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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No 1545-0047

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 Check if C Name of organization D Employer identification number CHILDREN'S AID SOCIETY FOUNDATION 75-2941595 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-1101 30TH STREET 940-322-3141 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,969,327. Applica-tion WICHITA FALLS, TX 76302 H(a) is this a group return pending F Name and address of principal officer SHEILA CATRON CHOATE Yes X No for subordinates? SAME AS C ABOVE Yes L H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c) (If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2001 M State of legal domicile: TX Part I Summary 1 Briefly describe the organization's mission or most significant activities THE FOUNDATION SUPPORTS THE OPERATIONS OF THE CHILDREN'S AID SOCIETY OF WEST TEXAS, INC., Check this box
If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 12 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 0 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 0. 542,642 269,757. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 542,642 269,757. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 100,000. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 24,803 25,461. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 24,803. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 125,461. 517,839. 144,296. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 5,718/,837 6,129,753. 20 Total assets (Part X, line 16) JAN 9 21 Total liabilities (Part X, line 26) n 0. 718 837. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of periury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of Depared (other than biffeer) is based on all information of which preparer has any knowledge. Signature of officer Sign SHEILA CATRON CHOATE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid MARK FLEMING, CPA P01611059 Preparer Firm's name **EDGIN**, **PARKMAN**, FLEMING & FLEMING Firm's EIN **Use Only** Firm's address P.O. BOX 750 Phone no. (940)766-5550 WICHITA FALLS, TX 76307-0750 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2013) 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2013) CHILDREN'S AID SOCIETY FOUNDATION	75-2941595	Page 2
Pai	rt III Statement of Program Service Accomplishments		
`	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission:		
•	THE CHILDREN'S AID SOCIETY FOUNDATION OPERATES EXCLUSIVE	RIV TO SIIPPO	RT
	THE CHILDREN'S AID SOCIETY OF WEST TEXAS, INC.	<u> </u>	
	THE CHILDREN B AID BOCIEII OF WEST TEMAS, INC.		
	Oddfo acceptation and delice and a first a		
2	Did the organization undertake any significant program services during the year which were not listed on		₹
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$100,000 . including grants of \$100,000 .) (Revenue	ле \$)
	THE FOUNDATION PROVIDES GRANTS TO THE CHILDREN'S AID SO		T
	TEXAS, INC. TO ALLOW IT TO FURTHER ITS EXEMPT PURPOSE. I	DURING THE Y	EAR
	ENDED SEPTEMBER 30, 2014, THE FOUNDATION PROVIDED \$100,0		
	TO THAT ORGANIZATION.		
	<u> </u>		
4b	(Code) (Expenses \$) (Revenue)	ıe \$)
			<u> </u>
		-	
4c	(Code) (Expenses \$	ue \$)
		-	
		·	
	 .		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 100,000.		

`	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		,	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		3,7
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
0	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	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	45.	ا ب	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	v
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	~
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) CHILDREN'S AID SOCIETY FOUNDATION Part IV Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	•	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	۱ ,,	
. .	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			v
27		_36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (20121
		COLL	220	2013)

<u>Par</u>	t v Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	, Check it Scriedule O contains a response of note to any line in this Part V	.	¥1	<u> </u>
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No_
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	į		
С	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return 2a 0		- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
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)?	4a_		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		7.7
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c_		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	l		
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Casting 504(a)(30) and (find a sequential booth in a ways a linear sequential booth in a way se			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14b		

CHILDREN'S AID SOCIETY FOUNDATION 75-2941595 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 1a 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. 12 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? X 13 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X taxable entity during the year? 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 W 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. SHEILA CATRON CHOATE - 940-322-3141 1101 30TH STREET, WICHITA FALLS, 76302

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See 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) Name and Title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIMMY OAKLEY	1.00									
PRESIDENT		X						0.	0.	0.
(2) CAROL BEDINGFIELD	1.00								,	
VICE PRESIDENT		X						0.	0.	0.
(3) SHARON MANLEY	1.00									
TREASURER		X						0.	٥.	0.
(4) JULIA WARD	1.00									
SECRETARY		X						0.	0.	0.
(5) ROSEY MOSER	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) BEVERLY SINGLETON	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) LAURA SPRAGINS	1.00							_		
BOARD MEMBER		X	_			_		0.	0.	0.
(8) JUDY MCLEMORE	1.00							_	_	_
BOARD MEMBER	1 22	X				<u> </u>		0.	0.	0.
(9) SHEILA CATRON CHOATE	1.00							_		_
BOARD MEMBER		Х				<u> </u>		0.	55,444.	0.
(10) STEVE STOUT	1.00									
BOARD MEMBER	1 00	X	_			-		0.	0.	0.
(11) MICHAEL AGYEPONG	1.00	.,							•	•
BOARD MEMBER	1 00	X	\vdash			-		0.	0.	0.
(12) JAMIE DAVIS	1.00	x				'		^	^	•
BOARD MEMBER		^						0.	0.	0.
		ł								
	-					-	_			
	 -	1								
		 		\vdash		-				
	-	1								
		\vdash					-			
		1								
							-			
		1				l				

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form **990** (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 127,678 127,678, Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,841,649 b Less cost or other basis and sales expenses 1,699,570 c Gain or (loss) 142,079 d Net gain or (loss) 142,079 142,079. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 269,757 0 269,757 Form 990 (2013)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons			<u>(0)</u>	
	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	100,000.	100,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22		, .		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				_
b	Legal				
С	Accounting	750.		750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,711.		24,711.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel _				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 ~~	Depreciation, depletion, and amortization				
23	Other expanses, Itemize expanses not covered				-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b		-			
C					
d	All other outpeace				
	All other expenses	125 461	100 000	25 461	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	125,461.	100,000.	25,461.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here from Info Sop 98-2 (ASC 958-720)				

Form 990 (2013)
Part X | Balance Sheet

ب		Oharl 60 hall 0				
		Check if Schedule O contains a response or no	te to any line in this Part X	441		. <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		_	1	
	2	Savings and temporary cash investments		179,998.	2	140,338.
	3	Pledges and grants receivable, net		3	_	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L	į		5	
	6	Loans and other receivables from other disqual	fied persons (as defined under	<u>-</u>		
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
ţ		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities		5,522,765.	11	5,970,858.
	12	Investments - other securities. See Part IV, line		12		
	13	investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		16,074.	15	18,557.
	16	Total assets. Add lines 1 through 15 (must equ	at line 34)	5,718,837.	16	6,129,753.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	ļ		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	r officers, directors, trustees,			
Ħ		key employees, highest compensated employee	es, and disqualified persons		1	
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	•			
	Ì	parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	••			
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.	F 510 005		6 100 550
ğ	27	Unrestricted net assets	-	5,718,837.	27	6,129,753.
Ва	28	Temporanly restricted net assets	-		28	·
Ē	29	Permanently restricted net assets			29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
Net Assets or Fund Balances	000	and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
t As	31	Paid-in or capital surplus, or land, building, or ed	` '	·	31	
Ne.	32	Retained earnings, endowment, accumulated in	icome, or other tunds	5 710 027	32	6 120 752
	33	Total liabilities and not assets/fund balances	ŀ	5,718,837. 5,718,837.	33 34	6,129,753. 6,129,753.
	34	Total liabilities and net assets/fund balances		ο, ι το, ο οί,	3 4	0,149,/33.

Form **990** (2013)

	1990 (2013) CHILDREN'S AID SOCIETY FOUNDATION	75-29	<u>41595</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	-			
•	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	269	9,7	<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	12!	5,4	61.
3	Revenue less expenses Subtract line 2 from line 1	3	14	4,2	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,718	8,8	37.
5	Net unrealized gains (losses) on investments	5			20.
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	6,129	9,7	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				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	O.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1		
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2013)

10-29-13

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 75-2941595 CHILDREN'S AID SOCIETY FOUNDATION

Part I	Reason	for Public Char	ity Status (All organiz				t.) See inst	tructions.	, ,	4741	<u> </u>	
he orgar	•		because it is: (For lines									
1 📋		•	s, or association of chur	•		-	•).				
2 🔲			'0(b)(1)(A)(ii). (Attach Sc									
з 🔲			tal service organization	•		170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ie,
	city, and stat	=			-				•	•		•
5 🗀	-	non operated for the O(b)(1)(A)(iv). (Comple	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	it describe	d in		
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7	-	ion that normally rec	eives a substantial part te Part II)	of its supp	oort from a	governme	ental unit o	or from the	e general p	ublic desc	ribed i	n
8 🔲	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	=		eives: (1) more than 33	•	•	rom contri	butions. n	nembersh	ip fees, and	d aross red	ceipts	from
	_		nctions - subject to certa						•	•	-	
		=	axable income (less sec	•		•			• •	•		
		509(a)(2). (Complete	,		-,			,			-,	
10 🔲			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4).				
11 X	_	•	perated exclusively for the		•			•	v out the o	urooses o	f one	or
	_	-	ations described in secti		•				•	•		
		• • • •	organization and compl		•		-,		(=)(=)			
	a X Type	· · · · · · · · · · · · · · · · · · ·			nctionally		i	i 🔲 Tyr	e III - Non-	functional	v inted	rated
e X	• •		it the organization is not		•	•					, ,	•
			han one or more publicl				-					••
f		-	ten determination from		_				0(4)(1) 01 01		(4)(4)	
•	•	rganization, check th			ainisaiy	pe i, Type	in, or Type	J 111				$\square X$
_		•	organization accepted ar	ov ouff or o	ontobution	from any	of the fell	owing nor	20002			LAN
g	-		•			-					V	N.
	• •		irectly controls, either al	one or tog	jetrier with	persons c	Jeschbeu	in (ii) and	(III) below,	44-63	Yes	No_
	_		upported organization?	•						11g(i)		X
			n described in (i) above?				•			11g(ii)		X
		•	person described in (i)							11g(iii)	L	<u> </u>
h	Provide the f	following information	about the supported or	ganization	(s)							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) la organizati (i) organiz U.S	on in col. [V zed in the	vii) Amount sup	of moi port	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
CHILD	REN'S											
AID S	OCIETY	75-0851203	11A	X		x	-	x		10	0,0	00.
				_					+ +			
otal	1			1		1				10	0.0	00.

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

Schedule A (Form 990 or 990-EZ) 2013

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)

<u>Se</u>	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				•		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	_
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		<u> </u>				
	supported organization) included					ŀ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)]				
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		-			į	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc (see instructi	ons)		-	12	-
13	First five years. If the Form 990 is for	the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					> □
Sec	ction C. Computation of Public	c Support Pe	rcentage				
14	Public support percentage for 2013 (lin	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the or	ganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies a	is a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2012. If the or	ganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualif						▶□
17a	10% -facts-and-circumstances test	- 2013. If the org	janization did not i	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					. 3.	
ь	10% -facts-and-circumstances test	_	•		•	17a, and line 15 is	 10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circu				•		▶□
18	Private foundation. If the organization						····· 🕍
· •				-, 100, 174, 01 171	-, -1100K LING DUA (and doc mandending	····

Part

Schedule A (Form 990 or 990-EZ) 2013			-			Page 3
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 o	organization failed t	to qualify under Pa	rt II. If the organiza	ation fails to
qualify under the tests listed t	pelow, please com	plete Part II)				
Section A. Public Support			_,		, -	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions, and 						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	-					
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	_					
furnished by a governmental unit to						
the organization without charge		•				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	-					
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income]			•		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation.
check this box and stop here		, , , , , , , , , , , , , , , , , , , ,	,	,	- (-)(-) 3	▶□
Section C. Computation of Publ	lic Support Pe	rcentage				
					r- r	

14	ion C. Computation of Public Support Percentage ublic support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ublic support percentage from 2012 Schedule A, Part III, line 15 ion D. Computation of Investment Income Percentage ivestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 ivestment income percentage from 2012 Schedule A, Part III, line 17		
	check this box and stop here		ightharpoons
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		· · ·
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19:	a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than	n 33 1/3%, and line 17 is not	

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 990-EZ) 2013	CHILDREN'	S AID S	OCIETY	FOUNDATION	75-2941595 Page 4
Part IV	Supplemental Infor	mation. Provide th	ne explanation	ns required by	Part II, line 10, Part II,	line 17a or 17b, and Part III, line 12
	Also complete this part fo	r any additional infor	mation (See	instructions)		
	-				-	
		<u> </u>				
	.					
						
						
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				- -		
-			<u>-</u>			
	-· <u>-</u> -	·			· · ·	
						_
					· -	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHILDREN'S AID SOCIETY FOUNDATION

Employer identification number

75-2941 595 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works, of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		N'S AID SO						5 Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply).							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's exi	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	rt IV Escrow and Custodial Arrang		ete if the organization	on answered "Yes" to	Form 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21		 				
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other assets no	t included	_	_	
	on Form 990, Part X?					. L	_ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:					
							Amount	
C	Beginning balance				1c	 		
d	Additions during the year				<u>1d</u>	<u> </u>		
е	Distributions during the year			-	1e			
f	Ending balance			•	1f			
2a	•				•		∐ Yes	⊢ No
	rt V Endowment Funds. Complete if							
	Endownient i unus. Complete ii				T	voore book	(-) Four	waara baak
10	Reginning of year balance	(a) Current year 5 , 718 , 837 .	(b) Prior year 5,376,690	(c) Two years back 3,588,063.		years back		years back
1a b	Beginning of year balance Contributions	392 <u>,351.</u>	2.	230,304.				
C	139 <u>524</u>		200,586.					
d	Net investment earnings, gains, and losses Grants or scholarships	536,378. 100,000.	366,950,	698,205. 100,000.		71,075.		
	Other expenditures for facilities	100,000.		100,000.				25,000.
·	and programs							
f	Administrative expenses	25,462.	24.803.	21,442.		14.887.		13 530
g	End of year balance	6,129,753.	5,718,837.	5,376,690.	3 5	588,063.		
2	Provide the estimated percentage of the curre			·	1	100,003.		332,331,
a	Board designated or quasi-endowment		%	-,,				
b	Permanent endowment	%	 ' -					
С								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the organi	zation		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	I "Yes" to Form 990,	, Part IV, line 11a S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	1 , , ,	\-'	Accumulate		(d) Book	value
		basis (investri	nent) basis	(other) de	preciation			
	Land							
	Buildings							
	Leasehold improvements							
	Equipment					\longrightarrow		
	Other						<u></u>	
Total	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	10(c))				0.

Schedule D (Form 990) 2013

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

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

1545:0047	13	Public
OMB No	20	Open to

Inspection

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

Name of the organization	VHAILOR OIR S'NARCITHY	NOTTE TOTAL	NOTE				Employer identification number 75-2941 595
Part General Information on Grants and Assistance	and Assistance						0001278 01
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	Somplete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S AID SOCIETY OF WEST TEXAS, INC 1101 30TH STREET -	75_0851203	R01 (C)(3)	000	c			PROVIDE SUPPORT FOR THE OPERATIONS OF THE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th			:		1.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) I (Form 990) (2013) CHILDREN'S AID SOCIETY FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2013)

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Page 2

75-2941595

Schedule I (Form 990) (2013)

Part III Grants and Other

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public**

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

Inspection Employer identification number 75-2941595

CHILDREN'S AID SOCIETY FOUNDATION	75-2941595
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
ANOTHER 501(C)3 ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FOUNDATION'S FORM 990 IS DISTRIBUTED TO	THE BOARD OF
DIRECTORS AND APPROVED PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: COMPLIANCE WITH THE CONFLICT OF INTEREST POI	LICY IS REVIEWED AT
LEAST ANNUALLY, BUT IS MONITORED CONTINUALLY AS THE FOUND	DATION CONDUCTS
BUSINESS.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE FOUNDATION HAS NO EMPLOYEES AND, THEREFO	ORE, THERE IS NOT A
PROCESS FOR ESTABLISHING COMPENSATION FOR ANY INDIVIDUAL.	·
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FOUNDATION MAINTAINS ITS GOVERNNING DOCU	JMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS IN ITS OFFICES	AND MAKES THOSE
AVAILABLE TO PUBLIC INSPECTION UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

➤ Attach to Form 990. Related Organizations and Unrelated Partnerships

Employer identification number 75-2941595

Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. CHILDREN'S AID SOCIETY FOUNDATION

	•					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year.	itions Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	r more related tax-exen	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
CHILDREN'S AID SOCIETY OF WEST TEXAS, INC 75-0851203, 1101 30TH STREET, WICHITA FALLS, CTX 76302	OPERATION OF A NEGLECTED CHILD AND TEEN SHELTER	TEXAS	501 (C)(3)	170(B)(1) (A)(VI)	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Schedule R (Form 990) 2013

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332161 09-12-13 LHA

75-2941595 Page 2

Schedule R (Form 990) 2013 CHILDREN'S AID SOCIETY FOUNDATION

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

3	General or Percentage managing ownership									e related	(j)	512(b)(13)
S			 							ne or moi	(h)	Percentage
€	Code V-UBI amount in box	K-1 (Form 1065)								oecause it had o	(6)	Share of Per
Ξ	Disproportionate allocations?	ž	 				 			line 34 t		
(6)	# jg	Yes								m 990, Part IV,	ω)	Share of total
	end.	8	-							s" on For	<u>(</u>	f entity
E	Share of total income									swered "Ye	(e)	g Type of entity
										 zation an	(d)	Direct controlling
(e)	Predominant income (related, unrelated, excluded from tax under	is 512-514)								the organiz		Direct c
	Predom (related	section			 		·			mplete if t	(c)	Legal domicile
©	Direct controlling entity									ration or Trust Co	(p)	Primary activity
<u> </u>	Legal domicile (state or	foreign country)					 			s a Corpo g the tax y		Prime
<u>a</u>	Primary activity									anizations Taxable a poration or trust durin		Z .
(a)	Name, address, and EIN of related organization									Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN
	_									Part IV		

Yes No entity? ownersnip end-of-year assets income (C corp, S corp, or trust) entity (state or foreign country) of related organization

Schedule R (Form 990) 2013

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75-2941595

Schedule R (Form 990) 2013 CHILDREN'S AID SOCIETY FOUNDATION

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d) (d)	(b)	(c)	(d) (e) (e) (e) (e) (f(g))	(t)		(F)	(1)	6	(K)
of entity		(state or foreign country)	reduction income paries section (related, unrelated, orgs) organization (reduction 512-514) Yes No		snare or end-of-year assets	tonate allocations?	usprupur CODE V-UBI General of Percentage unsprupur amount in box 20 managing ownership allocations of Schedule K-1 partner? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
						_			
						-			
								-	
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			-						
			-						

Schedule R (Form 990) 2013

Do:+ V/II	Supplemental Information	TUDKEN 2 A	ID SOCIETY F	OUNDATION	/3-2941393 Page	<u> 5</u>
Part VII	Provide additional information for	or roopenees to suc	estiona an Cabadula D./a	oo (motimistisaa)		
	Provide additional information ic	or responses to que	stions on schedule H (s	ee instructions)		
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