011

Open to Public
Inspection

Name of the organization
BETHANNA

Employer identification number
23-1649667

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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
		<u>Golf Outing</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	31,014		31,014
	2	Less Charitable contributions	19,716		19,716
	3	Gross income (line 1 minus line 2)	11,298		11,298
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	375		375
	6	Rent/facility costs	3,992		3,992
	7	Food and beverages	3,840		3,840
	8	Entertainment			
	9	Other direct expenses	3,091		3,091
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(11,298)
					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	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					()

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

Yes

No

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

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?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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		No
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BETHANNA

Employer identification number
23-1649667

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		100	market value
5 Clothing and household goods	X		16,325	market value
6 Cars and other vehicles	X	1	3,630	blue book value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2	100	market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TREE)	X	1	1,000	determined by the nursery
26 Other ► (GIFT CARDS)	X	3	935	card value
27 Other ► (TOYS)	X	27	47,740	market value
Other ► (COMPUTER)				
28 Other ► (EQUIPMENT)	X	5	14,110	I S Department
Other ► (BURIAL)				
Other ► (PLOT)	X	1	8,985	Cemetery valuation
Other ► (SCHOOL)				
Other ► (SUPPLIES)	X	4	2,775	market value
Other ► (SUMMER)				
Other ► (CAMP FEE)	X	1	10,027	DHS grant

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 Acknowledgement

290

	Yes	No
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?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
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		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BETHANNA

Employer identification number

23-1649667

Identifier	Return Reference	Explanation
	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 6/30/11. The review process was documented as it occurred. The only other officer was the chief financial officer. Ron Fritch was the CFO through April 2012. 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. In April of 2012, Fred Holbert became 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.
	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.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -1,090
	Form 990, Part XI, Line 2c	The process of overseeing the audit and selecting an independent auditor has not changed.

Additional Data

Software ID:
Software Version:
EIN: 23-1649667
Name: BETHANNA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	1,057,427	including grants of \$	) (Revenue \$ 948,185)
BHRS - Behavioral Health Rehabilitation Services (FY2012 Program Revenues Totaled \$948,185, Expenses totaled \$1,057,427) 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 2012 Bethanna served over 97 different children.				
(Code	) (Expenses \$	831,433	including grants of \$	) (Revenue \$ 908,871)
CTSS - Clinical Transition and Stabilization Services (FY2012 Program Revenues Totaled \$908,871, Expenses totaled \$831,433) 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, 2012, Bethanna served 167 different children.				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	610,360	including grants of \$	) (Revenue \$ 438,187)
Outpatient Mental Health Clinic (FY2012 Program Revenues Totaled \$438,187, Expenses totaled \$610,360) Bethanna has a proven history of success in working with children and families in need. Bethanna operates two Outpatient Mental Health Clinics, one at the location in Philadelphia and one in Southampton. Outpatient Mental Health Services are provided to children and families being served by other Bethanna programs and, in addition, to children and families referred by the courts and other social service agencies outside of Bethanna. Outpatient Mental Health Services are designed to meet the unique needs of children with a variety of adjustment, behavioral and emotional difficulties, including impulsivity, oppositional behavior, mood disorders, self-esteem issues, and school problems. Bethanna's Mental Health Professionals are specially trained to meet the needs of children placed in foster, pre-adoptive and adoptive homes. Treatment is based on a team approach, involving current caregivers, family members and the child welfare system. During the fiscal year ended June 30, 2012, the Outpatient Mental Health Clinic served nearly 449 clients.				
(Code	) (Expenses \$	512,378	including grants of \$	) (Revenue \$ 482,794)
Visitation Program (FY2012 Program Revenues Totaled \$482,794, Expenses totaled \$512,378) 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 permanency planning decisions. Bethanna had visitation programs in Bucks County and Lancaster County during fiscal year 2012, for which the contract with Lancaster County increased 400%. During the fiscal year ended June 30, 2012, Bethanna served approximately 125 different children and families in the Visitation Program.				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	103,487	including grants of \$	) (Revenue \$ 113,383)
PECE (FY2012 Program Revenues Totaled \$113,383, Expenses totaled \$103,487) Bethanna provides parenting skill enhancement services through the "Parents Enjoying Children Enjoying Parents" program (PECE, pronounced "peace") The core philosophy of the program is represented in its circular logo The 12- to 16-week parent education program provides practical parenting skills, encourages open communication, and supports interaction between parents and their children The classes consist of videotaped lessons, group discussions, and exercises Taught by experienced Bethanna staff, topics include parenting styles, stages of childhood development, difference between discipline and abuse, parenting stress, and coping skills The parent education program offers a variety of classes to meet parents' needs "Peaceful Parents" helps families who are working toward reunification or who desire to strengthen their parenting skills "Dynamic Dads" explores parenting issues specific to fatherhood In the "Growing Moms" class, single teenage mothers learn parenting, life skills, and nutrition As part of a work release program, Bethanna conducts parenting classes for women in Philadelphia's prison system Parenting classes for Kinship caregivers are also offered to provide support and education to extended family caring for children During the fiscal year ended June 30, 2012, Bethanna served approximately 140 different parents in the PECE program				