Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990**

and ending SEP 30, 2024 JAN 1, 2024 A For the 2024 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change BETHANY CHRISTIAN SERVICES Name change 38-2822017 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 616-224-7610 Final return/ 901 EASTERN AVENUE NE 142.002.552. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended H(a) Is this a group return STMT GRAND RAPIDS, MI 49503 Applica-tion pending F Name and address of principal officer: KEITH CURETON for subordinates? X Yes H(b) Are all subordinates included? X Yes SAME AS C ABOVE 527 If "No," attach a list. See instructions 4947(a)(1) or I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) H(c) Group exemption number WWW.BETHANY.ORG J Website: M State of legal domicile: K Form of organization: X Corporation Other Association L Year of formation: Trust Part I Summary Briefly describe the organization's mission or most significant activities: <u>BETHANY CHRISTIAN SERVICES</u> 1 DEMONSTRATES THE LOVE AND COMPASSION OF JESUS CHRIST BY PROTECTING Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 1215 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8,161,407 $\overline{3,697,319}$ Contributions and grants (Part VIII, line 1h) Revenue 137,831,533. 173,324,452. Program service revenue (Part VIII, line 2g) 286,782. -30,960. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -117 -4,685.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 181,454,782 ,810,949. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) $1,563,\overline{118}$ 1,520,774. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0._ 0. Benefits paid to or for members (Part IX, column (A), line 4) 91,402,055. 76,130,704. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. Λ. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 63,259,204. 84,151,190. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 140,910,682. 177,116,363. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,338,419. 900,267. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 Assets (47,178,200 40,613,144. 20 Total assets (Part X, line 16) 17,668,543. 25,13<u>3,866</u> 21 Total liabilities (Part X, line 26) 22,044,334. 22,944,601. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign SCOTT DEVRIES, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Preparer's signature Preparer's name 02/12 /25 self-employed ₱00796388 AMY CIMINELLO AMY CIMINELLO Paid Firm's EIN 33-1498605 PLANTE & MORAN, PLLC Firm's name Preparer Firm's address 250 S. HIGH ST, SUITE 100 Use Only Phone no.614-849-3000 COLUMBUS, OH 43215

No

X Yes

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BETHANY CHRISTIAN SERVICES DEMONSTRATES THE LOVE AND COMPASSION OF
	JESUS CHRIST BY PROTECTING CHILDREN, EMPOWERING YOUTH, AND
	STRENGTHENING FAMILIES THROUGH QUALITY SOCIAL SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 11,034,034. including grants of \$ 0.) (Revenue \$ 11,571,213.)
4a	(Code:) (Expenses \$11,034,034. including grants of \$0.) (Revenue \$11,571,213.) FAMILY STRENTHENING:
	BETHANY CHRISTIAN SERVICES IMPACTED 12,501 CHILDREN AND FAMILIES
	THROUGH PROGRAMS LIKE INTACT FAMILY SERVICES THAT FOCUS ON FAMILY
	PRESERVATION AS WELL AS OUR SAFE CARE AND SAFE FAMILIES FOR CHILDREN
	PROGRAMS. THESE SERVICES CAN PROVIDE TEMPORARY RELIEF AND ASSISTANCE TO
	THE PARENTS OF THESE CHILDREN.
	THE PARENTS OF THESE CHILDREN.
4b	(Code:) (Expenses \$21,940,039. including grants of \$0.) (Revenue \$22,177,322.)
	FOSTER CARE:
	THROUGH OFFICES IN TEN DIFFERENT STATES, BETHANY CHRISTIAN SERVICES
	PROVIDED FOSTER CARE FOR 3,203 CHILDREN AND FAMILIES. CHILDREN IN
	FOSTER CARE NEED A LOVING FAMILY WHO WILL WALK WITH THEM DURING A TIME
	OF CRISIS AND WELCOME THEM INTO A CARING HOME. THE GOAL OF BETHANY'S
	FOSTER CARE PROGRAM IS TO PROVIDE TEMPORARY CARE FOR CHILDREN WITH THE
	ULTIMATE AIM OF REUNITING THEM WITH THEIR BIOLOGICAL FAMILY, OR FINDING
	AN ADOPTIVE FAMILY FOR THOSE CHILDREN FOR WHOM REUNIFICATION IS NOT AN
	OPTION.
	E4 6E0 004
4c	(Code:) (Expenses \$ 71,652,094. including grants of \$ 0. (Revenue \$ 86,223,911.)
	REFUGEE AND IMMIGRANT SERVICES:
	BETHANY CHRISTIAN SERVICES IMPACTED 10,916 REFUGEE AND IMMIGRANT
	INDIVIDUALS FROM DIFFERENT COUNTRIES ADJUST TO LIFE IN THE UNITED
	STATES THROUGH A VARIETY OF SPECIALIZED PROGRAMS AND SERVICES,
	INCLUDING LIFE SKILLS, INDEPENDENT LIVING, LANGUAGE AND CULTURAL
	EDUCATION, JOB PLACEMENT SERVICES, AND COUNSELING FOR PERSONS WHO HAVE
	BEEN VICTIMS OF TRAUMA.
4-1	Other are green as vices (Describe as Cahadula O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 19,607,445. including grants of \$ 1,520,774.) (Revenue \$ 17,859,087.) Total program service expenses
-10	Form 990 (2024)

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	X	
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	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		v	
	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		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Pid the appropriate and office and because the state of the United Obstace	14a	Х	
b		· -a		
~	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			
	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	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X

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Form 990 (2024) BETHANY CHRISTIAN SERVICES

Part IV Checklist of Required Schedules (continued)

I a	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		<u> X</u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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		<u> </u>
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		X
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			
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		Х
	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		,	_	
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number reported in 55% 5 of 1 of in 1030. Enter 40- in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
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Form 990 (2024) BETHANY CHRISTIAN SERVICES

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b						
За	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	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u> </u>				
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 Accounts (FBAR).								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				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	e organization solicit			,,				
	•		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	dana and dad to the consent		- V					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		71.	X	1				
			7b	<u>^</u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70		X				
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		1				
	,		7e		Х				
_	 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9									
а	5-1-11								
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	1					
	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.		40						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b							
_	organization is licensed to issue qualified health plans	13c	-						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.				+				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.		15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		х				
	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 ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

Form **990** (2024) 432005 12-10-24

Page 6 BETHANY CHRISTIAN SERVICES 38-2822017 Form 990 (2024) 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. X Check if Schedule O contains a response or note to any line in this Part VI

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	1a	1	5			
	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	1b	1	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other				
	officer, director, trustee, or key employee?			2	2		X
3	Did the organization delegate control over management duties customarily performed by or under th						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5	<u> </u>		Х
6	Did the organization have members or stockholders?				;		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	ne or				
	more members of the governing body?			7	а		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?			8	а	Х	
b	Each committee with authority to act on behalf of the governing body?			8	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9)		X
<u>Sec</u>	tion B. Policies _{(This Section B requests information about policies not required by the Internal Re}	evenue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,	affiliates,				
				10	b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	11	а	X	
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			12		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? ff^{**}	Yes," de	escribe				
	on Schedule O how this was done			12		X	
13	Did the organization have a written whistleblower policy?			1		X	
14	Did the organization have a written document retention and destruction policy?			1.	4	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						77
а	The organization's CEO, Executive Director, or top management official			15		37	<u> </u>
b	Other officers or key employees of the organization			15	b	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 arranger						v
	taxable entity during the year?			16	a		X
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in the state of the state		·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16	מפ		
	List the states with which a copy of this Form 990 is required to be filedAZ,CA,HI,KS,M	TE: NI	N OH OK III	r			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a				/v) 3:	vailah	
.5	for public inspection. Indicate how you made these available. Check all that apply.	. IG 990	1 (30001011 30 1 (0)(,,3 011	уја	vallat	,,,,
	Own website Another's website X Upon request Other (explain	n on Co	hodulo ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fin	anci	al	
	statements available to the public during the tax year.	ot U	toroot policy, a		ان، اند	u.	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records				
	SCOTT D. DEVRIES - 616-224-7610						

901 EASTERN AVENUE NE, GRAND RAPIDS, MI 49503

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

X

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average		Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per		, unles					compensation	compensation	amount of
	week			-	10010	17 11 413	loo,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	-e	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			· ·
(1) KEITH CURETON	0.00									
PRESIDENT/CEO	45.00			Х				0.	0.	0.
(2) LORITA SHIRLEY	0.00									
CHIEF OPERATIONS OFFICER	45.00			Х				0.	0.	0.
(3) SCOTT DEVRIES	0.00									
CHIEF FINANCIAL OFFICER	45.00			Х				0.	0.	0.
(4) CHERYL JERECZEK	0.00								_	_
CHIEF DEVELOPMENT OFFICER	45.00			Х				0.	0.	0.
(5) NHUNG HURST	0.00								_	_
SVP, LEGAL COUNSEL	45.00			Х				0.	0.	0.
(6) ANDREA OSBURN	0.00								_	_
CHIEF COMMUNICATIONS OFFICER	45.00			Х				0.	0.	0.
(7) MICHAEL BRUXVOORT	0.00	4								_
CHIEF INFORMATION OFFICER	45.00			Х				0.	0.	0.
(8) KELLI CAVASIN	0.00	-								_
CHIEF PEOPLE OFFICER	45.00			Х				0.	0.	0.
(9) BRIAN BRITTON	0.00	ļ								
CHAIR	2.00	Х		Х				0.	0.	0.
(10) MAEGAN SCHWINDLING	0.00	ļ								
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(11) SUSANNE JORDAN	0.00	ļ								•
SECRETARY	2.00	Х		Х				0.	0.	0.
(12) JOEL RAHN	0.00	ļ								•
TREASURER	2.00	Х						0.	0.	0.
(13) MARBEN BLAND	0.00	ļ								•
BOARD MEMBER	2.00	Х						0.	0.	0.
(14) PETER BURLEIGH	0.00								•	•
BOARD MEMBER	2.00	Х						0.	0.	0.
(15) KAFI CARRASCO	0.00	. .							_	_
BOARD MEMBER	2.00	X	\vdash			_		0.	0.	0.
(16) BETH GARRETT	0.00	٦,							_	_
BOARD MEMBER	2.00	Х	\vdash			-		0.	0.	0.
(17) LORI HOCKEMA	0.00	3,7							_	^
BOARD MEMBER	2.00	X					<u> </u>	0.	0.	990 (2024)

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(A)	(B)	ployees, and Highest Co						(D)	(E)	(F	:1
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	(L) Reportable	Estim	
Name and title	hours per							compensation	compensation	amou	
	week			nd a di				from	from related	oth	
	(list any	ctor						the	organizations	comper	nsation
	hours for	or dire	a a			ted		organization	(W-2/1099-MISC/	from	the
	related	stee (ruste			bensa		(W-2/1099-MISC/	1099-NEC)	organi	
	organizations below	ıal tru	onal t		oloye	ee com		1099-NEC)		and re	
	line)	ndividual trustee or director	In stit utio nal tru stee	Officer	key employee	Highest compensated employee	Former			organiz	ations
/10\ DEMED KDAGIANGKY		드	드	ğ	Αe	= E	요			+	
(18) PETER KRASLAWSKY BOARD MEMBER	2.00	Х						0.	0.		0
(19) SCOTT LEWIS	0.00	Δ						0.	0.		0.
BOARD MEMBER	2.00	Х						0.	0.		0.
(20) STEVEN MAYER	0.00	Δ						0.	0.		0.
BOARD MEMBER	2.00	Х						0.	0.		0.
(21) ROGER SHANK	0.00	Δ						0.	0.		0.
BOARD MEMBER	2.00	Х						0.	0.		0.
(22) MARK AUGUSTYN	0.00	Δ						0.	0.		<u> </u>
BOARD MEMBER	2.00	Х						0.	0.		0.
(23) DEBORAH STRURTEVANT	0.00	Λ	\vdash	Н				0.	0.	1	0.
BOARD MEMBER	2.00	Х						0.	0.		0.
BOMB HIMBIN	2.00							0.	U •		<u> </u>
-											
1b Subtotal	I	l				_					
c Total from continuation sheets to P											
d Total (add lines 1b and 1c)											
Total number of individuals (including								aceived more than \$100	000 of reportable	1	
compensation from the organization	, but not innited to th	030	11310	u ab	JOVC	,, vvii	010	cerved more than \$100,	ood of reportable		0
compensation from the organization										Ye	
3 Did the organization list any former of	officer director trust	e k	ev e	empl	ove	e or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule		,	•	•	•		_	•	•	3	Х
4 For any individual listed on line 1a, is											
and related organizations greater that	•							•	•	4	х
5 Did any person listed on line 1a recei										7	
rendered to the organization? If "Yes					•			•		5	х
Section B. Independent Contractors	, Complete Schedule	<i>3 U 1</i> 0	JI SL	<u>ICIT Ļ</u>	JEIS	OII .				1 0 1	
Complete this table for your five high	est compensated ind	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of compens	ation from	
the organization. Report compensation											
	A)			. <u>.</u>				(B)		(C)	
	siness address							Description of s	ervices	Compensa	ition
				_			_				
				_			_				
						_					
. <u></u>							_				
2 Total number of independent contract	tors (including but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the o					C						
	<u> </u>								<u> </u>	Form 99	0 (2024)

38-2822017

Form 990 (2024) BETHANY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ठ ठ	1 8	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Ω.Ε		Fundraising events 1c	161,128.				
ifts ar A		d Related organizations 1d					
nis,		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
le ti		similar amounts not included above 1f	3,536,191.				
		g Noncash contributions included in lines 1a-1f	65,798.				
Sol		n Total. Add lines 1a-1f	•	3,697,319.			
			Business Code	, ,			
ø.	2 :	REFUGEE AND IMMIGRANT SERVICES	624100	86,223,911.	86223911.		
Program Service Revenue		n FOSTER CARE	624100	22,177,322.	22177322.		
Ser		FAMILY STRENGTHENING	624100	11,571,213.	11571213.		
E B		GOVERNMENT FUNDED PROGRAMS	624100	7,630,750.	7,630,750.		
Beg		a ADOPTIONS	624100	7,249,137.	7,249,137.		
Pro	1	f All other program service revenue	624100	2,979,200.	2,979,200.		
		g Total. Add lines 2a-2f		137831533.	, ,		
	3	Investment income (including dividends, inte	rest, and				
	•	other similar amounts)		69,638.			69,638.
	4	Income from investment of tax-exempt bond		,			,
	5	Royalties	p. 000000				
	•	(i) Real	(ii) Personal				
	6 :	a Gross rents 6a 7,550					
		c Rental income or (loss) 6c 7,550					
		d Net rental income or (loss)		7,550.			7,550.
		a Gross amount from sales of (i) Securities	(ii) Other	·			·
		assets other than inventory 7a	289,094.				
	ı	b Less: cost or other basis	·				
ā		and sales expenses 7b	71,950.				
en		c Gain or (loss) 7c	217,144.				
ther Revenue		d Net gain or (loss)		217,144.			217,144.
e		a Gross income from fundraising events (not		·			·
듐		including \$ 161,128. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 107,418.				
	ı	b Less: direct expenses 8					
		Net income or (loss) from fundraising events		-12,235.			-12,235.
		a Gross income from gaming activities. See					
		Part IV, line 19	а				
	ı	b Less: direct expenses					
		Net income or (loss) from gaming activities_					
		a Gross sales of inventory, less returns					
		and allowances 10)a				
	ı	b Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		· , ,	Business Code				
snc	11 a	a					
Miscellaneous Revenue		b					
ļšc B		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		141810949.	137831533.	0.	282,097.

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Form 990 (2024) BETHANY CHRISTIAN SERVICES Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	molete column (A)	
Occii	Check if Schedule O contains a respor			прісте сошті (гу.	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1	j	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	88,611.	88,611.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,432,163.	1,432,163.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	250,969.		225,872.	25,097.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,242,346.	61,087,823.		154,523.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,582,068.	1,577,403.		4,665. 27,637.
9	Other employee benefits	8,535,581.			<u> 27,637.</u>
10	Payroll taxes	4,519,740.	4,507,074.		12,666.
11	Fees for services (nonemployees):				
а	Management	2,586,630.	2,585,681.		949.
b	Legal	207,869.			
С	Accounting	76,025.		76,025.	
d	Lobbying	983.		983.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	000 006	000 000		2
	column (A), amount, list line 11g expenses on Sch 0.)	823,336.			3. 3,222.
12	Advertising and promotion	648,475.			3,222.
13	Office expenses	2,350,966.			14,970. 6,361.
14	Information technology	2,115,254.	2,108,893.		0,301.
15	Royalties	5,709,391.	E 600 006		0 505
16	Occupancy	3,637,025.	5,699,806. 3,632,249.		9,585. 4,776.
17	Travel	3,037,023.	3,034,449.		4,//0.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	428,489.	423,824.		4,665.
19	Conferences, conventions, and meetings	440,409.	443,044.		4,005.
20	Interest	16,053,289.		16,053,289.	
21	Payments to affiliates Depreciation, depletion, and amortization	994,487.		10,033,403.	367.
22	La companya a	2,378,007.			6,419.
23	Other expenses. Itemize expenses not covered	2,370,007.	2,3/1,300.		0,410.
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 0.) FOSTER CARE BOARDING	16 076 288	16,076,288.		
a b	OTHER CLIENT ASSISTANCE	7,788,529.			4.
D C	PROGRAM DEVELOPMENT	985,266.			
d	DUES AND SUBSCRIPTIONS	225,422.			4,752.
	All other expenses	173,473.			40,240.
25			124,233,612.	16,356,169.	320,901.
	•		,,	,,	220,301.
26	.nint costs (Complete this line only if the organization)				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,227,649.	1	709,420.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			269,879.	3	61,558.
	4	Accounts receivable, net		30,345,338.	4	24,295,981	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	B			543,923.	9	479,089
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	6,093,388.	7,451,588.	10c	7,446,096
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		7,339,823.	15	7,621,000	
	16	Total assets. Add lines 1 through 15 (must equa			47,178,200.	16	40,613,144
	17	Accounts payable and accrued expenses		1	15,400,914.	17	7,240,898
	18	Grants payable		4 545 004	18	1 100 000	
	19	Deferred revenue	1,515,324.	19	1,422,089		
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
≅		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			1 470 000	22	1 470 000
-	23	Secured mortgages and notes payable to unrela			1,470,000.	23	1,470,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	· · ·	6 717 620		7 525 556
		of Schedule D			6,747,628.		7,535,556
-	26	Total liabilities. Add lines 17 through 25			25,133,866.	26	17,668,543
ွှ		Organizations that follow FASB ASC 958, che	ck ner	e 🛕			
2	07	and complete lines 27, 28, 32, and 33.			22,044,334.	27	22,944,601
ala	27	Net assets without donor restrictions			22,011,551.	28	22,544,001.
9 9	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 98				20	
ᇤ		and complete lines 29 through 33.	36, CHE	ck fiere			
ō	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or ed				30	
\ss	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			22,044,334.	32	22,944,601.
-	عد ا	וייים ווכנ מססכנס טו ועווע שמומוועכס			47,178,200.	33	40,613,144.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	1990 (2024) DETHANT CHRISTIAN SERVICES	50	2022	0 1 /	Pa	ige •
Pa	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	141	,81	0,9	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140	,91	0,6	82.
3	Revenue less expenses. Subtract line 2 from line 1	3		90	0,2	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	,04	4,3	34.
5	Net unrealized gains (losses) on investments	5				
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	22	,94	4,6	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	Ο.				
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X 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 Sche	edule C) .			
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 require		dit			

432012 12-10-24

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BETHANY CHRISTIAN SERVICES

Employer identification number 38 – 28 2 2 0 1 7

				IMI DERVICED				0 2022017			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:	•				CARA 7	,			
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in			
Ŭ		section 170(b)(1)(A)(iv). (C			or operat						
6				aantal unit daaaribad in	costion 17	70/6\/4\/4\	64				
	X	A federal, state, or local gov	•				• •	aublic described in			
′	_2_	An organization that norma	•	ntial part of its support if	om a gove	emmentai	unit or irom the general	oublic described in			
_		section 170(b)(1)(A)(vi). (C		//// 1) /O							
8	\square	A community trust describe									
9		An agricultural research org				-	-	•			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or			
		university:									
10		An organization that norma	• • • • • • • • • • • • • • • • • • • •				•	•			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by hav	rina			
		control or management o	•					-			
		organization(s). You mus			po.oo		inio o manage ine cap	33.134			
С		Type III functionally inte	•		in connect	tion with a	and functionally integrate	ed with			
·		its supported organization	-				• •	with,			
d		Type III non-functionally		·				zation(s)			
ď							· · · · · · · · · · · · · · · · · · ·				
		that is not functionally int	-		•			/eness			
		requirement (see instructi	•	-							
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• •	nally integrated supportil	ng organiz	ation.					
f		er the number of supported o		-liti(-)							
9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other			
	,	organization	(11) = 111	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)			
				above (see instructions))	Yes	No					
Tota	al										

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(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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	13046390.	12285928.	11874696.	8161407.	3697319.	49065740.	
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	13046390.	12285928.	11874696.	8161407.	3697319.	49065740.	
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)						2810318.	
6	Public support. Subtract line 5 from line 4.						46255422.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
7	Amounts from line 4	13046390.			8161407.	3697319.	49065740.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	83,318.	96,388.	58,156.	80,008.	77,188.	395,058.	
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.)	357,116.	90,363.	128,028.	124,082.	64,737.	764,326.	
11	Total support. Add lines 7 through 10	-	-	-	-		50225124.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 712	,969,145.	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	ear as a section 50	D1(c)(3)		
	organization, check this box and stop	-						
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	92.10 %	
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	93.70 %	
16a	33 1/3% support test - 2024. If the	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	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2023. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circ				•			
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s	
							(Form 990) 2024	

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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	1 () 2000	(1.) 0004	() 0000	(1) 0000	1 , , , , , , ,	(n T
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	,					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2024	(line 8, column (f),	divided by line 13,	column (f))		15	Ç
16 Public support percentage from 202	3 Schedule A, Part	: III, line 15			16	C
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	2024 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	Ç
18 Investment income percentage from	2023 Schedule A	Part III, line 17			18	C
19a 33 1/3% support tests - 2024. If th	e organization did				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2023. If th						and
line 18 is not more than 33 1/3%, ch	•			•	•	
20 Private foundation. If the organizati						

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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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
Зс		
4a		
4b		
4.		
4c		
5a		
5b 5c		
30		
6		
7		
8		
0-		
9a		
9b		
9с		
10-		
10a		
10b		
ıle A (Forn	n 990)	2024

Pa	rt IV Supporting Organizations (continued)			. <u></u>
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a arove? If "Yes" to line 11a, 11b, or 11c,	116		
·		11c		
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	1 110		
			Yes	No
4	Did the governing hady members of the governing hady officers acting in their official conscity or membership of one or		res	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 officers,			
	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 supported			
	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type it 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			
<u> </u>	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 instructions	s).		
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 instructions).			
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.	2a		
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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule	Δ	(Form	990)	2024

5

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

5

6

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Dort		of 2014 and 11 a						
Part V	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.							
	(See ins	structions.)						
PART								
BECA		THE SHORT YEAR-END FILING, THE COLUMNS IN SCHEDULE A PART II						
CORRI		TO THE FOLLOWING TAX YEARS:						
2020		12/31/20						
2021		12/31/21						
2022		12/31/22 12/31/23						
		12/31/23 RT YEAR-END 9/30/24						
2024	 эпог	XI IEAR-END 9/30/24						

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

BETHANY CHRISTIAN SERVICES

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990) (Rev. 12-2024)

38-2822017

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

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

Name of organization Employer identification number

BETHANY CHRISTIAN SERVICES 38-2822017 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 700,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person **Payroll** 125,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 280,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

Name of organization Employer identification number

BETHANY CHRISTIAN SERVICES

38-2822017

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** BETHANY CHRISTIAN SERVICES 38-2822017 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

NAME OF ORGANIZATION ORGANIZATION'S ADDRESS BETHANY CHRISTIAN SERVICES OF 40 KENWOOD CIRCLE STE 2 - SOUTHERN NEW ENGLAND FRANKLIN, MA 02038	EMPLOYER ID 04-2863717
	04-2863717
BETHANY CHRISTIAN SERVICES OF 230 GREAT CIRCLE RD SUITE 229 TENNESSEE - NASHVILLE, TN 37228	20-1204075
BETHANY CHRISTIAN SERVICES OF 508 COLUMBUS ST RAPID CITY SD 57701	, 20-3246991
BETHANY CHRISTIAN SERVICES OF 400 S SYCAMORE AVE. STE 103-1 EASTERN SOUTH DAKOTA - SIOUX FALLS, SD 57110	20-5485352
BETHANY CHRISTIAN SERVICES OF 1219 RIVER RD - FAIR LAWN, NJ NEW JERSEY 07410	22-2767728
BETHANY CHRISTIAN SERVICES OF 3000 SOUTH RACE STREET - COLORADO DENVER, CO 80210	31-1196720
BETHANY CHRISTIAN SERVICES OF 610 OLD YORK ROAD, SUITE 220 GREATER DELAWARE VALLEY JENKINTOWN, PA 19046	- 31-1196722
BETHANY CHRISTIAN SERVICES OF 12416 S. HARLEM AVE SUITE 305 - PALOS HEIGHTS, IL 60463	31-1196724
BETHANY CHRISTIAN SERVICES OF 1612 MARION STREET, SUITE 218 SOUTH CAROLINA - COLUMBIA, SC 29201	31-1196726
BETHANY CHRISTIAN SERVICES OF 10378B DEMOCRACY LN - FAIRFAX VA 22030	, 31-1196727
BETHANY CHRISTIAN SERVICES OF 123 ALBANY AVENUE SE - ORANGE NORTHWEST IOWA CITY, IA 51041	31-1244836
BETHANY CHRISTIAN SERVICES OF 10521 PERRY HIGHWAY, SUITE 200 WESTERN PENNSYLVANIA - WEXFORD, PA 15090	31-1282578
BETHANY CHRISTIAN SERVICES OF 2142 PRIEST BRIDGE COURT SUITI	E 31-1282580
BETHANY CHRISTIAN SERVICES OF 3048 HAHN DR - MODESTO, CA	31-1282585
NORTHERN CALIFORNIA 95350 BETHANY CHRISTIAN SERVICES OF 16700 VALLEY VIEW AVE STE 210 SOUTHERN CALIFORNIA - LA MIRADA, CA 90638	
27 220212 147228 11159-3 2024.02050 BETHANY CHRISTIA	STATEMENT(S) AN SERVICE 11159

BETHANY CHRISTIAN SERVICES		38-2822017
BETHANY CHRISTIAN SERVICES OF ARKANSAS	1100 N. UNIVERSITY AVE STE 66 - LITTLE ROCK, AR 72207	31-1282590
BETHANY CHRISTIAN SERVICES OF GEORGIA		31-1284895
BETHANY CHRISTIAN SERVICES OF NORTH CAROLINA	25 REED ST PO BOX 15569 - ASHEVILLE, NC 28813	31-1308382
BETHANY CHRISTIAN SERVICES OF CENTRAL PENNSYLVANIA		38-2899285
BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA	•	38-3012039
BETHANY CHRISTIAN SERVICES GLOBAL		38-3291546
BETHANY CHRISTIAN SERVICES OF MISSOURI		38-3352094
BETHANY CHRISTIAN SERVICES OF WISCONSIN		38-3372866
BETHANY CHRISTIAN SERVICES OF FLORIDA	29 W. SMITH ST - WINTER GARDEN, FL 34787	38-3541224
BETHANY CHRISTIAN SERVICES OF MICHIGAN	901 EASTERN AVE NE - GRAND RAPIDS, MI 49501	38-3542119
BETHANY CHRISTIAN SERVICES OF NORTHERN NEW ENGLAND		81-4707946

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Name of organ	nization	ions. Complete Fait III.		Em	ployer identification number (EIN)		
		CHRISTIAN SERVI			38-2822017		
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	organization.		
2 Political of3 Voluntee	campaign activity expendit r hours for political campai	ation's direct and indirect polition ures gn activities					
Part I-B	<u> </u>	anization is exempt und	. , ,	·			
1 Enter the	amount of any excise tax	incurred by the organization un	der section 4955		\$		
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$		
		n 4955 tax, did it file Form 4720					
					Yes No		
	describe in Part IV.		In + : FO4/-\		(-)(0)		
Part I-C		anization is exempt und		-			
		by the filing organization for se			\$		
	0 0	ization's funds contributed to o	•				
					\$		
		. Add lines 1 and 2. Enter here		•			
		4400 DOL 6					
		1120-POL for this year?					
		Ns of all section 527 political or at paid from the filing organization	~		•		
•	· ·	separate political organization,		•			
	nal space is needed, provid			9			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and		

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

Schedule C (Form 990) 2024

Part II-A Complete if the org	janization is exer				ection under
section 501(h)). A Check if the filing organiza	ation belongs to an affi	liated group (and list in	n Part IV each affiliated	aroun member's nam	ne address FIN
	re of excess lobbying		TI art IV cacif animated (group member 3 han	ic, address, Eliv,
	ation checked box A a	• ,	ovisions annly		
Limi	its on Lobbying Expe ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Enter			[
IF the amount on line 1e, column (a)	or (b), is: THEN t	he lobbying nontaxal	ole amount is:		
not over \$500,000	1 //	the amount on line 1e.			
over \$500,000 but not over \$1,000		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
over \$17,000,000	\$1,000,	•	. , , , ,		
g Grassroots nontaxable amount (er	-t OF0/ -f line 1f)		•		
h Subtract line 1g from line 1a. If zer	· 0				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze			-		•
reporting section 4911 tax for this	year?				Yes No
-	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t		01(h) election do not ate instructions for li	•	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots Johnving expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Х		
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?				
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	77	X		
i	Other activities?	X			983.
j	Total. Add lines 1c through 1i		77		983.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4/-\/	-\	4	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(c)	n 501(c)(o), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		.
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No;" OR	(b) Part	III-A, IINE	3, IS
	answered "Yes."				
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):	cal			
а			2a		
	Carryover from last year				
c	Total				
3	A		··· 🗖		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	ess			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	· ·, ···· ·	(
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	THANY CHRISTIAN SERVICES OF MICHIGAN IS A MEMBER OF				
FEI	DERATION FOR CHILDREN AND FAMILIES (THE FEDERATION),	WHOSE	E MISS	ION IS	<u> </u>
	INFLUENCE PUBLIC POLICY AND PRACTICE IN SUPPORT OF				
QUZ	ALITY SERVICES TO VULNERABLE CHILDREN AND FAMILIES.	\$983 (OR 3.	7왕)	
REI	PRESENTS THE SHARE OF BETHANY CHRISTIAN SERVICES OF	MICHIC	AN 'S		
ANI	WAL DUES PAID TO THE FEDERATION WHICH IS DIRECTED T	OWARD	LOBBY	ING	
EXI	PENSES.				
		_			

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization

BETHANY CHRISTIAN SERVICES

Employer identification number 38-2822017

Pai		Funds or Other Similar Fund	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fu	nds 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 w	-		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring	
Da	impermissible private benefit?			Yes No
Pai), Part IV, line 7	<u>'. </u>
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	· —	-	/ important land area
	Protection of natural habitat	Preservation	of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		<u>2b</u>	
С	Number of conservation easements on a certified historic structure	cture included on line 2a	2c	
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, and not		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	ne organizatior	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it I	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easemer	nts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement ar	nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that des	cribes the
	organization's accounting for conservation easements.			
Pai			Other Simila	ar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance s	heet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in	furtherance of	public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	d balance shee	t works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	rtherance of pu	ıblic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treas			e
	the following amounts required to be reported under FASB AS	C 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	_		\$
b	Assets included in Form 990, Part X			

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

Schedule D (Form 990) (Rev. 12-2024)

432051 01-02-25

Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)	,
3	Using the organization's acquisition, accession								(00000000000000000000000000000000000000		
	collection items (check all that apply).	,	,	,	3						
а	Public exhibition	C	ı 🗆	Loan or exc	hange progr	am					
b	Scholarly research				ago prog.						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	llections and evolai	n how th	av furthar th	o organizati	on's evem	nt nurnos	a in Dart	YIII		
5	During the year, did the organization solicit or			-	-			e iii aii	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										INO
	reported an amount on Form 990, Part		ite ii tile	organization	i alisweled	163 0111	01111 990,	i aitiv, ii	116 3, 01		
	Is the organization an agent, trustee, custodia		diary for	contribution	s or other as	ssets not i	included				
··u	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 100		
D	ii res, explain the arrangement iiii art xiii a	and complete the lo	nowing t	abic.					Amount		
•	Reginning halance						1c				
	Additions during the year										
	Additions during the year										—
_	Distributions during the year										
f O-	Ending balance								7 ٧	$\overline{}$	
	Did the organization include an amount on Fo								Yes	H	No
Par	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds Complete if										
ı aı	Endownient i dida Complete ii	(a) Current year		rior year	(c) Two year		o. (d) Three y	pare hack	(e) Four	vaare h	
	, , ,	(a) Current year	(6)	Tioi yeai	(C) TWO year	IIS DACK	(u) Tillee y	cars back	(e) i oui	y cais b	aun
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administe	red for the	Э		_		
	organization by:								[Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other	1 ' '	ccumulate preciation	d	(d) Book	value	
10	Land	· ·		240,0							
	Land			7 32	1,954.	2 3	81,21	7.	4,940	73	7.
	Buildings			,,,,,,	<u> </u>			- , •	<u> </u>	, , ,	· •
	Leasehold improvements			5 74	5,168.	2 7	12,17	71	2,032	00	7
	Equipment				$\frac{3,168.}{2,362.}$	3,1	14,1	' + • -	<u>4,034</u>	, 36	' -
	Other	•	.,			<u> </u>			7,446		
<u>ı ota</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. line 1	0c, column	(B))				7,440	, 09	υ.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11b. 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 en	d-of-year market value
(1) Financial derivatives	. , ,		•
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	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" o		11d. See Form 990, Part X, line 15.	
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1) RIGHT OF USE ASSETS			7,353,322
(2) DEPOSITS			267,678
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(0))		7,621,000
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		1,021,000
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	<u> </u>
(a) Description of liability	5 555, 1 411 17, 11116	5. T 555 F 5111 555, F 411 A, 1116 20	(b) Book value
(1) Federal income taxes			(2) Book value
(2) RIGHT OF USE LEASES			7,535,556
(3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(P))		7,535,556
2. Liability for uncertain tax positions. In Part XIII, provide t			

Schedule D (Form 990) (Rev. 12-2024)

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

Par	Complete if the organization answered "Yes" on Form 990, Part IV	. line 12a.	
1	Total revenue, gains, and other support per audited financial statements	,	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Pai	t XII Reconciliation of Expenses per Audited Financial S	Statements With Expens	ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	41.	
	Cirici (Besonibe ii i ar Aiii.)	4b	
С	Add lines 4a and 4b		
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information	e 18.)	5
5 Pai Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Table Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **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.

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

BETHANY CHRISTI				38-282201	
Part I General Infor	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part I\	/, line 14b.				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.					
			an be duplicated if additional space is n		(f) Tatal
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,				FOSTER CARE AND ADOPTION	
BOTSWANA, BURKINA	_			SUPPORT. WORK WITHIN	
FASO,	5	56	PROGRAM SERVICES	REFUGEE	1,730,260.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,		2.2	DDOGDAM GEDALIGE	FOSTER CARE AND ADOPTION	436 503
ARUBA, BAHAMAS,	4	33	PROGRAM SERVICES	ASSISTANCE	436,583.
3 a Subtotal	9	89			2,166,843.
b Total from continuation					, ,
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	9	89			2,166,843.

LHA 432071 01-15-25

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

Schedule F (Form 990) (Rev. 12-2024)

Part II	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 r	eeded.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	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

3 Enter total number of other organizations or entities

Part III 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 can be duplicated if a	additional space is needed		Г	T			1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
FOSTER CARE, FAMILY	AFRICA - ANGOLA,						
PRESERVATION, MENTAL HEALTH,	BENIN, BOTSWANA,						
ADOPTION	BURKINA FASO,	2,949	1289364.	CASH PAYMENT	0.		воок
MENTAL HEALTH, PSYCHOSOCIAL	CENTRAL AMERICA						
SUPPORT, TRAININGS, FOSTER	AND THE CARIBBEAN						
CARE, FAMILY PRESERVATION	- ANTIGUA &						
SERVICES	BARBUDA, ARUBA,	5,925	142,799.	CASH PAYMENT	0.		воок
							000) (D 40, 0004)

Schedule F (Form 990) (Rev. 12-2024) BETHANY CHRISTIAN SERVICES 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) (Rev. 12-2024)

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: BETHANY CHRISTIAN SERVICES MONITORS GRANTS AWARDED TO CHILDREN AND FAMILIES IN FOREIGN COUNTRIES THROUGH THE USE OF INTERNALLY PREPARED MONTHLY FINANCIAL REPORTS WHICH TRACK THE RESULTS OF ASSISTANCE GRANTED TO FAMILIES. SUCH ACTIVITIES AND REPORTS ARE PART OF A FAMILY SPONSORSHIP PROGRAM. THIS IS ADMINISTERED AND ACCOUNTED FOR SEPARATELY FROM ALL OTHER OPERATIONS. BETHANY CHRISTIAN SERVICES AND THE INDIVIDUAL DONORS RECEIVE REGULAR WRITTEN UPDATES AS TO THE IMPACT THAT THE GRANTS HAVE MADE.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	CUDICMIAN CEDUICE	ď				Employer ide 38-2822	ntification number
	CHRISTIAN SERVICE Complete if the organization answer		'es" or	Form 990 Part IV I	ine 1		
required to complete this par		ieu i	es 0i	1 FOIIII 990, FAIT IV, I	iiie i	7. FOIIII 990-EZ	illers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual organization has been been been been been been been bee	e Solicita f Solicita g Special or oral agreement with any individual lart VII) or entity in connection with p	tion of tion of fundra (includanted)	nongo gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
compensated at least \$5,000 by the		uni 10	ug. co.	monto andor which a	10 141	idialoci lo to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events GOLF EVENT GOLF EVENT (add col. (a) through GRAND RAPIDSIN PA col. (c)) (event type) (event type) (total number) 104,443. 27,380. 136,723. 268,546. 1 Gross receipts 29,244. 9,583. 122,301. 2 Less: Contributions 161,128. 75,199. 14,422. **3** Gross income (line 1 minus line 2) 17,797. 107,418. 4 Cash prizes 5 Noncash prizes Direct Expenses 8,566. 1,450. 17,544. 27,560. 6 Rent/facility costs 8,664. 14,800. 35,995. 12,531. 7 Food and beverages 8 Entertainment 35,338. 710. 20,050. 56,098. 9 Other direct expenses 119,653. 10 Direct expense summary. Add lines 4 through 9 in column (d) -12,235. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

Sch	edule G (Form 990) (Rev. 12-2024) BETHANY CHRISTIAN SERVICES 38-2	2822017	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمد ا	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No
k	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
,	: If "Yes," enter the name and address of the third party:		
	Too, onto the hame and address of the time party.		
	Name		
	- Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	'		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
8	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	i (Form 990)	BETHANY	CHRISTIAN	SERVICES	38-2822017	Page 4
Part IV	(Form 990) Supplemental Info	rmation (con	tinued)			
	• • • • • • • • • • • • • • • • • • • •	(00///	iii ii			
	<u> </u>				 	

SCHEDULE I (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	HRISTIAN	SERVICES					38-2822017
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 			e line 1 table	<u> </u>	<u> </u>		

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL AND MENTAL HEALTH COSTS	328	88,611.	0.	N/A	N/A
		0.5	(1)		
Part IV Supplemental Information. Provide the information request. PART I, LINE 2:	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	iditional information.	
BETHANY CHRISTIAN SERVICES PAYS FOR	R CERTAIN	MEDICAL,	DENTAL, AN	D HEALTH	
CARE COSTS FOR SOME OF OUR CLIENTS,	INCLUDI	NG EXPECTA	NT MOTHERS	, REFUGEE	
AND IMMIGRANT PERSONS, AND OTHERS W					
OTHER FINANCIAL RESOURCES TO PAY TH				UNCTION WITH	
OUR COUNSELING, FOSTER CARE, AND RE				•	
CHRISTIAN SERVICES PAYS THIRD PARTY					
NECESSARY EXPERTISE IN PSYCHOLOGICATION DENTAL TREATMENT, AND LANGUAGE TRANSPORTED TRANSPO					
DIRECTLY TO LICENSED FACILITIES, PH				KE MADE	
PINEOTET TO PIOENCE THOUBITIES, T.		, 111,12 3331			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

		BETHANY CHRI	STIAN	SERVICES		38-2	2822	<u>017</u>	
Par	t I Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermin		s
1	Art - Work	s of art							
2	Art - Histo	rical treasures							
3	Art - Fract	ional interests							
4	Books and	d publications							
5	Clothing a	nd household goods							
6	Cars and	other vehicles							
7	Boats and	planes							
8	Intellectua	ıl property							
9	Securities	- Publicly traded	X	6	65,798.	MARKET PRIC	E		
10	Securities	- Closely held stock							
11		- Partnership, LLC, or							
	trust intere	ests							
12		- Miscellaneous							
13	Qualified of	conservation contribution -							
	Historic st								
14	Qualified of	conservation contribution - Other							
15	Real estat	e - Residential							
16	Real estat	e - Commercial							
17	Real estat	e - Other							
18	Collectible	es							
19	Food inve	ntory							
20		I medical supplies							
21	Taxidermy	<i>'</i>							
22	Historical	artifacts							
23	Scientific	specimens							
24	Archeolog	ical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other)							
29	Number o	f Forms 8283 received by the organiz	zation durinç	g the tax year for co	ontributions				
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	During the	e year, did the organization receive by	y contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it			
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt pu	urposes for the entire holding period?	?				30a		X
b	If "Yes," d	escribe the arrangement in Part II.							
31	Does the	organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contribution	ons?					32a	Х	
b	If "Yes," d	escribe in Part II.							
33	If the orga	nization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in	n Part II.							

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

Schedule M (Form 990) 2024

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDI	LE M, PART I, LINE 32B:
	Y CHRISTIAN SERVICES USES A BROKERAGE FIRM TO PROCESS THE SALE OF
	BLICALLY TRADED SECURITIES WHICH THE ORGANIZATION RECEIVES FROM
DONORS	
432142 01-18-	Schedule M (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BETHANY CHRISTIAN SERVICES

Employer identification number 38-2822017

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN, EMPOWERING YOUTH, AND STRENGTHENING FAMILIES THROUGH QUALITY
SOCIAL SERVICES.

FORM 990, PARTLINE 4D, OTHER PROGRAM SERVICES: III, ADOPTION AND PREGNANCY COUNSELING: BETHANY CHRISTIAN SERVICES OFFICES THROUGHOUT THE UNITED STATES IMPACTED 478 CHILDREN AND ADOPTIVE FAMILIES. OUR DOMESTIC INFANT ADOPTION PROGRAM PROVIDED NO-COST SERVICES TO 200 EXPECTANT PARENTS WHO BENEFITED FROM PREGNANCY COUNSELING SERVICES PROTECTING UNBORN CHILDREN. FOSTER CARE ADOPTIONS PLACE 1,125 OLDER CHILDREN WHO WERE PREVIOUSLY IN STATE OR COUNTY FUNDED FOSTER CARE SYSTEMS WITH LOVING ADOPTIVE FAMILIES. EXPENSES \$ 19,607,445. INCL GRANTS OF \$ 1,520,774. REVENUE \$ 17,859,087.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WAS REVIEWED DURING THE FEBRUARY 12TH, 2025 COMMITTEE MEETING. THE
FINANCE COMMITTEE IS COMPRISED OF THE NATIONAL BOARD TREASURER AND FIVE
OTHER NATIONAL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF THE ORGANIZATION HAS A STANDARD INTEREST POLICY THAT EACH BOARD MEMBER AND OFFICER ARE REQUIRED TO ABIDE BY. EACH PERSON MUST CERTIFY IN WRITING HIS OR HER ACCEPTANCE OF THE POLICY. **DIRECTORS** REQUIRED TO DISCLOSE ANNUALLY ANY FINANCIAL INTERESTS THAT MAY GIVE RISE ΤO INTEREST. WRITTEN NOTICE TO ALL CONFLICT OF DIRECTORS MAY DELIVER DIRECTORS OR MAY GIVE ORAL NOTICE AT A MEETING OF THE BOARD OF DIRECTORS. DIRECTOR HAVING A PERSONAL FINANCIAL INTEREST MAY NOT PARTICIPATE INAPPROVAL OF SUCH PROPOSED TRANSACTION UNLESS HIS OR HER JUDGEMENT IS TO THE DISINTERESTED DIRECTORS CONSIDERATION OF THE TRANSACTION.

FORM 990, SECTION B, LINE 15B: PART VI, THE GROUP RETURN IS FILED ON BEHALF OF ALL BRANCH OFFICES OF BETHANY ALL OFFICERS OF THE ORGANIZATION ARE COMPENSATED CHRISTIAN SERVICES. BYTHE PARENT ORGANIZATION (A RELATED ORGANIZATION). THERE ARE NO EMPLOYEES OF THE BRANCH OFFICES REPORTED ON THE GROUP RETURN THAT ARE OFFICERS OF THE THEORGANIZATION. COMPENSATION FOR CEO OF BETHANY CHRISTIAN IS PAID THEBETHANY CHRISTIAN SERVICES PARENT ORGANIZATION (A RELATED PARTY). IN 2024 THIRD PARTY WAS HIRED TO COMPLETE A COMPENSATION ANALYSIS. THIS RESULTED CHANGES FOR ALL POSITIONS AND WILL BE EFFECTIVE STARTING IN 2025.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST OF THE PARENT ORGANIZATION, BETHANY CHRISTIAN

SERVICES.

FORM 990, PART VII

THIS IS A SHORT YEAR FILING FOR 1/1/2024 THROUGH 9/30/2024. THEREFORE THERE IS NO CALENDAR YEAR COMPENSATION REPORTED ON THIS FILING. COMPENSATION AMOUNTS FOR 2024 WILL BE REPORTED ON THE 10/1/2024 THROUGH 9/30/2025 RETURN.

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024	Page 2
Name of the organization BETHANY CHRISTIAN SERVICES	Employer identification number 38-2822017
PART XII, LINE 2C	1 00 -0-2027
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, SCHEDULE R, PART II	
ALL RELATED TAX EXEMPT ORGANIZATIONS ARE MEMBERS OF GROUP	EXEMPTION
#5103 AND ARE NOT REPORTED ON SCHEDULE R PART II.	

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

BETHANY CHRISTIAN SERVICES

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-2822017

ontrolling tity	lling
npt	
cont	(g) ion 512(b) controlled entity?
Yes	s N
	Х
	D) (Re

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
-									
	-								

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X				
b Gift, grant, or capital contribution to related organization(s)											
С	c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
	, , , , , , , , , , , , , , , , , , , ,										
f	Dividends from related organization(s)				1f		Х				
	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
	Performance of services or membership or fundraising solicitations for related orga				11		X				
m Performance of services or membership or fundraising solicitations by related organization(s)											
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х				
Sharing of paid employees with related organization(s)							X				
р	Reimbursement paid to related organization(s) for expenses				1p	Х					
q	Reimbursement paid by related organization(s) for expenses				1q		Х				
•	, , , , , , , , , , , , , , , , , , , ,				•						
r	Other transfer of cash or property to related organization(s)				1r		Х				
					1s		Х				
	If the answer to any of the above is "Yes," see the instructions for information on w										
		(b)	(c)	(d)							
	(a) Name of related organization	Transaction	Amount involved		Method of determining amount involved						
		type (a-s)		_							
(1)											
(2)											
•											
(3)											
(4)											
,											
(5)											
,											
(6)											
	10-23-24	<u> </u>		Schedule R (Form	990) (F	lev. 1-	2025)				
				20222.2.1 (1 01111	, (1						

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(k) Percentage ownership
		ood.n.ryy	Sections 3 12-3 14)	Yes No	mosine	433313	Yes	No	(10111 1003)	Yes	NO