Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\ \underline{APR}\ 1\$, 2023, and ending $\ \underline{MAR}\ 31\$

Department of the Treasury

Do not send to the IRS. Keep for your records.

	evenue Service		Go to	www.irs.gov/Form88	791E for the latest inforn	nation.			
Name of							EIN or SSN		_
		THANIA F			TOTOTO		36-35	57140)
Name ar	nd title of officer or pe	erson subject to ta		ISTOFF HENDR	ICKSON				
Part	Type of	Return and		EASURER Information					
							404		00.00
Form 5 or 10a whiche	330 filers may ente below, and the am	er dollars and ce ount on that line	ents. For all e for the re	ll other forms, enter whe eturn being filed with thi	d enter the applicable amo ble dollars only. If you che s form was blank, then lea ne return, then enter -0- or	ck the box on I ave line 1b, 2b	ine 1a, 2a, 3 , 3b, 4b, 5b, 6	a, 4a, 5a 6b, 7b, 8	a, 6a, 7a, 8a, 9a 8b, 9b, or 10b,
1a	Form 990 check	here 2	Х ь 1	Total revenue, if any (F	orm 990, Part VIII, column	(A), line 12)		1b .	926,721.
2a	Form 990-EZ che				orm 990-EZ, line 9)				
За	Form 1120-POL				OL, line 22)				
4a	Form 990-PF che	eck here			ent income (Form 990-PF				
5a	Form 8868 check				88, line 3c)			 5b	
6a	Form 990-T chec				Part III, line 4)				
7a	Form 4720 check				Part III, line 1)				
8a	Form 5227 check				of tax year (Form 5227, Ite				
9a	Form 5330 check				art II, line 19)				
10a	Form 8038-CP cl	heck here	b A	Amount of credit payn	nent requested (Form 803	38-CP, Part III,	line 22)		
Part	II Declara	tion and Sig	nature A	Authorization of C	fficer or Person Sul	oject to Tax			
inancia ater that payment persona PIN: ch	al institution to deb an 2 business days at of taxes to receival al identification nur leck one box only	it the entry to the payore confidential in the payore confidential in the payore (PIN) as m	nis accoun yment (set nformatior ny signature	it. To revoke a payment tlement) date. I also au n necessary to answer i e for the electronic retu	ftware for payment of the , I must contact the U.S. T thorize the financial institunguiries and resolve issue rn and, if applicable, the c	Freasury Finance tions involved s related to the onsent to elect	cial Agent at 1 in the process payment. I ha pronic funds w	1-888-353 sing of the ave select vithdrawa	3-4537 no ne electronic cted a
	I authorize GC	RDON ADV	VISORS			to	enter my PII		
				ERO firm name)				ve numbers, but enter all zeros
	with a state age on the return's of As an officer or return. If I have	ency(ies) regulati disclosure conso person subject indicated within	ing charition ent screen to tax with this return	es as part of the IRS Fe n. n respect to the entity, I	f I have indicated within the d/State program, I also au will enter my PIN as my surn is being filed with a stasure consent screen.	ithorize the afo	rementioned	ERO to e	enter my PIN
	of officer or person subje		thantia	otion			Date	2/8/20	25
Part		ation and Au							
	EFIN/PIN. Enter yo					25146736 t enter all zeros			
submit					he 2023 electronically filed Modernized e-File (MeF) In	formation for A	outhorized IRS		
ERO's si	gnature	LUK	سير		[oate1/25	5/2025		
		D. N			Form - See Instruct		0-		
					IRS Unless Reques	stea 10 Do	50	Fa 0(270_TE (2222)
or Pri	vacy ACT and Pap	erwork Keauct	IION ACT NO	otice, see instructions				LOUIN OC	379-TE (2023)

LHA 302521 01-05-24

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations

Do not enter social security numbers on this form as it may be made public.

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

A F	or the	ϵ 2023 calendar year, or tax year beginning APR \pm , 2023 and ϵ	enaing <u>M</u>	<u>IAR 31, 2024</u>	
3 C	heck if	C Name of organization		D Employer identifi	cation number
	Addre: chang	THE BETHANIA FOUNDATION			
	Name chang	Doing business as BETHANIA KIDS		**-***71	40
	Initial return	_	Room/suite	E Telephone numbe	er
	Final return	P.O. BOX 2140		80099351	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	926,721.
	Ameno return	WINCHESTER, VA 22604-1340		H(a) Is this a group r	eturn
	Applic tion	F Name and address of principal officer, KKIDIOTT TIEMDKICKDO.	N	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1987	M State of legal domicile; MN
Pa	rt I	Summary			
σ		Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} \hline THE & B \\ \hline \end{tabular}$			
ğ		FINANCIAL SUPPORT TO INDEPENDENT SOCIAL WE			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
ove				3	10
اي		Number of independent voting members of the governing body (Part VI, line 1b) $$			10
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
ξį		Total number of volunteers (estimate if necessary)			10
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		
				Prior Year	Current Year
او		Contributions and grants (Part VIII, line 1h)		678,383.	901,847.
en		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,281.	24,874.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,664.	926,721.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		560,322.	426,546.
		Benefits paid to or for members (Part IX, column (A), line 4)		70 310	115 042
ies		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		70,319.	115,843.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
낊		Total fundraising expenses (Part IX, column (D), line 25) 91,60		61,190.	54,464.
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		691,831.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-6,167.	
_ v	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or d Balances	20	Total accets (Part V. line 16)		597,328.	945,539.
Asse Bals	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		9,037.	6,048.
ᇷᆿ		Net assets or fund balances. Subtract line 21 from line 20		588,291.	939,491.
	rt II	Signature Block		300,251.	J J J J I E J I 6
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and helief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which			,
,	207100		p. spaisi	any moneyor	
Sign	1	Signature of officer		Date	
Here		KRISTOFF HENDRICKSON, TREASURER			
'		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid		KEVIN E. KLEIN, CPA		if self-emplo	yed P00539501
rep	arer	Firm's name GORDON ADVISORS, PC			*-***6556
	Only	Firm's address 1301 W LONG LAKE ROAD, STE 200			
		TROY, MI 48098		Phone no. 24	8-952-0200
Иау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	21
•	THE BETHANIA FOUNDATION PROVIDES FINANCIAL SUPPORT TO INDEPENDENT	יי
	SOCIAL WELFARE PROJECTS IN INDIA. THE PRIMARY FOCUS OF THESE PRO	
	IS SERVING THE NEEDS OF DESTITUTE AND/OR PHYSICALLY HANDICAPPED	
	CHILDREN WHO, WITHOUT SUCH HELP, WOULD FACE STARVATION AND OTHER	
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 X 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 X 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 exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 426,546. including grants of \$ 426,546.) (Revenue \$)
	FUNDS ARE PROVIDED TO BETHANIA MINISTRIES PROJECTS SERVING THE NE	EDS OF
	DESTITUTE AND HANDICAPPED CHILDREN IN INDIA. THESE PROJECTS PRIMA	ARILY
	INCLUDE THE FOLLOWING: 4 ORPHANAGES, 9 DAYCARE CENTERS, 15 WOMEN'	S
	EMPOWERMENT CENTERS, 7 AFTER SCHOOL CARE CENTERS, AND SUPPORT FOR	≀ THE
	CHURCH OF SOUTH INDIA CENTER FOR CHILDREN WITH CEREBRAL PALSY. THE	IE
	ORPHANAGES AND CENTERS ARE LOCATED IN NAGERCOIL, RAJHMUNDRY,	
	KODAIKANAL, KANNIVADI, BATLAGUNDU, AND ODISHA.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses 426,546.	
		Form 990 (2023)

17110110 121061 01171 001

Form 990 (2023) THE BETHANIA FOUNDATION 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 25	
b		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

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Form 990 (2023) THE BETHANIA FOUNDATION

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization required the remarks of dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 .		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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Part V	St	tatements Regarding Other IRS Filings and Tax Compliance (continued)	

			1		Yes	No
2 a	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	4	:		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
				5a		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_
	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	_				v
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
D	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed as the statement of t			Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione r	rovided to the payor?	70		X
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	70		
٠	to file Form 8282?	•		7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:	I	1			
	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l	? 	12a		
	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.			120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c		1		
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			- 12		
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on 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	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	this Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN , VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LISA SMIT - 540-450-2729			
	3064 RUMSEY DR, ANN ARBOR, MI 48105			

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

Check if Schedule O contains a response or note to any line 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. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	ısate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(40		Pos	itior	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week	_	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	trustee or director	trust		99,	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tiona	_	nploy	st cor		1033 (VEO)		organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.ga _
(1) ERNEST HAHN	4.00		_		_	1				
CHAIRMAN		х		x				0.	0.	0.
(2) STEPHEN ZORN	30.00									
PRESIDENT		х		х				0.	0.	0.
(3) KRISTIN DEHAVEN	2.00									
DIRECTOR		Х						0.	0.	0.
(4) MARK LEE	2.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVID DOERMANN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) DANIELLE HOLLENBACH	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) RONALD KOEPKE	1.00									
DIRECTOR		X						0.	0.	0.
(8) KRISTOFF HENDRICKSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) CAROL HART	5.00									
DIRECTOR		Х						0.	0.	0.
(10) GWEN WALLEN	2.00							_	_	_
DIRECTOR		X						0.	0.	0.
						_				
						_				
		1								
						_				
		ł								
				\vdash		\vdash	-			
		-								
						-				
		1								

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average	١		Posi	ition			Reportable	Reportable		Es	timated	ď
, and and the	hours per					than o		compensation	compensation			ount o	-
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensati	ion
	hours for	or dire	a l			ted		organization	(W-2/1099-MISC	/	fro	om the	
	related	stee (trustee			pensa		(W-2/1099-MISC/	1099-NEC)		_	anizatio	
	organizations below	al tru	onal t		oloyee	com e		1099-NEC)				relate	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
		٥	Ë	10	Ke	포 등	윤			\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
										\dashv			
								0	(\dashv			^
1b Subtotal								0.		2.			0.
c Total from continuation sheets to Part VI								0.).).			0.
d Total (add lines 1b and 1c)										<u>, </u>			0.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				Λ
compensation from the organization												Yes	0 N o
O Did the consciontion list one former of	-U 1 1 1							la a da a a como a constanta de como de		Г		165	140
3 Did the organization list any former officer,										L			Х
line 1a? If "Yes," complete Schedule J for s										.	3		
4 For any individual listed on line 1a, is the su	•		•					•	•	L			X
and related organizations greater than \$150										··	4		
5 Did any person listed on line 1a receive or a										-	_		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	or su	ich r	pers	on .					5		
									:100,000 of a series		:		
1 Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	isali	1011 110	1111	
(A)	ine calendar ye	are	riuir	ig w	itri C	or wi	uriiri T	(B)	ear.			٠,	
Name and business	address	NC	ONE	7.				Description of s	ervices	Co	C) omper	י) nsation	
		-110	7111				\dashv						
							\dashv						
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors (ii	ncludina but na	ot lin	niter	t to t	thos	e lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization		, III			(.cu	above, who received file	J. G. triair				
ψτου,σου οι compensation from the organi.	LatiOii					_						990 (2	000)

ı a		ш			so or note to any lin	o in this Bart VIII			
			Check if Schedule O co	ontains a respons	se or note to any iir	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
	_		<u> </u>						360110113 3 12 - 3 14
nts	1		Federated campaigns			-			
Gra				1b		-			
ts, (An			Fundraising events			-			
Gif ilar			Related organizations			-			
ns, Sim			Government grants (contrib			-			
tio S S		f	All other contributions, gifts, gi		001 015				
ibu Hy			similar amounts not included a		901,847.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lin	es 1a-1f 1g \$		001 015			
<u>a</u> <u>c</u>		h	Total. Add lines 1a-1f			901,847.			
					Business Code				
ce	2	а			_				
∍rvi e		b							
າ Se enu		С							
ran }ev		d							
Program Service Revenue		е							
ď			All other program service re	evenue					
		g	Total. Add lines 2a-2f						
	3		Investment income (includir	ng dividends, int	erest, and				
						24,874.			24,874.
	4			•					
	5		Royalties			_			
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
		С	Rental income or (loss)	6c					
		d	Net rental income or (loss)			_			
	7	а	Gross amount from sales of	(i) Securitie	s (ii) Other				
			assets other than inventory	7a					
		b	Less: cost or other basis						
ıne			and sales expenses	7b					
Revenue		С	Gain or (loss)	7c					
		d	Net gain or (loss)						
her	8	а	Gross income from fundraising	I					
Ott			including \$	of					
			contributions reported on li	ne 1c). See					
			Part IV, line 18		Ва				
		b	Less: direct expenses	L	Bb				
		С	Net income or (loss) from fu	ındraising events		-			
	9	а	Gross income from gaming	l l					
			Part IV, line 19		9a				
			Less: direct expenses		9b				
			Net income or (loss) from ga			_			
	10	а	Gross sales of inventory, les	ss returns					
			and allowances		0a				
		b	Less: cost of goods sold .		0b				
		С	Net income or (loss) from sa	ales of inventory					
S					Business Code				
ou:	11	а							
Miscellaneous Revenue		b							
Sell		С							
Mis B		d	All other revenue						
		е	Total. Add lines 11a-11d .						
	12		Total revenue. See instruction	s		926,721.	0.	0.	24,874.

332009 12-21-23

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 426,546. 426,546. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 107,582. 43,757. 63,825. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,261. 8,261. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,093. 7,093. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 27,180. 27,180. Advertising and promotion 12 7,357. 7,357. Office expenses 13 4,393. 4,393. Information technology 14 15 Royalties 2,507. 2,507. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 5,334. 5,334. PROCESSING FEES GRANT TO OTHER 600. 600. С d All other expenses 596,853. 426,546. 78,702. 91,605. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

171/10210 121061 0117/ 001

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		430,653.	1	10
	2	Savings and temporary cash investments		52,405.	2	800,982
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
₹	9	Duran sid some server and defermed also server			9	4,352
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	114,270.	12	140,195	
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		597,328.	16	945,539
	17	Accounts payable and accrued expenses		9,037.	17	6,048
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ွှ	22	Loans and other payables to any current or f	ormer officer, director,			
≝		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons		22	
-	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax	, payables to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,037.	26	6,048
		Organizations that follow FASB ASC 958,	check here X			
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		451,969.	27	771,918
Pa Pa	28	Net assets with donor restrictions		136,322.	28	167,573
ב		Organizations that do not follow FASB AS	C 958, check here			
ヹ゠		and complete lines 29 through 33.				
ပ္ ပ	29	Capital stock or trust principal, or current fur			29	
sel	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
Y As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		588,291.	32	939,491
	33	Total liabilities and net assets/fund balances		597,328.	33	945,539

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			53.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	588	3,2	<u>91.</u>
5	Net unrealized gains (losses) on investments	5	2:	1,3	32.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	939	9,4	91.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

QUZJ
Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

-*7140 THE BETHANIA FOUNDATION 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	677,235.	675,744.	640,567.	678,383.	901,847.	3573776.
2	Tax revenues levied for the organ-						
	ization'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	677,235.	675,744.	640,567.	678,383.	901,847.	3573776.
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)						75,272.
_6	Public support. Subtract line 5 from line 4.						3498504.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	677,235.	675,744.	640,567.	678,383.	901,847.	3573776.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,687.	1,481.	1,717.	7,281.	24,874.	43,040.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3616816.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	96.73 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	98.06 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
							(Form 990) 2023

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	clow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second third	fourth, or fifth tax	vear as a section !	501(c)(3) organizatio	on.
••	check this box and stop here	· ·		•			
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check th	his hox and see in	structions	

332023 12-21-23 Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ou		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	tod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23 Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Sche	edule A (Form 990) 2023 THE BETHANIA FOUNDATION	1		**-***7140 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Sche	edule A (Form 990) 2023 THE BETHANIA	FOUNDATION		**-***7140 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sec	tion D - Distributions		Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	·	(i)	(ii)	(iii)

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE BETHANIA FOUNDATION

Employer identification number **-***7140

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring inspecting hand	lling of violations, and enforcing concernation	an accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	s satisfy the requirements of section 170/b)//	IVPV:)
0			
9	In Part XIII, describe how the organization reports conservati	on assaments in its revenue and expense st	
3	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	lote to the organization's infancial statement	ts that describes the
Par		f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	· · · · · · ·	
	provide the following amounts relating to these items.	, ,	1 · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant i	use of its	•		
	collection items (check all that apply).		•	· ·					
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organization	answered "Yes" on	Form 990	, Part IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	:	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	0.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance	114,270.	92,463.	88,756.		51,365.		44,	885.
b	Contributions	1,482.	28,914.			21,800.		8,	893.
С	Net investment earnings, gains, and losses	24,443.	-7,107.	3,707.		15,591.		-2,	413.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	140,195.	114,270.	92,463.		88,756.		51,	365.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for t	he		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		<u> </u>
	(ii) Related organizations?						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investn	, , , , , , ,		Accumulate epreciation		(d) Bool	c value	Э
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
е	Other	I							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. line 10c. column	(B))					0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE BETHANI. Part VIII Investments - Other Securities	A FOUNDATION	**	-***7140 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) = 1 1 1 1 1 1	(b) Book value	(b) Method of Valuation. Good of Chic	or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT FUND	140,195.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	140,195.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<u>l. (B))</u>		
Part X Other Liabilities	on Form OOO Deat N/ Pers 4	do or dif Coo Form 200 Bart V Pro- 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	Te or TH. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(6) (7) (8) (9)

Pa	art XI Reconciliation of Revenue per Audited F	inancial Statements With Re	venue per Retu	rn	
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financia	l statements		1	948,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, li				
а	Net unrealized gains (losses) on investments	2a	21,332.		
b					
С					
d					
е			2	2e	21,332.
3	Subtract line 2e from line 1			3	926,721.
4					
а	a Investment expenses not included on Form 990, Part VIII, lir	ne 7b 4a			
b	Other (Describe in Part XIII.)	4b			
С	c Add lines 4a and 4b			4c	0.
5		90. Part I. line 12.)		5	926,721.
Pa	art XII Reconciliation of Expenses per Audited	Financial Statements With Ex	cpenses per Re	turn	
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	596,853.
2	Amounts included on line 1 but not on Form 990, Part IX, lin	ne 25:			
а	a Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С					
d	d Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	596,853.
4					
а	a Investment expenses not included on Form 990, Part VIII, lir	ne 7b 4a			
b	Other (Describe in Part XIII.)	4b			
С	c Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c (This must squal Form	000 Port Llino 19 \		5	596.853.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE ORGANIZATION HAS ESTABLISHED GUIDELINES WHEREBY THE GENERAL PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE A MEANS SO THAT GIFTS CAN HONOR AND MEMORIALIZE LOVED ONES WITH GREATER PERMANENCE TO PROVIDE A LEGACY TO THE ORGANIZATION ON BEHALF OF AN INDIVIDUAL, FAMILY, OR ORGANIZATION. THE ENDOWMENT BOARD IS RESPONSIBLE FOR THE INVESTMENT MIX AND GROWTH OF THE FUND WITH THE ESTABLISHED INVESTMENT POLICY GUIDELINES. THE FUND SPENDING POLICY GOVERNS THE RATE AT WHICH THE FUNDS ARE RELEASED TO THE OPERATING BUDGET AND IS DETERMINED BY THE ENDOWMENT BOARD.

THE ENDOWMENT WAS ESTABLISHED WITH A GOAL OF \$100,000. THE ENDOWMENT WILL DISTRIBUTE EARNINGS BASED ON THE BALANCE ON DECEMBER 31 OF THEPREVIOUS

Part XIII Supplemental Information (continued)
YEAR. DISTRIBUTIONS SHALL ONLY BE MADE IN YEARS WHEN THE ENDOWMENT
PRINCIPLE EXCEEDS \$100,000. WITH ENDOWMENT BOARD APPROVAL THE ORGANIZATION
MAY BORROW UP TO 25% OF THE BALANCE AT AN AGREED UPON INTEREST RATE WITH
COMMERCIALLY ACCEPTABLE LOAN DOCUMENTATION.
PART X, LINE 2:
MANAGEMENT EVALUATES, AT LEAST ANNUALLY, WHETHER ANY TAX POSITIONS
REPORTED ON TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF
CHALLENGED. MANAGEMENT BELIEVES NO SUCH POSITIONS EXIST THAT WOULD HAVE
SIGNIFICANT IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION AND RESULTS OF
OPERATIONS. AS OF MARCH 31, 2024, NO SUCH LIABILITY FOR UNCERTAIN TAX
BENEFITS WAS RECORDED.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Nam	e of the organization					Employer identifi	cation number
тні	E BETHANIA FO	UNDATTON				**-***714	0
Pa			ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV						
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
	United States.						
3				n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in (d) gram service, e specific type	(f) Total expenditures for and
		-	contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
3 -	Subtotal	0	0				0.
	Total from continuation						<u> </u>
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						

LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

-7140

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

	I	i	į	i	į	i	į	İ	j .j l	
(i) Method of valuation (book, FMV, appraisal, other)	CASH								1 Schedule F (Form 990) 2023	, ,
(h) Description of noncash assistance									Sched	,
(g) Amount of noncash assistance	•0									
(f) Manner of cash disbursement	WIRE TRANSFERS								ecognized as a tax ivalency letter	
(e) Amount of cash grant	426,546.								oreign country, r	
(d) Purpose of grant	CARE FOR DESTITUTE CHILDREN								Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region	INDIA								is listed above that are r r for which the grantee or r entities	
(b) IRS code section and EIN (if applicable)									recipient organization nization by the IRS, o other organizations o	
1 (a) Name of organization									 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which Enter total number of other organizations or entities 	

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Page 3

Schedule F (Form 990) 2023

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2023 Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION GIVES MONEY TO 'THE BETHANIA FOUNDATION, INDIA.' THEIR BOARD OF TRUSTEES PROVIDES US WITH A COPY OF THEIR BUDGET. THEY UNDERGO AN ANNUAL AUDIT IN INDIA AND PROVIDE US WITH A COPY OF THE REPORT. THEY ALSO GIVE US REGULAR QUALITATIVE AND QUANTITATIVE REPORTS REGARDING HOW THE FUNDS ARE USED.

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

THE BETHANIA FOUNDATION

Employer identification number **-***7140

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PRIMARY FOCUS OF THESE PROJECTS IS SERVING THE NEEDS OF DESTITUTE
AND/OR PHYSICALLY HANDICAPPED CHILDREN.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SEVERE DEPRIVATION.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING THE FORM 990, ALL MEMBERS OF THE BOARD OF DIRECTORS WERE
PROVIDED WITH A COPY HEREOF AND GIVEN AN OPPORTUNITY TO REVIEW AND COMMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BETHANIA FOUNDATION HAD ADOPTED A POLICY OF CONFLICTS OF INTEREST, AND
PURSUANT THERETO ALL OFFICERS AND DIRECTORS HAVE CERTIFIED THAT NO
CONFLICTS OF INTEREST EXIST.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

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

Schedule O (Form 990) 2023