Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990 tax vear beginning JUL 1, 2013 and ending JUN 30, A For the 2013 calendar year, or tax year beginning JUL 1, 2013

В	Chec	k if C Name of organization	1	\$			
	applic	Children's Aid Society, Southern Pennsyl	D Employer identi	fication number			
Г	Ad	dress Vania District Clark, Southern Pennsyl	C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.				
L		vania District - Church of the Brethren					
Ļ	ch	ange Doing Business As	23-3	L429838			
L	ret	urn Number and street (or P.O. box if mail is not delivered to street address)	8				
L	late	343 Lincoln Way West	and the state of t	-624-4461			
	An ret	City or town, state or province, country, and ZIP or foreign postal code		The second secon			
Γ	Ap	New Oxford, PA 17350	G Gross receipts \$	1,984,066.			
_	per	F Name and address of principal officer: Patty Cashour	H(a) Is this a group				
		same as C above	for subordinate	s? Yes X No			
	T		H(b) Are all subordinates	included? Yes No			
		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	a list. (see instructions)			
-		site: WWW.CASSD.ORG	H(c) Group exemption				
		of organization: X Corporation Trust Association Other	Year of formation: 1923	M State of legal dominile: DA			
LE	art l	Summary	. 100101101110011. 2320	ivi otate di legal domicile. E A			
	. 1	Briefly describe the organization's mission or most significant activities: See Sche	edule O				
Activities & Concurrence	2	<u> </u>					
Ş	2	Check this box if the organization discontinued its operations or disposed of					
Ş	3						
ć	3 4	Number of independent until a result of the governing body (Part VI, line 1a)	3				
o.		Number of independent voting members of the governing body (Part VI, line 1b)	4				
ġ.	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	46			
2	6	rotal number of volunteers (estimate if necessary)		0			
Š	7 6	a rotal difference business revenue from Part VIII, column (C), line 12	172				
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	7b				
			Prior Year	Current Year			
ď	8	Contributions and grants (Part VIII, line 1h)	449,249.	1,049,146.			
Revenue	9	December 1 and 1 a		·			
Ş.	10	Investment income (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	660,358.	688,179.			
ď	11	Other revenue (Part VIII) column (A) lives 5, 4, and 7d)	37,091.	33,885.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,151.	86,092.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,266,849.	1,857,302.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	978,566.	1,119,926.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,520.	0.			
9	b	Total fundraising expenses (Part IX, column (D), line 25) 130,248.		V •			
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	313,081.	303 365			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		323,365.			
	1	Beyonus less exposses Subtract line 10 from line 10	1,312,167.	1,443,291.			
<u> </u>	··	Revenue less expenses. Subtract line 18 from line 12	-45,318.	414,011.			
ssets or	200	Tabel contains (Daring Royal)	Beginning of Current Year	End of Year			
3258		Total assets (Part X, line 16)	2,123,675.	2,672,050.			
ott DC		Total liabilities (Part X, line 26)	298,534.	300,415.			
A.	22	Net assets or fund balances. Subtract line 21 from line 20	1,825,141.	2,371,635.			
	rt II	Signature Block					
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and helief it is			
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge	This modge and boner, it is			
		13/1-TUA-FAALAUA	illial	Kİ —			
Sigr	ì	Signature of officer Signature of officer	Date	7			
Here	€	Patty Cashour, Interim Executive Director					
		Type or print name and title					
-		Print/Type preparer's name	Date, Check	TI DTM			
Paid		Edward J. Straley Mount Trible	Date Check	PTIN			
Prep			KI/3// Self-employe				
•			Firm's EIN ▶	23-1311005			
Use (JIHY	Firm's address 1137 Kennebec Drive					
		Chambersburg, PA 17201	Phone no. 71'	7-264-7456			
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No			

Children's Aid Society, Southern Pennsyl

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 2 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 3 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 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 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 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 X 11a 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 X 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 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 f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 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 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 19 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?

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 X 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 X 33 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 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 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 X 36 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 X 37 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

Form 990 (2013)
| Part V | Sta

Enter the number reported in Box 3 of Form 1088. Enter 0- if not applicable 15 b Enter the number of Forms W2G included on live 1a. Enter 0- if not applicable 10 c 10 d be organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) winnings to prize winners? 2a Enter the number of employeas reported on Form W3, Transmittal of Wage and Tax Statemants. 1a Enter the number of employeas reported on Form W3, Transmittal of Wage and Tax Statemants. 2a Enter the number of employeas reported on Form W3, Transmittal of Wage and Tax Statemants. 2a Enter the number of employeas reported on Form W3, Transmittal of Wage and Tax Statemants. 2b If a last east one is reported on line 2a, did the organization fills all required federal employment tax returns? 3b If the wage in the calendar year, did the organization have an interest in, or a signature or other enthority over, a financial account in a foreign country, Such as a bands account, securities account, or the financial account in a foreign country (such as a band account, securities account, or the financial account in a foreign country, Such as a band account, securities account, or the financial accounts. 3b If Was, "enter the name of the foreign country, Such as a bands account, securities account, or the financial accounts for financial account in a foreign country (such as a band account, securities account, or the financial accounts or securities account, or the financial accounts for the propriation of the propriation of the security of the goods or services provided? 4c If Was, "I of the organization neal excess of Services account of the organization of the propriation of the security of the security of the security		Gneck if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter 0- if not applicable				•	В оличности	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wige and Tex Statements, filed for the calendar year ending with or within the year covered by this trottum b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater filan 250, you may be required to a-file (see instructions) 10 if the organization have unrelated business greater filan 250, you may be required to a-file (see instructions) 10 if Yes, *Inse it filed a Form 990-T for this year? If Yie, *In file 50, provide an explenation in Schedule O 10 if Yes, *Inse it filed a Form 990-T for this year? If Yie, *In file 50, provide an explenation in Schedule O 11 if Yes, *In the ordan party to a prohibited to a-file (see instructions or authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial accounts? 12 if Yes, *In the organization file foreign country (such as a bank account, securities account, or other financial accounts? 13 if Yes, *In the Sea of St., did the organization file form 8863-T? 14 if Yes, *In the Sea of St., did the organization file form 8863-T? 15 if Yes, *In the Sea of St., did the organization file form 8863-T? 16 if Yes, *In the sea of St., did the organization file form 8864-T? 16 if Yes, *In the organization have avail gross receipts that are normally greater that such contributions or gifts were not tax deductible? 16 if Yes, *In the organization sellow the wery solicitation on express statement that such contributions or gifts were not tax deductible? 17 organizations that may receive deductible contributions under section 170(c). 28 bill the organization sellowers are prime in excess of 375 made party six a contribution and party for poods and services provided to the payor? 29 bill th	1a			15			
gembling) winnings to prize winners? a Einst fine unber of employees reported on Form W3, Transmittal of Wege and Tex Statements, filed for the calendar year ending with or within the year covered by this roturn b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 1a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 1b if Yes, Ties and 1 and 2 a is greater than 250, you may be required to e-dire (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, Ties at filed a Form 990 Toff for this year? Yes, 7 ties as a bank account, or other authority over, a sinancial accounts? 4a Auny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a sinancial accounts? 4a Auny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a sinancial accounts? 4b If "Yes," in the name of the foreign country: P 5c Was the organization have around gross that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles from 888617. 5c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 5c Organization state than y receive deductible contributions under section 170(c). 5c If Yes, "did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles? 5c Organization state and part to ority the donor of the value of the goods or services provided? 5c Organization state and part to ority the donor of the value of the goods or services provided? 5c Organization stat	b			1 0			
2a Enter the number of employees reported on Form W/3, Transmittat of Wage and Tax Statements, field of the calendary year ending with or within the year covered by this return b If at beast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to ∂_file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, *has it filed a Form 990-T for this year? *y*\no,* to line 2b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-T for this year? *y*\no,* to line 2b, provide an explanation in Schedule O 3b If Yes, *to line the remain of the foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the celendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If Yes, *to line the remain of the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, *to line 5a or 5b, did the organization file Form 8888-17 5c If Yes, *to line 5a or 5b, did the organization file Form 8888-17 5c If Yes, *to line 5a or 5b, did the organization file Form 8888-17 5d If Yes, *to lith the organization include with every solicitation an explose statement that such contributions or gifts were not tax deductible? 5c If Yes, *to lith the organization include with every solicitation an explose statement that such contributions or gifts were not tax deductible? 5d If Yes, *to lith the organization include with every solicitation an explose statement that such contributions or gifts were not tax deductible? 5d If Yes, *to lith the organization include an explanation include the property of the organization file form 8882 are required? 5d If Yes, *to lith the organization re	C						
Filed for the calendar year ending with or within the year covered by this return 2a					1c	X	
b If at least one is reported on line 2a, did the organization file all required deferal employment tax returne? Note. If the sum of lines 1a and 2a is greater than 250, you may be requited to self-file se	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ribe (see instructions) 3			-				
3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 4b If "Yes," that filled a Form 990 FT for this year? If "No," to fine 30, provide an explanation in Schedule O 5b If "Yes," that filled a Form 990 FT for this year? If "No," to fine 30, provide an explanation in Schedule O 5b If "Yes," after the name of the foreign country; Such as a bank account, securities account, or other authority over, a financial account)? 5c enter the name of the foreign country; Such as a bank account, securities account, or other financial account)? 5c Was the organization appared to a problemate for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization appared to a problemate for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization have an authority or a problemate for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 6c Was the organization have a shelter transaction at any time during the tax year? 6d Was the organization have an authority or a problemate of the Form 8086-17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," include the organization include with every solicitation and partly for goods and services provided to the page of the progranization received a payment in excess of \$75 made partly as a contribution of organization in express of \$75 made partly as a contribution of organization for page and partly for goods and services provided to the page o	b				2b	X	
b if "Yes," has it filled a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?? b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? b Id any taxable party notify the organization file Form 88661? 6a Does the organization appear to a prohibited tax sheller transaction? 5a Was the organization appear to a prohibited tax sheller transaction? 6b X if "Yes," to line 8a or 8b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c Does the organization have annual gross receipts that are normally greater than \$10,0,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization self, exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms 8282 filed during the year 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 10147?			s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account?)? See instructions for filing requirements for Form TD F 90.2.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization approximation that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b X if "Yes," to line 5a or 5b, did the organization file Form 8886T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the peyor? 7 Tyes," did the organization notify the donor of the value of the goods or services provided? 5 Did the organization in sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1990. The 1 the organization received a contribution of qualified intellectual property, did the organization file Form 1990. The 1 the organization received a contribution of qualified intellectual property, did the organization file Form 1990. The 1 the organization received a contribution of qualified intellectual property, did the organization file Form 1990. The 1 the properties of th	За				<u>3a</u>		X
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X	_				1		A 200
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			<u> </u>	I			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15			11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X	12a	/	-	?	12a	energy of the rest	AND PARTY
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X			1	**			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X				A			
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X	а				13a		
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·	13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand					
		ESCHOOL TO BE A STATE OF THE ST			14a		X
	b						

Check if Schedule O contains a response or note to any line in this Part VI

Form 990 (2013)

23-1429838

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

Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 10 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 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes_ No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ____ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Executive Director - 717-624-4461 343 Lincoln Way West, New Oxford, PA

17350

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Children's Aid	Society,	Southern	Pennsyl
vania District			

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Form 990 (2013)	vania	District	- Church	of	the	Brethren	23-1429838	Page
Dort VIII Commonation	C () ()							

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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.

(A)	(B)		ganization compensated (C)					(D)	(E)	(F)	
Name and Title	Average	///	Position do not check more than one			Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)			is both	an	compensation	compensation	amount of	
	week	-	cer ar	aaa	irector/trustee		tee)	from	from related	other	
	(list any hours for	Individual trustee or director						the	organizations	compensation	
	related	e or d	eg l			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Iruste	Institutional trustee		e X	mpen		(***2) 1033-111100)		and related	
· ·	below	dual	ntion	jį,	Key employee	st co	15			organizations	
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			•	
(1) Eli Mast	1.00									-	
President		X		X	<u> </u>			0.	0.	0.	
(2) Christian Miller	1.00							·		***************************************	
Vice President		X		X				0.	0.	0.	
(3) Erin Bell	1.00	Γ									
Secretary		X		X				0.	0.	0.	
(4) Del Ray Martin	1.00										
Treasurer		X		X				0.	0.	0.	
(5) Holy Miller	1.00										
Board Member		X						0.	0.	0.	
(6) Ellen Yoder	1.00								***************************************		
Board Member		X						0.	0.	0.	
(7) September Beach	1.00										
Board Member		X						0.	0.	0.	
(8) Darlene Miller	1.00	一									
Board Member		X						0.	0.	0.	
(9) Judy Hartman	1.00							***************************************			
Board Member		X						0.	0.	0.	
(10) Melinda Lauer	1.00				-					V •	
Board Member		x						0.	0.	0.	
(11) Robert Witt	40.00								~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Former Executive Director				X				58,575.	0.	12,020.	
		<u> </u>		-				0070.00	V	22,020	
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<u>r</u> a	FLVII Section A. Officers, Directors, Trus		<u> yloy</u>	ees,	and	1 Hi	ghe	st C	Compensated Employee	s (continued)		
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	(do	not c	Pos			nna	Reportable	Reportable	,	Estimated
		hours per	box	, unle	ss pe	rson i	s bot	h an		compensation	วท	amount of
	•	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	Ł	other
		(list any	Individual trustee or director						the	organization	ıs	compensation
		hours for	늄				E E		organization	(W-2/1099-MI	SC)	from the
		related	stee	ruste			Suac		(W-2/1099-MISC)			organization
		organizations below	를	institutional trustee		Key employee	Highest compensated employee			And a second sec		and related
	•	line)	ivide	H	Officer	em /	ploy	Ē		·		organizations
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								Γ				
						_						
1h	Sub-total		L	L		L	<u> </u>	L	58,575.		0.	12,020.
	Total from continuation sheets to Part VII	Cootian A	•••••	•••••	•••••	•••••	••••	.	0.		0.	0.
								D.	58,575.		0.	
<u>u</u> 2	Total (add lines 1b and 1c)			<u> </u>	*****	•••••						12,020.
2	Total number of individuals (including but no	ot ilmited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3	
	compensation from the organization		EXAMPLE DE	NAME OF TAXABLE PARTY.	and an extension	lantion/select		empiaroni				0
_											ŗ	Yes No
3	Did the organization list any former officer,		stee	, ke	y en	olqr	yee,	or l	highest compensated er	nployee on		
	line 1a? If "Yes," complete Schedule J for su			•••••			•••••		••••••	•••••		3 X
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization	Į	
	and related organizations greater than \$150	,000? If "Yes.	" coi	mple	ete S	Sche	dule	Jf	for such individual	-		4 X
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om :	anv	unre	elate	ed organization or individ	dual for services		
	rendered to the organization? If "Yes." com	olete Schedula	1 %	ar et	ıch r	none.	on.					5 X
Sec	tion B. Independent Contractors	over our come	indelenhi)			12131					secondo de secondo	9 1 22
1	Complete this table for your five highest cor	anenested ind	000	ador	* ^	ntro			act received more than 0	2400 000 -6		· · · · · · · · · · · · · · · · · · ·
•	the organization. Report compensation for t	ho oolondar va	che	nuci		muc m		อแ แน่น	nat received more man		pensai	ion from
***************************************		ne Calendar ye	ai e	Hull	y w	IIII C	or vvi	LINI		ear.		
	(A) Name and business	addrees	እ ፕ/	\% TT	3				(B) Description of s	on dono	_	(C)
-		444,000	TAF	NE	-				Description of a	ei vices		ompensation
									· · · · · · · · · · · · · · · · · · ·			***************************************
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David de la company						n:::						
					N.Carri							
										***************************************		The state of the s
			***************************************								<u> </u>	
2	Total number of independent contractors (in	ichidina but sa	of lin	aita -	1 +	·ha-	- II-	 	l shove) wha	ara Alaan	A(0, 4)33	
5-0	\$100,000 of compensation from the organiz		ar mi	urec	ı tO l	inos ()		ıed	above) who received m	ore than		
	wroo,ooo or compensation from the organiz	auun 🥦	desperad on the State of the St	Material St.) Secondos	wassoway				- 000

Form 990 (2013)

	, made control	C 10 A 20 A	Check if Schedule O con	tains a res	ponse	or note to any l	ine in this Part VIII			
		777					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
st.	S .	1 a	Federated campaigns		1a	81,439				
ig.	ð		Membership dues		1b			1992 - 1992 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993		
က္ဆိုင္	BB BB		Fundraising events		1c					
Ğ.			Related organizations		1d	***				
ຮູ້			Government grants (contribut		<u>1e </u>					
tio	3	f	All other contributions, gifts, gran							
di	Ħ		similar amounts not included abo		1f	967,707	<u>. </u>			and the second
Contributions, Giffs, Grants	á	g					1 2 2 2 1 2 2			201
Q_{i}	9	h	Total. Add lines 1a-1f			1	1,049,146.			Service Control
	١,		Program Service	Dorro	~~ "	Business Cod		600 170		
ice,	2				-	624100	688,179.	688,179.		
ě.		b	-							
E	2	c d								
Program Service	7	e								
D C		_	All other program service reve	entie						
			Total. Add lines 2a-2f				688,179.			
etten engelik	3		Investment income (including				300/2/20			
			other similar amounts)				26,523.	26,523.		
	4		Income from investment of tax	x-exempt b	ond p	roceeds				
	5		Royalties							
				(i) Re		(ii) Personal	200			
	6	а	Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
		d	Net rental income or (loss)	·		>				
	7	а	Gross amount from sales of	(i) Secur		(ii) Other				
			assets other than inventory	91,6	<u>52.</u>					1 miles
		b	Less: cost or other basis	04.0			1000			
			and sales expenses	84,2	<u>90.</u>	ļ				
		C	Gain or (loss)	1,3	62.	<u> </u>	7 360			
	_		Net gain or (loss)			<u></u>	7,362.			7,362.
e	8	а	Gross income from fundraising	,	ot					
ven			including \$contributions reported on line							
Other Revenue			Part IV, line 18		_	128,486.				
her		b	Less: direct expenses	• • • • • • • • • • • • • • • • • • • •	a h	42,474.	1			
δ			Net income or (loss) from fund			>	86,012.			86,012.
			Gross income from gaming ac	•						00,012.
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam			Þ				
	10		Gross sales of inventory, less r							
			and allowances		а					
			Less: cost of goods sold							
		<u>C</u>	Net income or (loss) from sales		minimum (memorina)					
			Miscellaneous Revenue	<u> </u>	***********	Business Code				
			Other income			624100	80.			80.
		b	1							
1		C a	All albay years							***************************************
olderstean.			All other revenue			.				
	12		Total. Add lines 11a-11d Total revenue. See instructions.				80.	714,702.		02 454
	9 45	runcus.	TOTAL LEAGURE. ORG HISH ROHOHS.				圧,ひひょ,ひひる。	114,104。	0.1	93,454.

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	<i>lete all columns. All oth</i> se or note to any line in	<u>er organizations must co</u> this Part IX	mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			A CONTRACT OF THE CONTRACT OF	Water Control
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	•			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	53,846.	22,615.	20,462.	10,769.
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	921,138.	757,653.	60,799.	102,686.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,637.	6,133.	418.	1,086.
9	Other employee benefits	66,084.			1,086. 9,398.
10	Payroll taxes	71,221.	60,564.	4,348.	6,309.
11	Fees for services (non-employees):				
а	Management				
b	Legal	50 046			···
C	Accounting	18,346.		18,346.	
d	Lobbying			ew.act 932 adds 11 act at 500 12 a carte and 11 a 20 at	
	Professional fundraising services. See Part IV, line 17	C 405			
f	Investment management fees	6,425.		6,425.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E1 7EC	17 075	22 221	
40	column (A) amount, list line 11g expenses on Sch O.)	51,756.	17,875.	33,881.	
12	Advertising and promotion	21 705	10 406	04 000	**************************************
13	Office expenses	31,725.	10,496.	21,229.	
14	Information technology				
15 16	Royalties	31,217.	26 216	F 001	
16 47	Occupancy	31,611.	26,216.	5,001.	
17 18			·		
10	Payments of travel or entertainment expenses	•			
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20		12,158.		12,158.	
21	Payments to affiliates	12,1300		12,130.	
22	Depreciation, depletion, and amortization	36,916.	32,880.	4,036.	
23	Insurance	19,311.	14,066.	5,245.	
24	Other expenses. Itemize expenses not covered	±2,2±±0	14,000.	<u> </u>	
	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	63,525.	61,330.	2,195.	^
h	Repairs and maintenance	35,025.	28,424.	6,601.	0.
0	Staff training, develop	11,469.	7,563.	3,906.	0.
Ч	Bad debt	2,201.	7,303.	2,201.	U.
e e	All other expenses	3,291.	1,217.	2,201.	
25 25	Total functional expenses. Add lines 1 through 24e	1,443,291.	1,100,104.	212,939.	130,248.
<u>26</u> 26	Joint costs. Complete this line only if the organization	- / ZZJ / UJ L 0	<u> </u>	414,333.	130,440.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	7 4 10110 WILLIA GOL 20-7 (WOC 200-150)				

Form 990 (2013)
Part X Balance Sheet

	пх	Check if Schedule O contains a response or not	e to an	/ line in this Part Y	**************************************		
	With the second	Oncor in Concedure of Contains a response of the	e to an	y line ii uis rait X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			168,536.	1	123,141.
	2	Savings and temporary cash investments	••••••			2	
	3	Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • • •		43,146.	3	534,152.
	4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •		43,857.	4	54,316
	5	Loans and other receivables from current and fo			and the state of t		
		trustees, key employees, and highest compensa		1			
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualit	sons (as defined under				
		section 4958(f)(1)), persons described in section		1.			
		employers and sponsoring organizations of sect	· · · · · · · · · · · · · · · · · · ·				
Ø		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use				8	
	9	Donate to the second se			3,494.	9	3,369
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	1,125,428.			
	b	Less: accumulated depreciation		581,715.	544,070.	10c	543,713.
	11	Investments - publicly traded securities			256,061.	11	274,117.
	12	Investments - other securities. See Part IV, line 1			22,466.	12	15,111.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,042,045.	15	1,124,131
	16	Total assets. Add lines 1 through 15 (must equa			2,123,675.	16	2,672,050.
	17	Accounts payable and accrued expenses			65,533.	17	62,422.
	18	Grants payable		18			
	19	Deferred revenue				19	16,817
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
Ø	22	Loans and other payables to current and former					
III		key employees, highest compensated employee	s, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L	• • • • • • • • • • • • • • • • • • • •			22	
	23	Secured mortgages and notes payable to unrela			217,165.	23	210,471.
	24	Unsecured notes and loans payable to unrelated	I third p	arties		24	
	25	Other liabilities (including federal income tax, pay	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			15,836.	25	10,705.
-	26				298,534.	26	300,415.
		Organizations that follow SFAS 117 (ASC 958)	, check	there 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 and				(Alexandra)	
ü	27	Unrestricted net assets			1,033,665.	27	1,009,282.
Sale	28	Temporarily restricted net assets	• • • • • • • • • • • • • • • • • • • •		85,093.	28	610,243.
מ	29	Permanently restricted net assets	706,383.	29	752,110.		
בַּ		Organizations that do not follow SFAS 117 (AS	, check here				
ō		and complete lines 30 through 34.		2024			
ers	30	Capital stock or trust principal, or current funds			·	30	
ASS	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			A 00= 454	32	
۷	33	Total net assets or fund balances			1,825,141.	33	2,371,635.
	34	Total liabilities and net assets/fund balances			2,123,675.	34	2,672,050.

Children's Aid Society, Southern Pennsyl
Form 990 (2013) vania District - Church of the Brethren
Part XI Reconciliation of Net Assets 23-1429838 Page 12

-	nooning in the Acceptance of t								
	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	1,85						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,44	3,2	91.				
3	Revenue less expenses. Subtract line 2 from line 1	3	41	4,0	11.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 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 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	2,37	1,6	35.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
			10.00.00	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	D.	-						
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	***	157605-518					
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	No. 20 April 19 April				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:	200.0,							
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	5,2,45,7,43				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schee		····		40,750				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing								
	Act and OMB Circular A-133?	, ,	3a	a post folia, spega	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Ju						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
Children's Aid Society, Southern Pennsyl Empl

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

vania District - Church of the Brethren 23-1429838 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ____ Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) h Provide the following information about the supported organization(s). (vi) Is the organization in col. (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization (described on lines 1-9 organization in col. (i) organized in the support governing document? above or IRC section (i) of your support? ILS.? (see instructions)) Yes Yes No Yes No Total

Children's Aid Society, Southern Pennsyl

Schedule A (Form 990 or 990-EZ) 2013 vania District - Church of the Brethren 23-1429838 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	X	1	(0) 2011	(4) 2012	(e) 2010	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	287,716.	330,373.	305,817.	449,248.	1049146.	2422300.
2	Tax revenues levied for the organ-			, , , , , , , , , , , , , , , , , , , ,			2222000
	ization's benefit and either paid to				reasing Community (Community Community Communi		
	or expended on its behalf		l		-		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				MAADE AAA		
4	Total. Add lines 1 through 3	287,716.	330,373.	305,817.	449,248.	1049146.	2422300.
	The portion of total contributions	100		/ - / / / / / / / / / / / -	219,210.	70477408	2422300.
	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)						36 003
	Public support. Subtract line 5 from line 4.						36,893.
Sec	tion B. Total Support		and the second				2385407.
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(4) 2010	(2) 2012	(0 T-1-1
	Amounts from line 4	287,716.	330,373.	305,817.	(d) 2012 449, 248.	(e) 2013 1049146.	(f) Total 2422300.
	Gross income from interest,		333,3,3	30370178	447, A40.	TOEDIEO:	2422300.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	24,585.	24,388.	24,830.	27,088.	26,523.	107 414
	Net income from unrelated business	22/0000	24,500	24,030.	21,000.	20,323.	127,414.
	activities, whether or not the					1	
	business is regularly carried on				-		
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						25/071/
	Gross receipts from related activities,	etc (see instructio	nol			10 2	2549714.
	First five years. If the Form 990 is for			formula au fifth to.		12 3	,875,624.
	organization, check this box and stop	here	mat, accord, tillio	, iourni, or min tax	k year as a section	50 I(C)(3)	. —
Seci	tion C. Computation of Public	Support Per	centage				
14	Public support percentage for 2013 (li	ne 6. column (f) div	vided by line 11, co	lumn (fl)		14	93.56 %
15 I	Public support percentage from 2012	Schedule A Part I	l line 14			15	04 20
16a 3	33 1/3% support test - 2013. If the o	roanization did not	check the hox on	line 13 and line 1	1 is 32 1/20/ or me		91.73 %
	stop here. The organization qualifies a	as a publicly suppo	orted organization	mie io, and mie i	4 15 33 17370 UI IIIC	ne, check this dox	and ⊾ ▼
b S	33 1/3% support test - 2012. If the o	roanization did not	check a box on lir		ing 15 is 22 1/20/	or mara abaali thia	<u>X</u>
á	and stop here. The organization quali	fies as a publicly s	unnorted organizat	io 10 01 10a, and 1	ine 13 is 33 1/3/61	or more, check this	S DOX
17a ·	10% -facts-and-circumstances test	- 2013. If the oras	anization did not ch	eck a hoy on line	12 16a or 16b o	ad line 14 is 100/ a	
á	and if the organization meets the "fact	s-and-circumstance	es" test, check this	shox and etan be	ro, roa, or rob, al	t / how the erec=	r more,
r	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a n	thlich supported a	organization	r iv now trie organi	ZaliOII
b ·	10% -facts-and-circumstances test	- 2012. If the oras	anization did not ob	seck a hov on line	13 160 165 or 1	7a and line 45 is 4	
r	more, and if the organization meets the	e "facts-and-circum	nstances" test che	ck this hoverd	ton here Evolein	in Dort IV housts	U70 UI
C	organization meets the "facts-and-circu	umstances" test T	he organization au	alifice as a nublich	vernoorted erec-	in rait iv now the	
18 F	Private foundation. If the organization	n did not check a b	ox on line 13, 16a.	16b, 17a, or 17h	check this box an	d see instructions	

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	HOOGueena	G-Parameter		NATION REPORTS		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		NAME AND ADDRESS OF THE PARTY O				
	formed, or facilities furnished in any activity that is related to the	233					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				- Laboratoria		
	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						
1 €	3 received from disqualified persons					-	
r	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(=) 2000	(L) 0010	4.3.0044	T () 0040	() 0040	
	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gross income from interest.			****			
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>	ļ	
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses		and the second s				
	acquired after June 30, 1975						
_ C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for						
_	check this box and stop here						>
sec	tion C. Computation of Publi	c Support Perd	centage				
	Public support percentage for 2013 (li			olumn (f))	•••••	15	%
16	Public support percentage from 2012	Schedule A, Part I	II, line 15			16	%
	tion D. Computation of Inves		·····				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, ched						
	Private foundation. If the organization						

Schedule A	(Form 990 or 990-EZ) 2013	vania Di	strict	- Church	of the E	Pennsyl Brethren	23-1429838	Page 4
Part IV	Supplemental Information Also complete this part for	nation. Provide	e the explanati	ons required by	Part II, line 10; Pa	art II, line 17a or 17	b; and Part III, line	12.
					THE RESIDENCE OF THE PARTY OF T			
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				**************************************		· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Ohild and the state of the state

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Children's Aid Society, Southern Pennsyl vania District - Church of the Brethren
Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds

Employer identification number 23-1429838

U STATE	organization answered "Yes" to Form 990, Part IV, line		of Accounts. Complete if the
	organization answered 165 to 10mi 350, Fait IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised rands	(b) I dids and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		and formal
Ū	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
Ŭ	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Ves" to Form 000 D	Yes No
1	Purpose(s) of conservation easements held by the organization		arriv, mie 7.
٠	Preservation of land for public use (e.g., recreation or ed		Andrew Harrison and and I am of a con-
	Protection of natural habitat	·	torically important land area
	Preservation of open space	Preservation of a cert	med historic structure
2			
6	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution in the form (of a conservation easement on the last
	day of the tax year.		H. H. L. H. E. L. CH. T. V.
а	Total number of conservation easements		Held at the End of the Tax Year
b			
c	Number of conservation easements on a certified historic structure.	2b	
d			
-	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated by the	2d
•	year	assa, extinguished, or terrimated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		ring the year
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		_
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheran	ce of public service, provide, in Part XIII
	the text of the footnote to its financial statements that describe		, p. 1. 1. 2
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, edu	ication, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	and the second of the second o
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116		Samily 10.0000
	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990 Part X	•••••	¢

Cob	Childre edule D (Form 990) 2013 vania D	n's Aid Soc istrict - (ciety, Sou	thern I	Pennsy		4 8			
Pa	rt III Organizations Maintaining C	Collections of Art	Historical Tra	cire pre	Chrei	l 43 Cimilar A	-14	29838	Page 2	
3	Using the organization's acquisition, access	ion and other records	s check on a of the	fallaurias ilas	1 Other	Sillillai A	226rs	<u>(continue</u>	d)	
•	(check all that apply):	ion, and other records	s, check any of the	iollowing tha	t are a sigi	nincant use	ot its c	ollection ite	ms	
а		-1	[] Lagrage avenue							
b		d	***************************************	hange progr		•				
c	Preservation for future generations	е	L Other			···			····	
4		allastians and avalation								
5	the organization's exempt purpose in Fait Am.									
J	to be sold to roise funds rather than to be m	or receive donations of	r art, nistorical trea	sures, or oth	er similar a	issets		٦ ٢		
Pa	to be sold to raise funds rather than to be mort IV Escrow and Custodial Arran	demente Comple	ie organization's co	ilection?				Yes	<u>No</u>	
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gerneries. Comple rt X line 21	ite ir the organizatio	n answered	"Yes" to F	orm 990, Pa	rt IV, i	ine 9, or		
10	Is the organization an agent, trustee, custod						······································			
Ia								٦		
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					•••••	L	」Yes	No	
Ü	in res, explain the analigement in Part XIII	and complete the foll	owing table:							
_	Beginning balance						***************************************	Amount		
		•••••	•••••••••	••••••		1c				
e	Additions during the year	***************************************	••••••			1d				
	Distributions during the year	***************************************		•••••		1e				
f	Ending balance			••••••						
28	Did the organization include an amount on F	orm 990, Part X, line :	21?				L	」Yes	No	
Par	If "Yes," explain the arrangement in Part XIII. † V Endowment Funds. Complete i	Check here if the exp	planation has been	provided in F	Part XIII					
	t V Endowment Funds. Complete	1		1						
<i>a</i> _	Designation of consult above	(a) Current year	(b) Prior year	(c) Two yea		d) Three years				
	Beginning of year balance	390,328.	365,273.	38.	3,964.	342,	145.	32	0,869.	
	Contributions	E1 200	40.400					_		
	Net investment earnings, gains, and losses	51,308.	40,187.		3,552.	58,	639.	3	6,817.	
	Grants or scholarships									
е	Other expenditures for facilities	10 151	44 000							
	and programs	12,151.	11,822.	<u> </u>	L,975.		651.		2,594.	
	Administrative expenses	3,617.	3,310.		3,164.	<u></u>	169.		2,947.	
-	End of year balance	425,868.	390,328.		5,273.	383,	964.	34	2,145.	
	Provide the estimated percentage of the curr	ent year end balance) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou	•								
за	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administer	ed for the	organizatior	1	ţ		
	by:							Ye		
	(i) unrelated organizations							3a(i) X		
	(ii) related organizations		•••••			***************************************		3a(ii)	X	
	If "Yes" to 3a(ii), are the related organizations			***************************************				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
-ai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				Part X, lin	e 10.	···			
	Description of property	(a) Cost or otl				umulated		(d) Book va	lue	
		basis (investm			depr	eciation				
	Land			0,000.		0 () () () () () () () () () (10,	000.	
h	Buildings	1	94	0 476.	4.	25 512	1	51/	961	

► 543,713. Schedule D (Form 990) 2013

0.

147,435.

8,768.

166,184. 8,768.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3	-1	4	2	9	8	3	8	Page 5	3
J		-	تے		v	-	v	PHOM	

Part VII Investments - Other Securities.				142JOJO Page C
Complete if the organization answered "Yes" to		, 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 v	valuation: 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)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to	Form 990, Part IV,	, line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to		line 11d. See Form 990, F	Part X, line 15.	
	escription			(b) Book value
(1) Perpetual Trusts				677,963.
(2) Charitable Remainder Trusts	3			20,300.
(3) Endowment Funds				425,868.
(4)				
(5)			-	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line 1. Part X Other Liabilities.	5.)			1,124,131.
Complete if the organization answered "Yes" to	Form 990, Part IV,	line 11e or 11f. See Form	990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Obligations under trust and	1			
(3) annuity agreements		10,705.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 2:	5.) 🔊	10,705.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013 Children's Aid Society, Southern Pennsyl vania District - Church of the Brethren

Schedule D (Form 990) 2013

23-1429838 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,989,785. Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 132,483. b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 132,483. 2e Subtract line 2e from line 1 1,857,302. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1,857,302. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,443,291. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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: Explanation: Operating support of the Organization. Part X, Line 2: Explanation: 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 believes that is more likely than not that that Organization's uncertain tax position will be sustained upon examination, including any appeals and

Schedule D (Form 990) 2013

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990

Children's Aid Society, Southern Pennsyl

Employer identification number

vania District - Church of the Brethren 23-1429838 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants С Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Children's Aid Society, Southern Pennsyl Schedule G (Form 990 or 990-EZ) 2013 vania District - Church of the Brethren 23-1429838 Page 2

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 TLC Auction Tournament col. (c)) (event type) (event type) (total number) 58,302. 24,028. Gross receipts 46,156. 128,486. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 58,302. 24,028. 46,156. 128,486. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment _____ Other direct expenses 4,812. 9,097. 28,564. 42,473. 10 Direct expense summary. Add lines 4 through 9 in column (d) 42,473. Net income summary. Subtract line 10 from line 3, column (d) 86,013. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 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:

Children's Aid Society, Southern Pennsyl Schedule G (Form 990 or 990-EZ) 2013 vania District - Church of the Brethren 23-1429838 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes 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 > b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > 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 > \$ Part IV Supplemental Information. 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 O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

OMB No. 1545-0047

2013

Open to Public

Inspection

Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Children's Aid Society, Southern Pennsyl vania 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 \$ 261,206. including grants of \$ 0. Revenue \$ 46,407.
Form 990, Part VI, Section A, line 6:
Explanation: 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.

Employer identification number 23-1429838

Form 990, Part VI, Section A, line 7a:

Explanation: 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:

Explanation: 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:

Explanation: 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:

Explanation: 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.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Children's Aid Society, Southern Pennsyl vania District - Church of the Brethren	Employer identification number 23-1429838
Form 990, Part VI, Section C, Line 19:	
Explanation: The Organization makes available its governing	g documents,
conflict of interest policy, and financial statements avail	lable to the
public upon request at its corporate headquarters at 343 L	incoln Way East,
New Oxford, Pennsylvania, 17350.	
Form 990, Part XII, line 2c:	
Explanation: The Organization's Board of Directors is response	onsible for
the oversight of the annual financial statement audit and	the hiring of
an independent auditor.	
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