Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements. 2012

OMB No. 1545-0047

Open to Public Inspection

A	or the	e 2012 calendar year, or tax year beginning $$	<u>ng JUN 30, 2013</u>	
В	Check if applicab	C Name of organization	D Employer identif	ication number
â		Children's Ald Society, Southern PA		
	Addre chang	e   District - Church of the Brethren		
	Name chang	Doing Business As	23-1	.429838
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	/suite E Telephone numbe	er
	Termi	1	-	624-4461
	Amen return	ded Ou 1	G Gross receipts \$	1,366,927.
	Application		H(a) Is this a group r	
	pendi	F Name and address of principal officer:Robert A. Witt	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates in	
1	Γax-ex	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or		list. (see instructions)
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P		te: WWW.CASSD.ORG	H(c) Group exemption	
		property process	Year of formation: 1923	1100.110.110.110.110.110.110.110.110.11
	art I	Summary	. roat of formation, 2525	VI Otato or logar dormond, 2 22
		Briefly describe the organization's mission or most significant activities: See Sch	edule O	
Activities & Governance	•	briory december the organization of modern distinition determines.		entre de la compania del compania de la compania del la compania del compania de la compania de la compania de la compania del compania
na	2	Check this box if the organization discontinued its operations or disposed of	f more than 25% of its net a	ecate
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	ī	12
ගු		Number of independent voting members of the governing body (Part VI, line 1b)		12
•ජ ග		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		42
tie				0
ξį	6	Total number of volunteers (estimate if necessary)		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		
		One shall be the second of the	Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		
Revenue	i	Program service revenue (Part VIII, line 2g)		1
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	i	Benefits paid to or for members (Part IX, column (A), line 4)		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		20,520.
ă.	I	Total fundraising expenses (Part IX, column (D), line 25) 78,338.	ļ	
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses. Subtract line 18 from line 12	-76,496.	-45,318.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,123,675.
ort Age		Total liabilities (Part X, line 26)	304,771.	298,534.
		Net assets or fund balances. Subtract line 21 from line 20	1,774,464.	1,825,141.
	art II		***************************************	
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s		ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.	
		DUCA WIII	11/11	//3
Sign	1	Signature of officer	Date *	
Her	е	Robert A. Witt, Executive Director		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		Edward J. Straley Zamy Straley	11/8//3 self-emplo	
Prep	arer	Firm's name Boyer & Ritter	Firm's EIN	23-1311005
Use	Only	Firm's address 1137 Kennebec Drive		
		Chambersburg, PA 17201	Phone no. 7	17-264-7456
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

га	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	See Schedule O
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? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.
4a	(Code:) (Expenses \$ 364,069. including grants of \$
	The Crisis Nursery provides 24 hour emergenecy and temporary respite
	care for children brith through six years of age. Children stay at the
	center for up to 72 consecutive hours while their parents work toward
	the resolution of their crisis.
4b	(Code:) (Expenses \$353,511. including grants of \$) (Revenue \$279,295.)
	Art Therapy is provided to children experiencing significant life
	events, including conflict, divorce, school problems, abuse and
	behavioral issues. Two Board Certified, Registered Art Therapists and
	three additional Art Therapists working toward their professional
	certifications help children in the healing process. In addition, a
	Licensed Social Worker provides Play Therapy.
4.	70 647
4C	(Code:) (Expenses \$
	families via office and/or home visits, and developmental screenings,
	which provide useful information regarding delays of the children and
	the need for specific services.
	CITC LICCUITO DEL VICED.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 244,163. including grants of \$ ) (Revenue \$ 32,521.)
<u>4e</u>	Total program service expenses ▶ 1,041,390.

Page 3

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 X 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 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 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\_\_\_\_\_\_ X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a 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 Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 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 X 17 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 Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		İ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

#### Part V

	Check if Schedule O contains a response to any question in this Part V					Ш
		1	1.0	200315k.)k	Yes	No
1a	* *************************************	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	•	•		~~	
_	(gambling) winnings to prize winners?		I	_1c	X	ALPA, 1911
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.0			
	filed for the calendar year ending with or within the year covered by this return		42			New State
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least one is reported on line 2a, did the organization file all required federal employment tax returns the least of the least one is reported on line 2a, did the organization file all required federal employment tax returns the least of the least			2b	X	ASSESSED.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	-			GENERAL	77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
			31	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	<u>4a</u>	e analis	X
D	If "Yes," enter the name of the foreign country:	A · ·				
E -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				1615,000	v
5а ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b				5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual greater than \$100,000,000, and did the organization have annual greater than \$100,000,000, and did the organization have annual greater than \$100,000,000, and did the organization have annual greater than \$100,000,000, and did the organization have annual greater than \$100,000,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and did the organization have annual greater than \$100,000, and		1	50		
Va	any contributions that were not tax deductible as charitable contributions?	-		6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			- Ua		23.
~	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices i	provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		·	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	l .	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Discourse of the contraction of the contr					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No. 50 (1215) 27	
10	Section 501(c)(7) organizations. Enter:	I	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
Ø	•	441-				
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	400	350 W.ST	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	[	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU	l			
	Is the organization licensed to issue qualified health plans in more than one state?		Angelenes	13a	4354757.00	2,70253551
u	Note. See the instructions for additional information the organization must report on Schedule O.			ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b	Programme and the second secon			
С	Enter the amount of reserves on hand	13c				
	District and distr	L		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		

Children's Aid Society, Southern PA

<u>District - Church of the Brethren</u>

23-1429838

Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					*****	LX
Sec	tion A. Governing Body and Management						
		ı	1		0.00 0.00 0.00	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	12			
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the		•				
	of officers, directors, or 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				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		_X_
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	t one or				
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	he following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the				
					9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	haptei	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the for	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	lescribe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ı			
а	The organization's CEO, Executive Director, or top management official		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15a	X	
	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	with a				
	taxable entity during the year?				16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its į	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec.	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	tion 501(c)(3)s	only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			cy, and	d finan	cial	
	statements available to the public during the tax year.		-				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the org	ganizat	ion: 🔈	•	
	Executive Director - 717-624-4461					***************************************	
	343 Lincoln Way West New Oxford PA 17350						

Children's Aid Society Southern PA

	,	2220			- 1 1	DOGCTICTT T
District	_	Chur	ch	of	the	Brethren

23-1429838

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz  (A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	(do not chec			osition eck more than one person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Christian Miller	1.00										
President		X		X				0.	0.	0.	
(2) Donald Kauffman, Jr.	1.00							s			
Vice President		X		X				0.	0.	0.	
(3) Erin Bell	1.00										
Secretary		X		X				0.	0.	0.	
(4) Del Ray Martin	1.00										
Treasurer		X		X				0.	0.	0.	
(5) Eli Mast	1.00										
Board Member		X						0.	0.	0.	
(6) Dr. Ed Mackle	1.00										
Board Member		X	<u> </u>					0.	0.	0.	
(7) Mary Jane Chronister	1.00										
Board Member		X						0.	0.	0.	
(8) Darlene Miller	1.00	-									
Board Member		X						0.	0.	0.	
(9) Judy Hartman	1.00	-									
Board Member		X						0.	0.	0.	
(10) David Jacoby	1.00							_			
Board Member		X						0.	0.	0.	
(11) September Beach	1.00								_	_	
Board Member		X						0.	0.	0.	
(12) Melinda Lauer	1.00	-									
Board Member	40.00	X				-		0.	0.	0.	
(13) Robert Witt	40.00			**				F.C. 0.0.4		4 4 004	
Executive Director				X				56,234.	0.	14,821.	
	,										

Form 990 (2012)

Page 8

Ра	rt VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)		
	(A)	(B)				C)	_		(D)	(E)		(F)
	Name and title	Average	(do	not c	Pos heck		1 than	one	Reportable	Reportable		Estimated
		hours per	box	, unle	ess pe	rson	is bot or/trus	h an	1	compensatio	1	amount of
		week		Cerai	luau	liecu	317ti us	lee)	from	from related	1	other
		(list any hours for	irecto						the	organizations	1	compensation
		related	or d	ee			sated		organization	(W-2/1099-MIS	(C)	from the
		organizations	uste	trus		99	uadu		(W-2/1099-MISC)			organization and related
		below	lual t	tiona		yoldı	yee yee	_				organizations
		line)	Individual trustee or director	institutional trustee	Officer	ey en	Highest compensated employee	Former				organizations
			┢═	-	1	×	-L 0	12.			+	
			1									
								<del> </del>				
							<u> </u>	<b> </b>				
							<u> </u>					
						İ						
				<u> </u>		<u> </u>		<u> </u>		****		
1b	Sub-total								56,234.		0.	14,821.
С	Total from continuation sheets to Part V	II, Section A							0.		0.	0.
<u>d</u>	Total (add lines 1b and 1c)								56,234.		0.	14,821.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	no re	eceived more than \$100	,000 of reportabl	е	
	compensation from the organization		···	~								0
											777	Yes No
3	Did the organization list any former officer,				-		-		= -		1	
	line 1a? If "Yes," complete Schedule J for s											3 X
4	For any individual listed on line 1a, is the su	•		•						~		
	and related organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual			4 X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	10	
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or st	uch	pers	son .					5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co										pensa	tion from
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithin	n the organization's tax y	year.		
	(A) Name and business	addrasa			_				( <b>B)</b> Description of s		0-	(C)
	Name and business	address	N	INC	<u>'</u>				Description of s	ervices		mpensation
	and the second s							+				
								-				
***************************************		***************************************	1-11-1					-				
								$\dashv$				
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	tho	se lis	sted	l above) who received m	ore than		
_	\$100,000 of compensation from the organi	=					)		,			
	A CONTRACTOR OF THE PROPERTY O									***************************************		000,0040

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
				3 200 000 000 000 13000	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a	93,605.				
irar		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
		Related organizations						
		Government grants (contribut						
ion r Si		All other contributions, gifts, gran						
but		similar amounts not included abo		355,644.				
ntri d O	g	Noncash contributions included in lines	***************************************					
<u>ෂ</u> රි		Total. Add lines 1a-1f			449,249.			
				Business Code				
Program Service Revenue	2 a b c		· · · · · · · · · · · · · · · · · · ·	624100	660,358.	660,358.		
ograr Rev	d e		· · · · · · · · · · · · · · · · · · ·		·			
Pr	f	All other program service reve	nue					
		Total. Add lines 2a-2f			660,358.			
	3	Investment income (including		1				
		other similar amounts)	*****************		27,088.			27,088.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	52,926.					
İ	b	Less: cost or other basis						
		and sales expenses	42,148.	775.			1	
l	C	Gain or (loss)	10,778.	-775.				
	d	Net gain or (loss)			10,003.			10,003.
ne	8 a	Gross income from fundraising	g events (not					
enr		including \$	of					
3eV		contributions reported on line	•					
e		Part IV, line 18						
Other Reven		Less: direct expenses						
		Net income or (loss) from fund		<b>&gt;</b>	119,795.			119,795.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	·····	3.5			
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	<u>c</u>	Net income or (loss) from sales						
-	44 -	Miscellaneous Revenue Other income	е	Business Code 624100	356.			356.
				024100	330.			330.
	b							
	c	All other revenue						The second of th
ļ	a	All other revenue			356.			
	12	Total revenue. See instructions.				660,358.	0.	157,242.
232009 12-10-	9	Total Tevenue. One mondenolis.			_ , <u> </u>	000,000.	<u> </u>	Form <b>990</b> (2012)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons		is Part IX(B)	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21		***************************************		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		***************************************		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			A Transport	
5	Compensation of current officers, directors,	66,500.	27 020	25 270	12 200
	trustees, and key employees	00,500.	27,930.	25,270.	13,300.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			r. de la companya de	
	persons described in section 4958(c)(3)(B)			0.00	
-7	Other salaries and wages	771,292.	714,687.	26,035.	30,570.
7 8	Pension plan accruals and contributions (include	111,4340	/14,00/。	20,033	30,370.
O	section 401(k) and 403(b) employer contributions)	6,590.	5,009.	666.	915.
9	Other employee benefits	72,022.	54,743.		10,004.
10	Payroll taxes	62,162.	55,178.		3,029.
11	Fees for services (non-employees):	0 20 7 20 20 8	00,2700	3,,550	2,0238
	Management				
b	Legal				
c	Accounting	19,964.		19,964.	
	Lobbying				
е		20,520.			20,520.
f	Investment management fees	5,524.		5,524.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	52,981.	20,656.	32,325.	
12	Advertising and promotion				
13	Office expenses	24,778.	11,164.	13,614.	
14	Information technology				
15	Royalties				
16	Occupancy	27,851.	23,194.	4,657.	The state of the s
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40 =01		40 = 0.1	
20	Interest	12,524.		12,524.	
21	Payments to affiliates	20.000	00 401	2 500	
22	Depreciation, depletion, and amortization	32,987.	<u>29,401.</u>	3,586.	
23	Insurance	18,037.	13,514.	4,523.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Program services	86,512.	65,470.	21,042.	
b	Repairs and maintenance	17,530.	13,568.	3,962.	
c	Staff training, develop	11,576.	5,954.	5,622.	
d	Bad debt	830.		830.	
	All other expenses	1,987.	922.	1,065.	
25	Total functional expenses. Add lines 1 through 24e	1,312,167.	1,041,390.	192,439.	78,338.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (00)

Form 990 (2012)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response to any	y quest	ion in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			121,250.	1	168,536
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			42,650.	3	43,146
	4	Accounts receivable, net			52,341.	4	43,857
	5	Loans and other receivables from current and for					
	_	trustees, key employees, and highest compensations					
		Part II of Schedule L			Ann the profession consistent object of polymer than 1901 poly	5	
l	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).		6			
SIS	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
۲	9	Prepaid expenses and deferred charges			2,843.	9	3,494
	-	Land, buildings, and equipment: cost or other	I I		2,043.	9	3,272
	·	basis. Complete Part VI of Schedule D	100	1,093,556.			
	h	Less: accumulated depreciation		549,486.	532,844.	10c	544,070
	11	Investments - publicly traded securities	187,176.	11	256,061		
	12	Investments - other securities. See Part IV, line		156,174.	12	22,466	
		Investments - other securities. See Part IV, line  Investments - program-related. See Part IV, line		100,174.	13	22,400	
	13						
	14	Intangible assets		983,957.	14	1 042 045	
	15	Other assets. See Part IV, line 11	2,079,235.	15	1,042,045 2,123,675		
	16	Total assets. Add lines 1 through 15 (must equ		· · · · · · · · · · · · · · · · · · ·	64,749.	16	
	17	Accounts payable and accrued expenses	04,749.	17	65,533		
1	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete I		1 × 1		21	No. of the second secon
	22	Loans and other payables to current and former		1 /			
LIADIIIUES		key employees, highest compensated employee					
-		Complete Part II of Schedule L			000 400	22	017 165
	23	Secured mortgages and notes payable to unrela			223,499.	23	217,165
	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	17-24)	. Complete Part X of	16 500		45 000
		Schedule D		16,523.	25	15,836	
-	26			. []	304,771.	26	298,534
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
8		complete lines 27 through 29, and lines 33 an					4 000 00-
<u> </u>	27	Unrestricted net assets	882,809.	27	1,033,665		
2	28	Temporarily restricted net assets	218,312.	28	85,093		
2	29				673,343.	29	706,383
		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
200	30	Capital stock or trust principal, or current funds		ı		30	
SE I	31	Paid-in or capital surplus, or land, building, or ec				31	
wet Assets of rund balances	32	Retained earnings, endowment, accumulated in				32	
=	33	Total net assets or fund balances			1,774,464.	33	1,825,141
	34	Total liabilities and net assets/fund balances			2,079,235.	34	2,123,675

Children's Aid Society, Southern PA District - Church of the Brethren

orm	990	(2012)	

23-1429838 Page **12** 

Га	TEXT Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,26	6,8	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,31	2,1	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 4	5,3	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,77	4,4	64.
5	Net unrealized gains (losses) on investments	5			95.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,82	5,1	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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 in 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	d 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 separar				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr	e 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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Children's Aid Society, Southern PA

Inspection
Employer identification number

			Distric	<u>ct - Church c</u>	<u>of the</u>	Bret	hren			2	<u>3-1429</u>	<u>838</u>	
Pa	ırt I	Reason	for Public Char	<b>rity Status</b> (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
Γhe	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(i	).				
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organizat	ion operated for the	benefit of a college or un	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6		A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in section	n 170(b)(	1)(A)(v).					
7	X			ceives a substantial part					or from the	general	public desc	ribed i	in
			(b)(1)(A)(vi). (Comple		, ,					Ū	•		
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				ceives: (1) more than 33			rom contri	ibutions, n	nembershii	p fees, a	ınd aross re	ceipts	from
				nctions - subject to certa									
				axable income (less sect							-		
			509(a)(2). (Complete					·				·	
10		An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	on 509(a)(4	1).				
11				perated exclusively for th					-	y out the	purposes o	of one	or
				ations described in secti					-	-			
				organization and comple									
		a Type	l b 🔲 T	ype II c T	ype III - Fu	nctionally	integrated	c	і 🔲 Тур	e III - No	n-functional	ly integ	grated
е		By checking	this box, I certify tha	at the organization is not	controlled	l directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner tha	n
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	a)(1) or	section 509	a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check tl	nis box									
g		Since August	t 17, 2006, has the o	organization accepted ar						sons?			
		(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described i	in (ii) and (i	ii) below	',	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
				n described in (i) above?									
				person described in (i) o									
h				about the supported or									
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is organizațio	the	(vii) Amoun	t of moi	netary
(.)		nization	()	(described on lines 1-9	in col. (i) li				organization (i) organization	on in col. ed in the	1 ' '	port	notar y
				above or IRC section	governing	document?	(i) of your	r support?	U.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
			New Property										
					ļ								
					Name and the second								
					1								

#### Children's Aid Society, Southern PA

23-1429838 Page 2

Schedule A (Form 990 or 990-EZ) 2012 District - Church of the Brethren 23-14298

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support  General year (reginning in) ▶ (e) 2008 (b) 2009 (e) 2010 (6) 2011 (e) 2012 (f) Total  General year (reginning in) ▶ (e) 2008 (b) 2009 (e) 2010 (6) 2011 (e) 2012 (f) Total  General year (reginning in) ▶ (a) 2008 (b) 2009 (e) 2010 (d) 2011 (e) 2012 (f) Total  Tax revenues level of or the organization in benefit and either paid to or expended on its behalf as a very level of the organization without charge and to ore sepanded on its behalf as the organization without charge and the organization without charge and the organization in the organization without charge and the organization in the organization of the organization in the organization without charge and the organization in the organization in Fact N/D, and the organization in Coulomber or the organization in Fact N/D, and the organization in Coulomber organization in Fact N/D, and the organization in Fact N/D when organization in Coulomber organization in Pact N/D with the organization in Coulomber organization in Coulomber organization in Pact N/D with the organization in Coulomber organization in Coulomber organization in Coulomber organization in Coulomber organization in Coulomber organization in Coulomber organization in Coulomber organization in Coulomber							***************************************	
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			-					
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			-					
Puntuna,						-		
	18	•		-		•		s

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	W					
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						***************************************
8 Public support (Subtract line 7c from line 6.)		And the second state of				**************************************
Section B. Total Support		L		1	.	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(4) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 2012	(i) rotar
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1 T T T T T T T T T T T T T T T T T T T			
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	***************************************					
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			***************************************			NATIONAL PROGRAMMENT (NATIONAL PROGRAMMENT NATIONAL
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax vear as a secti	on 501(c)(3) organiz	ation.
check this box and stop here				-		<b></b>
Section C. Computation of Public	Support Pe	rcentage				·····
15 Public support percentage for 2012 (lin		<del>-</del>	olumn (f))		15	%
16 Public support percentage from 2011					16	
Section D. Computation of Inves				CALALLARIA CALALLARIA		70
17 Investment income percentage for 20			o 12 ookumn (fl)		17	0/
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2012. If the c					18	7 is not
	_					/ IS NOT
more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the c	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec	k this box and st	<b>top here.</b> The orga	nization qualifies :	as a publicly sup	ported organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ir	structions	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Children's Aid Society, Southern PA District - Church of the Brethren

Employer identification number 23-1429838

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

## Children's Aid Society, Southern PA District - Church of the Brethren

		t - Church					23-14			<u>ge 2</u>
Feedback										
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	it are a s	significant	use of its	collectio	n items	3
	(check all that apply):									
a	Public exhibition	d	-	hange progra						
b	Scholarly research	е	L Other				***************************************			
С	Preservation for future generations									
4	Provide a description of the organization's co		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of						<u></u>	_		
80	to be sold to raise funds rather than to be m							Yes		No
Ра	rt IV Escrow and Custodial Arran		te if the organizatio	n answered '	"Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod						_	_		ı
	on Form 990, Part X?						L	」 Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				***************************************			
							******	Amoun <sup>*</sup>	<u>t</u>	
C	Beginning balance					1	1.77			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								<i>p</i>	
	Did the organization include an amount on F						L	」 Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	f the organization ans	swered "Yes" to Fo	rm 990, Part	IV, line	10.		T		
		(a) Current year	(b) Prior year	(c) Two year	's back	(d) Three y	ears back	(e) Four	years b	oack_
1a	Beginning of year balance	365,273.	383,964.	342	2,145.	3	20,869.		410,3	334.
b	Contributions			***************************************						
С	Net investment earnings, gains, and losses	40,187.	-3,552.	58	3,639.		36,817.		-75,5	559.
d	Grants or scholarships						***************************************			
е	Other expenditures for facilities									
	and programs	11,822.	11,975.	13	3,651.		12,594.		12,1	122.
f	Administrative expenses	3,310.	3,164.		3,169.		2,947.		1,	784.
g	End of year balance	390,328.	365,273.	383	3,964.	3	42,145.		320,8	369.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	red for t	he organiz	zation			
	by:								Yes	No
	(i) unrelated organizations			***************************************		***********		3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	<b>ient.</b> See Form 990,	Part X, line 10.							
	Description of property	(a) Cost or ot basis (investm		or other (other)		ccumulate preciation	ed	(d) Bool	< value	
1a	1a Land 10,000. 10,000.									
	Buildings			0,314.		393,4	00.		6,91	
	Leasehold improvements								,	
	Equipment		15	5,577.		147,3	18.		8,25	59.
	Other	1	···········	7,665.		8,7			8,89	
Total	. Add lines 1a through 1e. (Column (d) must e								4,07	

#### Children's Aid Society, Southern PA District - Church of the Brethren

Schedule D (Form 990) 2012 District -	Church of	the	Brethren	23-1429838 Page <b>3</b>
Part VII Investments - Other Securities. Se				
(a) Description of security or category (including name of security)	(b) Book value	e	(c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				,
(C)				
(D)		-		
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. S				
(a) Description of investment type	(b) Book value	е	(c) Method of value	ation: Cost or end-of-year market value
(1)				The second secon
(2)				
(3)				
(4)				
(5)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		38		
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
(1) Perpetual Trusts				632,236.
(2) Charitable Remainder Trus	ts	AND ALVANOR - L		19,481.
(3) Endowment Funds				390,328.
(4)				7447155*********************************
(5)				
(6)				
(7)				
(8)				
(9)				37777
(10) Total, (Column (b) must equal Form 990, Part X, col. (B) lin	0 15 l			
Part X Other Liabilities. See Form 990, Part X,				1,042,045.
1. (a) Description of liability		(b)	Book value	
(1) Federal income taxes				
(2) Obligations under trust a	nd			
(3) annuity agreements			15,836.	
(4)				
(5)				
(6)				
	,			
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			15,836.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	kt of the footnote to	the orga	nızatıon's financial sta	tements that reports the organization's

Children's Aid Society, Southern PA

22 1420020 5

SCHE	addie D (Form 990) 2012 DISCITCL - CHUICH OI CHE BI				<u>-429030 Page 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		*************************	1	1,362,844.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	95,995.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	95,995.
3	Subtract line 2e from line 1			3	1,266,849.
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	<u> </u>		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,266,849.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	
1	Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •		1	1,312,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 3			
а	Donated services and use of facilities	2a			,
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,312,167.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,312,167.
Par	t XIII Supplemental Information				

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

Part V, line 4: Operating support of the Organization.

Part X, Line 2: Management has assessed the Organization's exposure to income taxes at the entity level as a result of uncertain tax positions taken in current and previously-filed tax returns. Examples of uncertain tax positions taken at the entity level include the continuing validity of the Organization's exempt status and the prospect of being subject to the filing requirement for unrelated business income. Presently, management Schedule D (Form 990) 2012

Children's Aid Society, Southern PA Schedule D (Form 990) 2012 <u> District - Church of the Brethren</u> 23-1429838 Page 5 Part XIII Supplemental Information (continued) believes that is more likely than not that that Organization's uncertain tax position will be sustained upon examination, including any appeals and litigation, and consequently, the Organization has no exposure to income tax liabilities from uncertain tax positions. The Organization is subject to routine audits by taxing jurisdictions; however, no audits for any tax periods are currently in progress. Management believes the Organization is no longer subject to income tax examinations for years ended prior to June 30, 2010.

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

AU IA

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization

Children's Aid Society, Southern PA District - Church of the Brethren Employer identification number 23-1429838

Part I Fundraising Activities required to complete this part	<ol><li>Complete if the organization answart.</li></ol>	ered "Y	'es" to	Form 990, Part IV, f	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rate a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990,</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Soliciting  f X Soliciting  g X Special  or oral agreement with any individual Part VII) or entity in connection with dividuals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THERESA ESHBACH - 3885 Lauer Lane, DOVER, PA 17315	GENERAL FUNDRAISING AND	Yes	No X	176,950.	20,520.	156,430.
Total  3 List all states in which the organizati	on is registered or licensed to solicit			176,950.	20,520.	
or licensing.						

### Children's Aid Society, Southern PA

Schedule G (Form 990 or 990-EZ) 2012 District - Church of the Brethren

Fundraising Events. Complete if the organization answered "Yes" to 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 (add col. (a) through Tournament TLC Auction col. (c)) (total number) (event type) (event type) 52,189. Gross receipts 21,640. 103,121. 176,950. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 52,189. 21,640. 103,121. 176,950. 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 5,265. 38,341. 57,155. 9 Other direct expenses 57,155 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 119,795. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? No 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:

23-1429838 Page 2

Part II

## Children's Aid Society, Southern PA Schedule G (Form 990 or 990-EZ) 2012 District - Church of the Brethren 23-1429838 Page 3 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a b An outside facility \_\_\_\_\_\_\_\_13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Gaming manager information: Gaming manager compensation > \$\_\_\_\_\_ Description of services provided Director/officer \_\_\_ Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III. lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Schedule A, Part I, Line 2b: During the year the Organization paid fees to Theresa Eshbach for consulting relating to fundraising and marketing in the absence of a Director of Development.

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Schedule L (Form 990 or 990-EZ) 2012

Open To Public Inspection

Name of the organization Children's Aid Society, Southern PA Employer identification number District - Church of the Brethren 23-1429838 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (a) Name of (h) Approved (c) Purpose (e) Original (i) Written (f) Balance due (g) In with from the by board or interested person of loan principal amount default? agreement? organization organization? committee? To From Yes No Yes No Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of ássistance assistance interested person and the organization LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Children's Aid Society, Southern PA Schedule L (Form 990 or 990-EZ) 2012 District - Church of the Brethren Part IV Business Transactions Involving Interested Persons. 23-1429838 Page 2

Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	plete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  e of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction		(d) Description of transaction	(e) Sha organiz reven	ation's
P71				Yes	No
Theresa Eshbach	Former member board	20,520.	Fund raisin		X
		3 L (			
					***************************************
Part V Supplemental Information Complete this part to provide addition	al information for responses to questions	s on Schedule L (see	instructions).		
Sch L, Part IV, Business :	Transactions Involvin	ng Interest	ed Persons:	***************************************	
(a) Name of Person: Theres					
(b) Relationship Between 1		d Organizat	ion:		w
Former member board of din	rectors	THE STATE OF THE S	- AND THE WAR DISCHARGE AND ADDRESS OF THE PARTY OF THE P	-TWINESUAL I	
(d) Description of Transac	ction: Fund raising o	consulting	services		WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE
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			. 1000 1700		

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Children's Aid Society, Southern PA District - Church of the Brethren

Employer identification number 23-1429838

Form 990, Part I, Line 1, Description of Organization Mission:

The Organization's various programs provide services for children and their families in stressful situations including counseling, parenting education, and short-term crisis nursery care.

Form 990, Part III, Line 1, Description of Organization Mission:

Children's Aid Society, a ministry of Southern Pennsylvania District

Church of the Brethren, is a not-for-profit agency committed to helping children and their families build stronger, healthier lives through the provision of loving, professional services. (Article I of the corporate By-Laws)

Form 990, Part III, Line 4d, Other Program Services:

During the year, the Organization provided counseling, education and family services to children and their families in York, Franklin and Adams Counties.

Expenses \$ 244,163. including grants of \$ 0. Revenue \$ 32,521.

Form 990, Part VI, Section A, line 6: As provided in Article III of the Corporation's By-Laws: The Members of this Corporation are the members of the Southern Pennsylvania District Church of the Brethren. The members have two classes which are designated as voting and non-voting. The members / delegates as elected to the annual Southern Pennsylvania District Church of the Brethren District conference shall be the voting members.

Form 990, Part VI, Section A, line 7a: As provided in Article III of the Corporation's By-Laws: The voting members (see explanation for Line 6) have the exclusive rights with regard to the Corporation to elect and or remove a majority of the Directors of the Corporation; and to approve amendments, alterations or restatements of the Articles of Incorporation.

Form 990, Part VI, Section B, line 11: Form 990 was reviewed in detail by one or more individuals and approved for filing by a majority of the board of directors.

Form 990, Part VI, Section B, Line 12c: The Organization obtains from each board member an annual Conflict of Interest Statement in which board members affirm that they have received and read the Organization's policy, agree to comply with the policy, and disclose any potential conflicts as defined in the policy. The annual statements are reviewed by the Organization's executive committee and any potential conflicts are addressed.

Form 990, Part VI, Section B, Line 15: The Organization's personnel committee recommends the compensation and benefits for the Executive Director and key employees to the Board of Directors for approval.

Compensation is based on comparability data and contemporaneous substantiation of the Board's deliberation and approval is included in the minutes of meetings of the corporation's Board of Directors.

Form 990, Part VI, Section C, Line 19: The Organization makes available
its governing documents, conflict of interest policy, and financial
statements available to the public upon request at its corporate

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Children's Aid Society, Southern PA  District - Church of the Brethren	Employer identification number 23-1429838
headquarters at 343 Lincoln Way East, New Oxford, Pennsyl	vania, 17350.
Form 990, Part XII, line 2c:	
The Organization's Board of Directors is responsible for	the oversight
of the annual financial statement audit and the hiring of	
independent auditor.	
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