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# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury 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.lrs.gov/form990. Open to Public Inspection

OMB No 1545-0047

| _                       | 1 01 111            | and the calendar year, or tax year beginning OCT 1, 2014 and  | ending 5          | EP 30, 2013                          |                               |  |  |  |
|-------------------------|---------------------|---|-------------------|--------------------------------------|-------------------------------|--|--|--|
| В                       | Check if applicable | C Name of organization  |                   | D Employer identifi                  | cation number                 |  |  |  |
|                         | Addre               | S CHILDREN'S AID SOCIETY FOUNDATION   |                   |                                      |                               |  |  |  |
|                         | Name<br>chang       |   | 75-2              | 941595                               |                               |  |  |  |
|                         | lnitial<br>return   | Number and street (or P.O. box if mail is not delivered to street address)  | E Telephone numbe | r                                    |                               |  |  |  |
|                         | Final return.       | 1101 30TH STREET  |                   | 940-                                 | 940-322-3141                  |  |  |  |
| _                       | termin<br>ated      | City or town, state or province, country, and ZIP or foreign postal code  |                   | G Gross receipts \$                  | 1,803,084.                    |  |  |  |
| Ļ                       | Amen                | WICHITA FALLS, TX /6302   |                   | H(a) Is this a group re              | eturn                         |  |  |  |
| L                       | Application pendi   | ng i  | ΓE                | for subordinates                     | o?                            |  |  |  |
| _                       |                     | SAME AS C ABOVE   |                   | H(b) Are all subordinates in         | ncluded? Yes No               |  |  |  |
|                         |                     | empt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) c   | or 527            | If "No," attach a                    | list (see instructions)       |  |  |  |
|                         |                     | te: N/A   |                   | H(c) Group exemptio                  |                               |  |  |  |
|                         | Form of<br>art I    | organization: X Corporation   | L Year o          | of formation: 2001  N                | State of legal domicile: TX   |  |  |  |
| 9                       | 1                   | Briefly describe the organization's mission or most significant activities THE I  | FOUNDA            | TION SUPPOR                          | TS THE                        |  |  |  |
| Activities & Governance | i                   | OPERATIONS OF THE CHILDREN'S AID SOCIETY  | OF WE             | ST TEXAS, I                          | NC.,                          |  |  |  |
| ern                     | 2                   | Check this box 🕨 📖 if the organization discontinued its operations or dispos  | sed of more       | than 25% of its net as               | ssets                         |  |  |  |
| ŏ                       | 3                   | Number of voting members of the governing body (Part VI, line 1a)   |                   | 3                                    | 13                            |  |  |  |
| ৺                       | 4                   | Number of independent voting members of the governing body (Part VI, line 1b)   |                   | 4                                    | 13                            |  |  |  |
| ies                     | 5                   | Total number of individuals employed in calendar year 2014 (Part V, line 2a)  |                   | . 5                                  | 0                             |  |  |  |
| Ξ                       | 6                   | Total number of volunteers (estimate if necessary)  |                   | 6                                    | 14                            |  |  |  |
| Aci                     |                     | Total unrelated business revenue from Part VIII, column (C), line 12  |                   | <u>7a</u>                            | 0.                            |  |  |  |
| _                       | b                   | Net unrelated business taxable income from Form 990-T, line 34  |                   | 7b                                   | 0.                            |  |  |  |
|                         |                     | On the last and a sector (Da 4 VIIII Lea 41)  |                   | Prior Year                           | Current Year                  |  |  |  |
| ē                       | 8                   | Contributions and grants (Part VIII, line 1h)   |                   | 0.                                   | 146,766.                      |  |  |  |
| Revenue                 | 9                   | Program service revenue (Part VIII, line 2g)  |                   | <u>0.</u><br>269,757.                | 421 452                       |  |  |  |
| æ                       | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -                 | 209,757.                             | 421,453.                      |  |  |  |
|                         |                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |                   | 269,757.                             | 568,219.                      |  |  |  |
| _                       |                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                   | 100,000.                             | 308,219.                      |  |  |  |
|                         |                     | Benefits paid to or for members (Part IX, column (A), line 4)   |                   | 0.                                   | 0.                            |  |  |  |
| ø                       | 1                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                   | 0.                                   | 0.                            |  |  |  |
| Se                      | 16a                 | Professional fundraising fees (Part IX, column (A), line 11e)   | -                 | 0.                                   | , O.                          |  |  |  |
| Expenses                | . b                 | Total fundraising expenses (Part IX, column (D), line.25)   | 0.                | <del></del>                          |                               |  |  |  |
| ũ                       | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                   | 25,461.                              | 26,090.                       |  |  |  |
|                         |                     | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |                   | 125,461.                             | 26,090.                       |  |  |  |
|                         | 19                  | Revenue less expenses Subtract line 18 from line 12   |                   | 144,296.                             | 542,129.                      |  |  |  |
| Net Assets or           | 3                   | 12 JAN A C LUIU   | Beg               | ginning of Current Year              | End of Year                   |  |  |  |
| Sets                    | 20                  | Total assets (Part X, line 16)  |                   | 6,129,753.                           | 5,999,011.                    |  |  |  |
| A P                     | 21                  | Total liabilities (Part X, line 26)   |                   | 0.                                   | 0.                            |  |  |  |
| Ž                       | 22                  | Net assets or fund balances. Subtract line 21 from line 20  |                   | 6,129,753.                           | 5,999,011.                    |  |  |  |
| _                       | art II              | Signature Block   |                   |                                      |                               |  |  |  |
|                         |                     | lties of perjury, I declare that I have examined this return, including accompanying schedules  |                   |                                      | y knowledge and belief, it is |  |  |  |
| true                    | e, correc           | it, and complete. Declaration of preparer (other than officer is based on all information of wh   | ich preparer      | has any knowledge.                   | <del></del>                   |  |  |  |
| ٠.                      |                     | Signature or officer  |                   | Date /                               | 3/16                          |  |  |  |
| Sig                     |                     |   | IIOD              | Date 1                               | •                             |  |  |  |
| He                      | re                  | SHETLA CATRON CHOATE, EXECUTIVE DIRECT  | IOR               |                                      |                               |  |  |  |
|                         |                     | Je - F - m - 2  | 10                | ate Check                            | PTIN                          |  |  |  |
| Pai                     | d                   | Print/Type preparer's name  MARK FLEMING, CPA  Preparer's signature   | 1                 |                                      | 'L                            |  |  |  |
|                         | parer               | Firm's name EDGIN, PARKMAN, FLEMING & FLEMIN  | _                 | 1/4/16   self-employ<br>Firm's EIN ▶ | m ROTOTIOSA                   |  |  |  |
|                         | Only                | Firm's address P.O. BOX 750   | HU, FC            | THIII S ENV                          | <del></del>                   |  |  |  |
|                         |                     | WICHITA FALLS, TX 76307-0750  |                   | Phone no ( 9                         | 40)766-5550                   |  |  |  |
| Ma                      | y the II            | RS discuss this return with the preparer shown above? (see instructions)  |                   | Ti none no. ( )                      | X Yes No                      |  |  |  |
|                         |                     |   |                   |                                      |                               |  |  |  |

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

|    | n 990 (2014) CHILDREN'S AID SOCIETY FOUNDATION 75-   | 2941595 Page <b>2</b> |
|----|--|-----------------------|
| Pa | art III Statement of Program Service Accomplishments   |                       |
|    | Check if Schedule O contains a response or note to any line in this Part III   |                       |
| 1  | Briefly describe the organization's mission:   |                       |
|    | THE CHILDREN'S AID SOCIETY FOUNDATION OPERATES EXCLUSIVELY   | ro support            |
|    | THE CHILDREN'S AID SOCIETY OF WEST TEXAS, INC.   |                       |
|    |  |                       |
| _  | Did the comments of the comment of t |                       |
| 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? If "Yes," describe these changes on Schedule O.   | Yes X No              |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measure   | ad by avpapas         |
| 7  | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t   |                       |
|    | revenue, if any, for each program service reported   | otal expenses, and    |
| 4a |  |                       |
|    | THE FOUNDATION PROVIDES GRANTS TO THE CHILDREN'S AID SOCIETY   | OF WEST               |
|    | TEXAS, INC. TO ALLOW IT TO FURTHER ITS EXEMPT PURPOSE. DURIN   |                       |
|    | ENDED SEPTEMBER 30, 2015, THE FOUNDATION DID NOT MAKE ANY TI   |                       |
|    | THE CHILDREN'S AID SOCIETY OF WEST TEXAS, INC. HOWEVER, TRAI   |                       |
|    | THAT ORGANIZATION ARE PLANNED FOR THE FISCAL YEAR ENDED SEPT   |                       |
|    | 2016.  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
| 4b | (Code) (Expenses \$  | )                     |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    | <u></u>  |                       |
|    |  |                       |
|    |  |                       |
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|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  | <del></del>           |
| 4c | 10.4.  |                       |
| +0 | (Code) (Expenses \$ including grants of \$) (Revenue \$  | <del></del> )         |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
| 4d | Other program services (Describe in Schedule O.)   |                       |
|    | (Expenses \$ including grants of \$ ) (Revenue \$  | )                     |
| 4e | Total program service expenses   |                       |

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|     |  |     | 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   | <del>  -</del> | _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   | <del></del>    | X            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |                | •            |
| 7   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6   | -              | X            |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |                | х            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     | _              | Λ            |
| Ŭ   | Schedule D, Part III   | 8   |                | х            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | Ů   | -              | - 22         |
|     | 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  |     |                |              |
|     | 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  | 1   |                |              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |                | X            |
| 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   | 11c |                | <u> </u>     |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |     |                |              |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |                | X            |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |                | X            |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |                | v            |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |                | X            |
| 124 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 100 |                | х            |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 12a |                |              |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |                | х            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |                | X            |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |                | X            |
| 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   | 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  |                | _ <u>X</u> _ |
| 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  |                | <u> </u>     |
| 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  |                | <u> </u>     |
| 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  |                | <u> X</u>    |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |                | <u>X</u> _   |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b | 000            |              |

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|      |  | _         |       |          |
|------|--|-----------|-------|----------|
|      |  |           | Yes   | No       |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |           |       |          |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        |       | X        |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | }         |       |          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |       | X        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |           |       |          |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |       |          |
|      | Schedule J .   | 23        |       | X        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |           |       |          |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |           |       |          |
|      | Schedule K. If "No", go to line 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |       |          |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |       | X        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |       |          |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |           |       |          |
|      | Schedule L, Part I   | 25b       |       | <u> </u> |
| 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 "Yes,"   |           |       |          |
|      | complete Schedule L, Part II   | 26        |       | X        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |           |       |          |
|      | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |           |       |          |
|      | of any of these persons? If "Yes," complete Schedule L, Part III   | 27        |       | <u> </u> |
| 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)   |           |       |          |
| a    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a       |       | X        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b       |       | X        |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |           |       | 77       |
| 20   | 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 | 00        |       | •        |
| 31   | ·  | 30        |       | <u> </u> |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  |           |       | v        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | 31        |       | <u> </u> |
| O.E. | Schedule N, Part II  | 32        |       | x        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32        |       |          |
| •    | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |       | x        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 33        |       | <u> </u> |
| •    | Part V, line 1   | 34        | х     |          |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       | -22   | X        |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 33a       |       |          |
| _    | 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?   | <u>~~</u> |       |          |
|      | If "Yes," complete Schedule R, Part V, line 2  | 36        |       | X        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |       |          |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37        |       | X        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | <u> </u>  |       |          |
|      | Note. All Form 990 filers are required to complete Schedule O  | 38        | x     |          |
|      |  |           | 990 ( | 2014)    |

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Form 990 (2014) CHILDREN'S AID SOCIETY FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

| tell Enter the number reported in Box 3 of Form 1098 Enter 0-if not applicable 1s 0 0 1b Enter the number of Forms W2C included in Ine 1s. Enter 0-if not applicable 1s 0 0 1b 0       |          | Check if Schedule O contains a response or note to any line in this Part V   |          |               |             |
|---|----------|--|----------|---------------|-------------|
| be first the number of Forms W-S3 included in the 14. Enter O-If not applicable   |          |  |          | Yes           | No          |
| be the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize without services. The term that the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, rick of the calendar year ending with or within the year overeing by this return.  In the term of the services of the calendar year ending with or within the year overeing by this return.  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By the sum of lines 1a and 2a is greater than 250, you may be      | 1a       |  | ٦.       |               |             |
| gambling) winnings to prize winnes?  Enter the number of amployees apported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to a -life (see instructions)  3a. 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. Did the organization have unrelated business gross income of \$1,000 or more during the year?  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 accounts?  5b. If Yes, enter the name of the foreign country is because the security of the problem of the securities of the securities account or other financial accounts?  5c. If Yes, enter the name of the foreign country is because the security of a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, "to the ine 5a or 5b, did the organization file Form 8886-17  5c. If Yes," did the organization related securities that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible as chantable contributions?  5c. If Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  6c. If Yes, "did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  6c. If Yes, "did the organization encours appreted in excess of \$75 made partly sa contribution and partly for goods and services provided to the payor?  7a. X  7b. If Yes, "did the organization encourse appreted in excess of \$75 made partly sa contribution and partly for goods and services provided to the payor | b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1        |               |             |
| 2a Either the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  by it 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 than 250, you may be required to e-rife (see instructions)  3a  | C        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                 |          |               |             |
| field for the calendary year ending with or within the year covered by this return    1   |          | (gambling) winnings to prize winners?  | 1c       |               |             |
| b) It at least one is reported on the 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 990-Tro this year? If "Yo," it me 3b, provide an explanation in Schedule 0  4 At any time during the calendary rear, did the organization have an inferent in, or a signature or other authority over, a financial account in a foreign country; level has a bank account, securities account, or other financial accountry?  5 enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 was the organization of the organization file of the Switch schedule (1 most part of the organization and the organization at any time during the tax year?  5 do any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 do set the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as chantable contributions?  6 do set the organization and with every solicitation an express statement that such contributions or gifts were not tax deductable?  7 organizations that may receive deductable as chantable contributions?  8 organizations that may receive deductable as chantable contributions and parity for goods and services provided to the payor?  9 organizations that may receive deductable as chantable contributions?  10 bit the organization medical were not tax deductable?  11 "Yes," indicate the number of Forms 8828? flied during the year  12 organizations that may receive deductable as chantable personal property for which it was required to file form 8828?  12 organization receive a payment in excess of 1575 made parity is a contribution and parity for goods and services provided to th     | 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          |               |             |
| So Did the organization have unrelated business gross income of \$1,000 or more during the year?  3   |          | filed for the calendar year ending with or within the year covered by this return  | 1        |               |             |
| 3a Did the organization have unrelated business gross income of \$1,000 or more duming the year?  4b If "Yes," has filed a Form 950-Tr or this year? If "No," to fine 30, provide an explination in Schedule O  4c 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! ≥  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR)  5c Was the organization aprily to a prohibited tax sheller transaction?  5c If "Yes," to line 5a or 8b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 8b, did the organization filing Form 8886 T?  6c 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?  6c If "Yes," to line the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization serves a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8c If "Yes," did the organization nortry the donor of the value of the goods or services provided?  9c If "Yes," did the organization solicit, archemistry as a contribution or service provided?  9c If "Yes," did the organization service any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c If the organization received a contribution of qualified intellectual property, did the organizatio    | b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b       |               | <u> </u>    |
| b if "Yes," has it field a Form 990-T for tha year? If "No," to line 3b, provide an explanation in Schedule O 4a Al 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?)  X  b if "Yes," enter the name of the foreign country; IND See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing fil       |          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |          |               |             |
| 4a Al any time during the calendary 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," either the name of the foreign country: ▶  see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization slote any contributions that were not tax deductible as chantable contributions?  6a X  6b If "Yes," of 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?  6b Obes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7a X  8b If "Yes," did the organization on only the donor of the value of the goods or services provided?  8b If "Yes," did the organization on only the donor of the value of the goods or services provided?  9c Ut the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  9c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  9c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  9c Sponsoring organization make a distribution to a donor, donor advised funds. Did a donor advised funds.  9c Sponsoring organization have excess business holdings at any time during the yea     | 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a_      |               | X           |
| 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 fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  see instructions for fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  b Did any stable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  b Did any stable party notify the organization file Form 8886-7?  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?  b 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).  b Did the organization receive a payment in excess of \$5F made party as a contribution and party for goods and services provided to the payor?  7 or Did the organization notify the donor of the value of the goods or services provided?  7 or Did the organization notify the donor of the value of the goods or services provided?  7 or Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88282?  7 or Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 or Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 or Did the organization make any taxable distributions under section 4966?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 organization for promise and promise and promise and    | b        | if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                       | 3b       |               |             |
| b if "Yes," enter the name of the foreign country: P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 58 Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 59 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contribution that were not tax deductible as chantable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Torganizations that may receive deductible contributions under section 170(c). 51 If "Yes," did the organization notify the donor of the value of the goods or services provided? 52 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? 53 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? 54 If "Yes," did the organization net, exchange, or other value of the gloods or services provided? 55 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 56 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 56 If the organization receive a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required? 57 If the organization semination and contributions of qualified intellectual property, did the organization file Form 8899 as required? 58 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund such payor and an advised fund such   | 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a          |          |               |             |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBARI)  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization shelt were not tax deductible as charitable contributions?  6 Was 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 partly as a contribution and partly for goods and services provided to the payor?  7 Pres," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1938-C?  8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization will be sponsoring organization will be sponsoring o     |          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                   | 4a       |               | X           |
| Sa X was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did so to the Sa of Sh, did the organization file Form 8886-T?  5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not it as deductible as charatible contributions?  5 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 \$5 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-07  11 Did the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution of the property of    | b        | If "Yes," enter the name of the foreign country: ▶   |          |               | i           |
| b Did any taxable party notify the organization that it was or a a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 at or 5 b, did the organization file Form 8866.T?  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 chantable contributions?  6 If "Yes," do 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 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  12 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  13 Section 501(c)(7) organizations. Enter  14 Indiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  15 Gross recome from members or shareholders  16 Gross recome from members or shareholders  17 Gross is come from members or shareholders  18 Section 501(c)(12) organizations. Enter  19 Gross recome from members or shareholders  10 Gross recome from members or shareholders  11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  18 Section 501(c)(29) qualified nonprofit health insurance issuers.  19 Section 501(c)(29) qualified nonprofit health insurance issuers.      |          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                 | }        | ) '           |             |
| C If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Boes 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 chantable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b Id the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization receive all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To X  If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Gross income from members or shareholders  If a gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(29) organizations. Enter Intellectual proper    | 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a       |               | X           |
| 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?  **Notice**  **Notice**  **Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  **Organizations that may receive deductible contributions under section 170(c).  **a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  **Ta**  **A Tb**  **D Id the organization notify the donor of the value of the goods or services provided?  **D Id the organization entity the donor of the value of the goods or services provided?  **D Id the organization entity the donor of the value of the goods or services provided?  **D Id the organization entity the donor of the value of the goods or services provided?  **D Id the organization entity the donor of the value of the goods or services provided?  **D Id the organization of the value, or the year pay premiums on a personal benefit contract?  **Ta**  **Ind Id the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?  **Ind If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  **If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  **If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  **D Id the sponsoring organization make any taxable distributions under section 4966?  **S Sponsoring organization maintaining donor advised funds.*  **D Id the sponsoring organization make any taxable distributions under section 4966?  **D Id the sponsoring organization make any taxable distributions under section 4966?  **S Section 501(c)(7) organization    | b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b       |               | X           |
| any contributions that were not tax deductible as chantable contributions?    If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organizations that may receive deductible contributions under section 170(c).   a bid 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   | С        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |               |             |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a 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   | 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit        |          |               | ĺ           |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization set hat may receive deductible contributions under section 170(c).  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization form 8282?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization receive and contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 If the organization received a contribution of cars, boats, anipanes, or other vehicles, did the organization file Form 1098-C?  15 Sponsoring organizations maintaining donor advised funds.  16 Sponsoring organizations maintaining donor advised funds.  17 Did the opponization received a contribution of cars, boats, anipanes, or other vehicles, did the organization file Form 1098-C?  18 Sponsoring organizations maintaining donor advised funds.  19 Sponsoring organization have excess business holdings at any time during the year?  19 Sponsoring organization make any taxable distributions under section 4966?  20 Did the sponsoring organization make a distribution to a donor, donor advised funds.  21 Did the sponsoring organization make a distribution to a donor, donor advised funds.  22 Did the sponsoring organizations. Enter  23 Initiation fees and capital contributions included on Part VIII, line 12  24 Did the sponsoring organizations. Enter  25 Initiation fees and capital contributions included on Part VIII, line 12  26 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  26 Gross income from other sources (Do not net amounts due or paid to other sources ag      |          | any contributions that were not tax deductible as charitable contributions?  | 6a       |               | X           |
| 7 Organizations that may receive deductible contributions under section 170(c). a 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? The bif "Yes," did the organization netify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? The provided 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? The provided the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? The file organization received a contribution of cars, boats, airplaines, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Did (Social SO1(c)(7) organizations. Enter Gross income from members or shareholders Fores included on Form 990, Part VIII, line 12, for public use of club facilities Did (Social SO1(c)(12) organizations. Enter Cores income from other sources (Do not net amounts due or received against amounts due or received from them)  Section SO1(c)(12) organizations. Enter Cores income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section SO1(c)(12) organization income the organization income th     | b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts               |          |               | l           |
| a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d 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?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Section 501(c)(17) organizations. Enter  a first section 501(c)(17) organizations included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12; for public use of club facilities  11a   |          | were not tax deductible?   | 6b       |               |             |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of orars, boats, airplaines, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distinctions under section 4966?  b Did the sponsoring organization make any taxable distinctions under section 4966?  b Did the sponsoring organization make any taxable distinctions under section 4966?  b Did the sponsoring organization make any taxable distinctions under section 4966?  b Did the sponsoring organization make any taxable distinctions under section 4966?  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(7) organizations. Enter  a Gross income from embers 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 reserves the organization is required to maintain by the states in which the organization is censed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on      | 7        | Organizations that may receive deductible contributions under section 170(c).  |          |               |             |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c  | а        |  | 7a       |               | X           |
| to file Form 8282?  di 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?  f Did the organization, during the year, pay premiums, directly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organizations. Enter:  Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year  Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  Enter the amount of reserves on hand  Enter the amount of reserves on hand  The Mark of the organization receive any payments for       | b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b       |               | <u> </u>    |
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| Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter  a 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  10 Did  Section 501(c)(7) 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)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of       |          | to file Form 8282?   | 7c       |               | <u> X</u>   |
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|   |          |  | -        | -             |             |
|   | <u>D</u> | ii res, rias it lieu a roini 720 to report triese payments / ii ivo, provide an explanation in Schedule U                          |          | gan           | (2014)      |

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   |          |     |    |  |  |  |  |  |
|-----|---|----------|-----|----|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |          |     |    |  |  |  |  |  |
|     |   |          | Yes | No |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 13  |          |     |    |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |          |     |    |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |          |     |    |  |  |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 13  |          |     |    |  |  |  |  |  |
| 2   | 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  |  |  |  |  |  |
| 3   | 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?                                      | 3        |     | X  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4        |     | X  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5        |     | X  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?  | 6        |     | X  |  |  |  |  |  |
| 7a  |   |          | -   | Λ. |  |  |  |  |  |
| , 4 | more members of the governing body?   | 7-       | l   | X  |  |  |  |  |  |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  | 7a       | -   |    |  |  |  |  |  |
|     | persons other than the governing body?  | 76       |     | х  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 7b       |     |    |  |  |  |  |  |
|     | The governing body?   | 0-       | ~   |    |  |  |  |  |  |
|     | Each committee with authority to act on behalf of the governing body?   | 8a       | X   |    |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                | 8b       | ^   |    |  |  |  |  |  |
| 9   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9        |     | Х  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    | <u> </u> |     |    |  |  |  |  |  |
|     | The second of Brigadeta mornation about pended not required by the internal nevertice dode.   |          | Yes | No |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a      | 163 | X  |  |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          | 100      |     |    |  |  |  |  |  |
| _   | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b      |     |    |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a      | х   |    |  |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |          |     |    |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | x   |    |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b      | Х   |    |  |  |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |          |     |    |  |  |  |  |  |
|     | ın Schedule O how this was done   | 12c      | x   |    |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13       | Х   |    |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14       | Х   |    |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  | ŀ        |     |    |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |          |     |    |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a      |     | X  |  |  |  |  |  |
| þ   | Other officers or key employees of the organization   | 15b      |     | X  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  | _[       |     |    |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |          |     |    |  |  |  |  |  |
|     | taxable entity during the year?   | 16a      | _   | X  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |          |     |    |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |          | Ì   |    |  |  |  |  |  |
|     | exempt status with respect to such arrangements?  | 16b      |     |    |  |  |  |  |  |
| Sec | tion C. Disclosure  |          |     |    |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► NONE   |          |     |    |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a    | vaılabl  | е   |    |  |  |  |  |  |
|     | 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)  |          |     |    |  |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | financ   | al  |    |  |  |  |  |  |
|     | statements available to the public during the tax year.   |          |     |    |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:                     |          | _   |    |  |  |  |  |  |
|     | SHEILA CATRON CHOATE - 940-322-3141   |          |     |    |  |  |  |  |  |
|     | 1101 30TH STREET, WICHITA FALLS, TX 76302   |          |     |    |  |  |  |  |  |

| _    |     |        |  |
|------|-----|--------|--|
| -orm | aan | (2014) |  |
|      |     |        |  |

#### CHILDREN'S AID SOCIETY FOUNDATION

75-2941595

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 VI |
|---|
|---|

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

  List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organiz  (A)  Name and Title | (B)<br>Average<br>hours per                                | (C) Positio (do not check mor |  | (C) Position (do not check more than one box, unless person is both an officer and a director/frustee) |              |  | one<br>h an                                      | (D) Reportable compensation                    | (E) Reportable compensation                      | (F)<br>Estimated<br>amount of                                      |
|--|--|-------------------------------|--|--|--------------|--|--|--|--|--|
|  | week (list any hours for related organizations below line) | stee or director              | Institutional trustee                            | Officer P  | Key employee | Highest compensated employee                     | Ĺ  | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) JIMMY OAKLEY   | 1.00   |                               |  |  |              |  |  | _  | _  | _  |
| PRESIDENT  |  | X                             |  |  |              | <u> </u>   | <u> </u>   | 0.   | 0.   | 0.   |
| (2) CAROL BEDINGFIELD                                      | 1.00   |                               |  |  |              |  | Ì  |  | _  | _  |
| VICE PRESIDENT   |  | Х                             |  |  |              | <u> </u>   | _  | 0.   | 0.   | 0.   |
| (3) SHARON MANLEY  | 1.00   | 1                             |  |  |              |  |  |  |  | _  |
| TREASURER  |  | Х                             |  |  |              |  |  | 0.   | 0.   | 0.   |
| (4) JULIA WARD   | 1.00   | l                             |  |  |              |  |  |  |  | _  |
| SECRETARY  |  | X                             |  |  |              | <u> </u>   | <u> </u>   | 0.   | 0.   | 0.   |
| (5) ROSEY MOSER  | 1.00   | l                             |  |  |              |  |  |  |  |  |
| BOARD MEMBER   |  | Х                             |  |  |              | <u> </u>   |  | 0.   | 0.   | 0.   |
| (6) BEVERLY SINGLETON                                      | 1.00   | ļ                             |  |  |              |  |  |  |  |  |
| BOARD MEMBER   | 1 00   | X                             |  |  |              | <u> </u>   | _  | 0.   | 0.   | 0.   |
| (7) LAURA SPRAGINS   | 1.00   | <b> </b>                      |  |  |              |  | İ  |  |  |  |
| BOARD MEMBER   | 1 00   | X                             | ļ  | <u> </u>   |              | <u> </u>   |  | 0.   | 0.   | 0.   |
| (8) JUDY MCLEMORE  | 1.00   |                               |  |  |              |  |  |  | _  | •  |
| BOARD MEMBER   | 1 00   | X                             | <u> </u>   |  |              | <u> </u>   | -  | 0.   | 0.   | 0.   |
| (9) SHEILA CATRON CHOATE                                   | 1.00   | ٠,                            |  |  |              |  |  |  | F7 047   | 0  |
| BOARD MEMBER   | 1 00   | X                             | -  |  |              | $\vdash$   |  | 0.   | 57,947.  | 0.   |
| (10) STEVE STOUT   | 1.00   | ·                             |  |  |              |  |  |  | 0  | 0  |
| BOARD MEMBER   | 1 00   | X                             |  |  |              | ⊢  |  | 0.   | 0.   | 0.   |
| (11) MICHAEL AGYEPONG                                      | 1.00   | X                             |  |  |              |  | ŀ  | 0.   | 0.   | 0.   |
| BOARD MEMBER   | 1.00   | Λ                             |  |  | -            |  | <del> </del>                                     | <u> </u>                                       | U •  | U •  |
| (12) JAMIE DAVIS   | 1.00   | X                             |  |  |              |  |  | 0.   | 0.   | 0.   |
| BOARD MEMBER   | 1.00   |                               |  |  |              | <del> </del>                                     | ┢  | 0.   | <u></u>  | <u></u>  |
| (13) DON KNOX  | 1.00   | x                             |  |  |              |  |  | 0.   | 0.   | 0.   |
| BOARD MEMBER (14) TONI HALADAY                             | 1.00   | ^                             | <del>                                     </del> |  |              | 1  | <del>                                     </del> |  | 0.   | <del></del>  |
| BOARD MEMBER   | 1.00   | x                             |  |  |              |  |  | 0.   | 0.   | 0.   |
| BOARD MEMBER   |  |                               |  |  |              |  |  | 1  | <u>.                                    </u>     |  |
|  |  |                               |  |  | _            | <del>                                     </del> | -  |  |  |  |
|  |  | ļ                             |  |  |              |  | $\vdash$   |  |  |  |
|  |  | ┨                             |  |  |              |  |  |  |  |  |
|  |  | 1                             |  | <u> </u>   |              |  |  | <u> </u>                                       | <u> </u>   | - 000  |

| rai      | Section A. Officers, Directors, Trus   | tees, Key Em          | ploy                           | ees                   | , and    | <u>d Hi</u>  | ghe  | st C         | ompensated Employe                    | es (continued)            |               |                      |              |
|----------|--|-----------------------|--------------------------------|-----------------------|----------|--------------|--|--------------|---------------------------------------|---------------------------|---------------|----------------------|--------------|
|          | (A)  | (B)                   |                                |                       |          | C)           | _  |              | (D)                                   | (E)                       |               | (F)                  |              |
|          | Name and title   | Average hours per     |                                | not c                 |          | more         | than   |              | Reportable                            | Reportable                | - 1           | timate               | -            |
|          |  | week                  |                                |                       |          |              | is bot<br>or/trus                                |              | compensation                          | compensation from related | - 1           | nount (<br>other     | )t           |
|          |  | (list any             | cto                            |                       |          |              |  |              | the                                   | organizations             | - 1           | pensa                | tion         |
|          |  | hours for             | a a a                          |                       |          |              | E E  |              | organization                          | (W-2/1099-MISC)           | fr            | om the               | 9            |
|          |  | related organizations | ustee (                        | truste                |          | به           | bensa  |              | (W-2/1099-MISC)                       |                           | 1 -           | anızatı              |              |
|          |  | below                 | lad<br>E                       | Institutional trustee |          | ploye        | st com   | _            |                                       |                           | - 1           | d relati<br>anızatıd |              |
|          |  | line)                 | Individual trustee or director | Tage 1                | Officer  | Key employee | Highest compensated employee                     | Former       |                                       |                           | l             | ai iizqiii           | <i>J</i> 113 |
|          |  |                       |                                |                       |          | _            | <del>                                     </del> |              | -                                     | _                         | <u> </u>      |                      | -            |
|          |  |                       | ]                              |                       |          |              |  |              |                                       |                           | j             |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  |                       |                                |                       | ļ        |              |  |              |                                       |                           |               |                      |              |
|          |  |                       | <u> </u>                       | Ļ                     | <u> </u> | ļ            | <u> </u>   | <u> </u>     |                                       |                           | <del>_</del>  |                      |              |
|          |  |                       | -                              |                       |          |              |  |              |                                       |                           | }             |                      |              |
|          |  |                       | _                              |                       |          | <u> </u>     | -  | _            |                                       |                           |               |                      |              |
|          |  |                       | -                              |                       |          |              |  |              |                                       |                           | ļ             |                      |              |
|          |  | -                     | ├-                             |                       |          | ┢            | -  | -            | <del>-</del>                          |                           |               |                      |              |
|          |  |                       | 1                              |                       | l        |              |  | ŀ            |                                       |                           | -             |                      |              |
|          |  | +                     |                                | +                     |          | $\vdash$     | $\vdash$   | ├            | <del>-</del>                          |                           |               | _                    |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  |                       |                                | t                     |          | $\vdash$     |  | $\vdash$     | <del></del>                           |                           | +             |                      |              |
|          |  |                       |                                |                       |          | Ì            | -  |              |                                       |                           | -             |                      |              |
|          |  |                       |                                |                       |          |              | -  |              |                                       |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  | L            |                                       |                           |               |                      |              |
| 1b       | Sub-total  |                       |                                |                       |          |              |  | <b>•</b>     | 0.                                    | 57,947                    |               |                      | 0.           |
| C        | Total from continuation sheets to Part V   | II, Section A         |                                |                       |          |              |  |              | 0.                                    | 0                         |               |                      | 0.           |
| <u>d</u> | Total (add lines 1b and 1c)  |                       |                                |                       |          |              |  | <u> </u>     | 0.                                    | 57,947                    | •             |                      | 0.           |
| 2        | Total number of individuals (including but i   | not limited to th     | nose                           | liste                 | ed a     | bov          | e) wl  | no re        | eceived more than \$100               | 0,000 of reportable       |               |                      |              |
|          | compensation from the organization   |                       | _                              |                       |          |              |  |              | <del></del>                           | <del></del>               |               | Yes                  | <u> </u>     |
| _        | Did the annual let and for a series  |                       |                                | _ 1                   |          |              |  |              | h.abaat a                             |                           | _             | res                  | No           |
| 3        | Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for |                       |                                | е, ке                 | ey er    | mpic         | oyee   | , or         | nignest compensated e                 | mployee on                |               |                      | v            |
| 4        | For any individual listed on line 1a, is the s   |                       |                                | omo                   | 000      | ation        | 0.00   | 4 0+1        | har companeation from                 | the organization          | 3             |                      | X            |
| 7        | and related organizations greater than \$15  |                       |                                | -                     |          |              |  |              | *                                     | the organization          | 4             |                      | х            |
| 5        | Did any person listed on line 1a receive or  |                       |                                |                       |          |              |  |              |                                       | idual for services        | <u> </u>      |                      |              |
|          | rendered to the organization? If "Yes," con  |                       |                                |                       |          | -            |  |              |                                       |                           | 5             | 1                    | X            |
| Sec      | tion B. Independent Contractors  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
| 1        | Complete this table for your five highest co   | ompensated in         | dep                            | ende                  | ent c    | ont          | racto  | ors t        | that received more than               | \$100,000 of compe        | nsation f     | rom                  |              |
|          | the organization. Report compensation for  | the calendar y        | /ear                           | end                   | ıng v    | vith         | or w   | <u>ıthır</u> | n the organization's tax              | year.                     |               |                      |              |
|          | (A)  |                       |                                |                       |          |              |  |              | (B)                                   |                           | ((            |                      |              |
|          | Name and business  | saddress              | N                              | ON                    | E        |              |  |              | Description of s                      | services                  | Compe         | risatioi             | 1            |
|          |  |                       |                                |                       |          |              |  | 1            |                                       |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           | <del></del> - |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           | •             |                      |              |
|          |  |                       |                                |                       | _        |              |  |              | · · · · · · · · · · · · · · · · · · · |                           |               |                      |              |
|          |  |                       |                                |                       |          |              |  | _            |                                       |                           |               | _                    |              |
|          |  |                       |                                |                       |          |              |  |              |                                       |                           |               |                      |              |
|          |  | ·                     |                                | _                     |          |              |  |              |                                       |                           |               |                      |              |
| 2        | Total number of independent contractors  |                       | not li                         | mite                  | d to     | the          | se li  | stec         | d above) who received r               | nore than                 |               |                      |              |
|          | \$100,000 of compensation from the organ   | ization_              |                                |                       |          |              | U  |              | <del></del>                           |                           |               | 000 /                |              |

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Page 8

Form 990 (2014)
Part VIII S

|  |          | Check if Schedule O cont                            | ains a response                            | or note to any line                              |                      | /P\                                    | - (0)                          |  |
|--|----------|---|--|--|----------------------|--|--------------------------------|--|
|  |          |   |  |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | ( <b>D)</b> Revenue excluded from tax under sections 512 - 514 |
| ats st   | 1 a      | Federated campaigns                                 | 1a   |  |                      |  |                                |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Membership dues                                     | 1b   |  |                      |  |                                |  |
| A, C   | С        | Fundraising events                                  | 1c   |  |                      |  |                                |  |
| 直  | d        | Related organizations                               | 1d   |  |                      |  |                                |  |
| S, E   | е        | Government grants (contribut                        | ions) 1e                                   |  |                      |  |                                |  |
| 호시   | f        | All other contributions, gifts, gran                | ts, and                                    |  |                      |  |                                |  |
| 혈美   |          | similar amounts not included abor                   | ve 1f                                      | 146,766.   |                      |  |                                |  |
| E S  | g        | Noncash contributions included in lines             | 1a-1f \$                                   |  |                      |  |                                |  |
| <u>۲۵ چ</u>  | <u>h</u> | Total. Add lines 1a-1f                              |  | <b>•</b>   | 146 766.             |  |                                |  |
|  |          |   |  | Business Code                                    |                      |  |                                |  |
| <u>8</u>   | 2 a      |   |  |  |                      |  |                                | ļ. <u>.</u>  |
| Program Service<br>Revenue                             | b        |   |  |  |                      |  |                                |  |
| n S  | С        | <u> </u>  |  |  |                      |  | <del></del> .                  |  |
| Re a   | d        |   |  |  |                      |  |                                |  |
| <u>5</u> _   | е        |   | · <u>- · · · · · · · · · · · · · · · ·</u> |  |                      |  |                                |  |
| ۵.   | f        | All other program service reve                      | nue  |  | <del>_</del>         |  |                                |  |
|  |          | Total. Add lines 2a-2f                              |  | <b>•</b>   | <del></del>          |  |                                |  |
| ļ  | 3        | Investment income (including                        | dividends, intere                          | est, and   |                      |  |                                |  |
| ĺ  |          | other similar amounts)                              |  | <b>•</b>   | 134,584.             |  |                                | 134,584.   |
| l  | 4        | Income from investment of tax                       | x-exempt bond p                            | proceeds -                                       |                      |  |                                |  |
| İ  | 5        | Royalties   |  | <b>•</b>   |                      |  |                                |  |
|  |          |   | (i) Real                                   | (II) Personal                                    |                      |  |                                |  |
|  | 6 a      | •   |  |  |                      |  |                                |  |
|  | b        |   |  |  |                      |  |                                |  |
|  | С        | Rental income or (loss)                             |  |  |                      | }                                      |                                |  |
|  | d        | • • •   | <del></del>                                | <u> </u>   |                      |  |                                |  |
|  | 7 a      | Gross amount from sales of                          | (i) Securities                             | (II) Other                                       |                      |  |                                |  |
|  |          | assets other than inventory                         | 1,521,734.                                 |  |                      |  |                                |  |
|  | b        | Less: cost or other basis                           |  |  |                      |  |                                |  |
|  |          | and sales expenses                                  | 1,234,865.                                 |  |                      |  |                                |  |
|  |          | Gain or (loss)                                      | 286,869.                                   |  |                      |  |                                |  |
|  |          | Net gain or (loss)                                  |  |  | 286,869,             |  |                                | 286,869.   |
| e l  | 8 a      | Gross income from fundraising                       | - <u>-</u>                                 |  |                      |  |                                |  |
| l en   |          | including \$  | <del></del>                                |  |                      |  |                                |  |
| Other Revenue  |          | contributions reported on line                      | 1c). See                                   |  |                      |  |                                |  |
| her  |          | Part IV, line 18                                    | a .  |  |                      |  |                                |  |
| ਰ  |          | Less direct expenses                                | b  | L  |                      |  |                                |  |
|  |          | Net income or (loss) from fund                      | -  |  |                      |  | <del></del>                    | <del> </del>   |
|  | 9 a      | Gross income from gaming ac                         |  |  |                      |  |                                |  |
|  | <b>.</b> | Part IV, line 19                                    | а  |  |                      | l l                                    |                                |  |
|  |          | Less direct expenses                                | b<br>                                      |  |                      |  |                                |  |
|  |          | Net income or (loss) from gam                       | -  |  |                      | -                                      |                                | <del> </del>   |
| l  | 10 a     | Gross sales of inventory, less and allowances       |  |  |                      |  |                                |  |
|  | <b>.</b> |   | . a  |  |                      |  |                                |  |
| ŀ  |          | Less: cost of goods sold                            | b<br>o of inventory                        |  |                      |  |                                |  |
| ŀ  |          | Net income or (loss) from sale Miscellaneous Revenu |  | Business Code                                    |                      |  |                                | <del> </del>   |
| ŀ  | 11 a     | <u> </u>  |  | Business Code                                    |                      |  |                                |  |
| İ  |          |   |  | <del>                                     </del> |                      |  |                                |  |
|  | b        |   |  |  | <u> </u>             |  |                                | -  |
|  | 6        | All other revenue                                   |  | 1  |                      | <u>-</u>                               | <del></del>                    | <del> </del>   |
|  | a        | Total. Add lines 11a-11d                            |  |  | <del></del>          |  |                                |  |
|  | 12       | Total revenue. See instructions.                    |  |  | E60 010              | 0.                                     |                                | 401 155  |
| 43200<br>11-07-  | 9        | . Star revenue. Oce mon denons.                     |  | <b>P.</b> 1                                      | 568,219.             | <u> </u>                               | 0                              | Form <b>990</b> (2014)   |

|          | Check if Schedule O contains a respon  |                       |                                    |                                     |  |
|----------|--|-----------------------|------------------------------------|-------------------------------------|--|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                       |                                    |                                     | · · · · · · · · · · · · · · · · · · ·  |
|          | and domestic governments. See Part IV, line 21   |                       |                                    |                                     |  |
| 2        | Grants and other assistance to domestic  |                       |                                    |                                     |  |
|          | ındıvıduals. See Part IV, line 22  |                       |                                    |                                     |  |
| 3        | Grants and other assistance to foreign   |                       |                                    |                                     |  |
|          | organizations, foreign governments, and foreign  |                       |                                    |                                     |  |
|          | individuals. See Part IV, lines 15 and 16  |                       |                                    |                                     | ·                                      |
| 4        | Benefits paid to or for members  |                       |                                    |                                     |  |
| 5        | Compensation of current officers, directors,   |                       |                                    |                                     |  |
| _        | trustees, and key employees  |                       |                                    |                                     | <del>_</del>                           |
| 6        | Compensation not included above, to disqualified   |                       |                                    |                                     |  |
|          | persons (as defined under section 4958(f)(1)) and  |                       |                                    |                                     |  |
| 7        | persons described in section 4958(c)(3)(B) Other salaries and wages  |                       |                                    |                                     | <del></del>                            |
| 8        | Pension plan accruals and contributions (include   |                       |                                    |                                     |  |
| Ü        | 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   | 25,340.               |                                    | 25,340.                             |  |
| g        |  |                       |                                    |                                     |  |
|          | column (A) amount, list line 11g expenses on Sch O.)   |                       |                                    |                                     |  |
| 12       | Advertising and promotion  |                       |                                    |                                     |  |
| 13       | Office expenses  |                       |                                    |                                     |  |
| 14       | Information technology   |                       |                                    |                                     |  |
| 15       | Royalties  |                       |                                    |                                     |  |
| 16<br>17 | Occupancy  |                       |                                    |                                     |  |
| 17<br>18 | Travel Payments of travel or entertainment expenses  |                       | .=                                 |                                     |  |
| 10       | 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       | Insurance  |                       |                                    |                                     |  |
| 24       | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                       |                                    |                                     |  |
| а        |  |                       |                                    |                                     |  |
| b        |  | ,                     |                                    |                                     |  |
| С        |  |                       | ····                               |                                     |  |
| d        |  |                       |                                    |                                     |  |
|          | All other expenses   | 26 000                |                                    | 26 222                              |  |
| 25       | Total functional expenses. Add lines 1 through 24e   | 26,090.               | 0.                                 | 26,090.                             | 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   |                       |                                    |                                     |  |
|          |  |                       |                                    |                                     |  |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1 140,338 366,948. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Ω 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c 5,970,858 5,598,831. 11 Investments - publicly traded securities 11 12 Investments - other securties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 33,232. 18,557. 15 Other assets See Part IV, line 11 15 6,129,753. 5,999,011 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,129,753. 27 5,999,011. Unrestricted net assets 27 Temporanly restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds

> 5,999,011 Form 990 (2014)

> <u>5,999,</u>011.

32

33

34

6,129,753

6,129,753

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

| OHIL | 990 (2014) CHILDREN'S AID SOCIETY FOUNDATION   | 75-294   | 1595        | Page <b>12</b> |
|------|--|----------|-------------|----------------|
| Par  | t 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        | <u> 568</u> | ,219.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 26          | ,090.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | 542         | ,129.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                            | 4        | 5,129       | ,753.          |
| 5    | Net unrealized gains (losses) on investments   | 5        | <672        | ,871.          |
| 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       | 5,999       | ,011.          |
| Par  | t XII Financial Statements and Reporting   |          |             |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |          |             |                |
|      |  |          |             | res No         |
| 1    | Accounting method used to prepare the Form 990:  |          |             |                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (     | )        |             |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |          | 2a          | X              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a     |             |                |
|      | separate basis, consolidated basis, or both.   |          |             |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |             |                |
| b    | Were the organization's financial statements audited by an independent accountant?                                   |          | 2b          | X              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,   | +           |                |
|      | consolidated basis, or both.   |          |             |                |
|      | Separate basis X Consolidated basis Both consolidated and separate basis   |          | 1           |                |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | 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 Scher  | dule O.  |             |                |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing |          |             | 1              |
|      | 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 require | ed audit |             |                |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                             |          | 3b          |                |
|      |  |          | Form 9      | 90 (2014)      |

11-07-14

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

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

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

| Pa  | rt I    | Reason for Public  | Charity Status          | All organizations must e                        |              | 10 nort \ C         |                                 | <u> </u>               |  |  |  |
|-----|---------|--|-------------------------|---|--------------|---------------------|---------------------------------|------------------------|--|--|--|
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     | organi  | zation is not a private found  |                         |   |              |                     |                                 |                        |  |  |  |
| 1   | H       | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |                         |   |              |                     |                                 |                        |  |  |  |
| 2   | 片       | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)                               |                         |   |              |                     |                                 |                        |  |  |  |
| 3   | 닏       | A hospital or a cooperative  |                         |   |              |                     |                                 |                        |  |  |  |
| 4   |         | A medical research organiz   | zation operated in co   | njunction with a hospita                        | l describe   | d in sectio         | n 170(b)(1)(A)(iii). Enter      | the hospital's name,   |  |  |  |
|     |         | city, and state  |                         |   |              |                     |                                 |                        |  |  |  |
| 5   |         | An organization operated f   |                         | ollege or university owne                       | d or opera   | ted by a g          | overnmental unit describ        | ed in                  |  |  |  |
|     |         | section 170(b)(1)(A)(iv). (  |                         |   |              |                     |                                 |                        |  |  |  |
| 6   |         | A federal, state, or local go  | vernment or governr     | mental unit described in                        | section 1    | 70(b)(1)(A)         | (v).                            |                        |  |  |  |
| 7   | لـــا   | An organization that norma   | ally receives a substa  | intial part of its support                      | from a gov   | ernmental           | unit or from the general        | public described in    |  |  |  |
|     |         | section 170(b)(1)(A)(vi). (C   | Complete Part II)       |   |              |                     |                                 |                        |  |  |  |
| 8   |         | A community trust describ  | ed in section 170(b)    | (1)(A)(vi). (Complete Par                       | t II.)       |                     |                                 |                        |  |  |  |
| 9   |         | An organization that norma   | ally receives. (1) more | than 33 1/3% of its su                          | port from    | contribution        | ons, membership fees, a         | nd gross receipts from |  |  |  |
|     |         | activities related to its exer   | mpt functions - subje   | ct to certain exceptions                        | , and (2) no | more tha            | n 33 1/3% of its support        | from gross investment  |  |  |  |
|     |         | income and unrelated business  | iness taxable income    | (less section 511 tax) fr                       | om busine    | sses acqu           | ired by the organization        | after June 30, 1975    |  |  |  |
|     |         | See section 509(a)(2). (Co   | omplete Part III )      |   |              |                     |                                 |                        |  |  |  |
| 10  | <u></u> | An organization organized  | and operated exclus     | ively to test for public sa                     | afety See    | section 50          | 9(a)(4).                        |                        |  |  |  |
| 11  | X       | An organization organized  | and operated exclus     | ively for the benefit of, t                     | o perform    | the functio         | ns of, or to carry out the      | purposes of one or     |  |  |  |
|     |         | more publicly supported o  | rganizations describe   | ed in <b>section 509(a)(1)</b> o                | r section    | 509(a)(2).          | See <b>section 509(a)(3).</b> C | heck the box in        |  |  |  |
|     |         | lines 11a through 11d that   | describes the type of   | of supporting organization                      | n and con    | nplete lines        | s 11e, 11f, and 11g.            |                        |  |  |  |
| а   | X       | Type I. A supporting org   | anization operated, s   | supervised, or controlled                       | by its sup   | ported org          | janization(s), typically by     | giving                 |  |  |  |
|     |         | the supported organizati   | ion(s) the power to re  | gularly appoint or elect                        | a majority   | of the dire         | ctors or trustees of the s      | upporting              |  |  |  |
|     |         | organization You must  | complete Part IV, Se    | ections A and B.                                |              |                     |                                 |                        |  |  |  |
| b   |         | Type II. A supporting org  | ganization supervised   | d or controlled in connec                       | tion with it | ts supporte         | ed organization(s), by ha       | ving                   |  |  |  |
|     |         | control or management of   | of the supporting org   | anization vested in the s                       | same perso   | ons that co         | ontrol or manage the sup        | ported                 |  |  |  |
|     |         | organization(s). You mus   | st complete Part IV,    | Sections A and C.                               |              |                     |                                 |                        |  |  |  |
| С   |         | Type III functionally into   |                         |   | in connec    | tion with, a        | and functionally integrate      | ed with,               |  |  |  |
|     |         | its supported organization   |                         |   |              |                     |                                 |                        |  |  |  |
| d   |         | Type III non-functionall   | ly integrated. A supp   | orting organization ope                         | rated in co  | nnection v          | with its supported organiz      | zation(s)              |  |  |  |
|     |         | that is not functionally in  |                         |   |              |                     | -                               |                        |  |  |  |
|     |         | requirement (see instruc   |                         |   |              |                     |                                 |                        |  |  |  |
| е   | X       | Check this box if the org  | anization received a    | written determination fro                       | om the IRS   | that it is a        | Type I, Type II, Type III       |                        |  |  |  |
|     |         | functionally integrated, o   |                         |   |              |                     |                                 |                        |  |  |  |
| f   | Ente    | r the number of supported  | organizations           |   |              |                     |                                 | 1                      |  |  |  |
| g   | Prov    | ide the following informatio   | n about the supporte    | ed organization(s)                              |              |                     |                                 | <u> </u>               |  |  |  |
|     | (1      | Name of supported  | (ii) EIN                | (iii) Type of organization                      |              |                     | (v) Amount of monetary          | (vi) Amount of         |  |  |  |
|     |         | organization   |                         | (described on lines 1-9<br>above or IRC section | governing    | n your<br>document? | support (see                    | other support (see     |  |  |  |
|     |         |  | 1                       | (see instructions))                             | Yes          | No                  | Instructions)                   | Instructions)          |  |  |  |
| H   | [LD]    | REN'S AID  |                         |   |              |                     |                                 | <del></del>            |  |  |  |
| 300 | CIE     | TY OF WEST TEX   | 75-0851203              | 11A   | X            |                     | 0.                              | 0.                     |  |  |  |
|     |         | · <u></u>  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         | <del></del>  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 | -                      |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
|     |         |  |                         |   |              |                     |                                 |                        |  |  |  |
| ota |         |  |                         |   |              | ]                   | 0.1                             | 0 .                    |  |  |  |

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

Schedule A (Form 990 or 990-EZ) 2014

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

**b 10%** -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

and stop here. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Section A. Public Support  |                      |                       |                       |                    |                      |               |
|--|----------------------|-----------------------|-----------------------|--------------------|----------------------|---------------|
| Calendar year (or fiscal year beginning in)  | (a) 2010             | <b>(b)</b> 2011       | (c) 2012              | (d) 2013           | (e) 2014             | (f) Total     |
| 1 Gifts, grants, contributions, and  |                      |                       |                       |                    |                      |               |
| membership fees received (Do not   |                      |                       |                       |                    |                      |               |
| ınclude any "unusual grants.")   |                      |                       |                       |                    | +                    |               |
| 2 Gross receipts from admissions,  |                      |                       |                       |                    |                      |               |
| merchandise sold or services per-  |                      |                       |                       |                    |                      |               |
| formed, or facilities furnished in<br>any activity that is related to the            |                      |                       | i                     |                    |                      |               |
| organization's tax-exempt purpose  |                      |                       |                       |                    |                      |               |
| 3 Gross receipts from activities that  |                      |                       |                       |                    |                      |               |
| are not an unrelated trade or bus-   |                      |                       |                       | 1                  |                      |               |
| 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>b</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) 2010             | <b>(b)</b> 2011       | (c) 2012              | (d) 2013           | (e) 2014             | (f) Total     |
| 9 Amounts from line 6  |                      |                       |                       |                    |                      |               |
| 10a Gross income from interest,  |                      |                       |                       |                    |                      |               |
| dividends, payments received on<br>securities loans, rents, royalties                |                      |                       |                       |                    |                      |               |
| and income from similar sources  |                      |                       |                       |                    |                      |               |
| <b>b</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                 |                      |                       | İ                     |                    |                      |               |
| assets (Explain in Part VI.)   |                      |                       |                       |                    |                      |               |
| 13 Total support. (Add lines 9, 10c, 11, and 12)                                     |                      |                       |                       |                    |                      |               |
| 14 First five years. If the Form 990 is for  | r the organization's | s first, second, thii | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | ation,        |
| check this box and stop here   |                      |                       |                       |                    |                      | ▶□            |
| Section C. Computation of Publ   |                      |                       |                       | <u>_</u>           | · · · ·              |               |
| 15 Public support percentage for 2014 (I   |                      | • •                   | column (f))           |                    | 15                   |               |
| 16 Public support percentage from 2013   |                      |                       |                       |                    | 16                   | %             |
| Section D. Computation of Inves  |                      |                       |                       |                    | <del></del>          |               |
| 17 Investment income percentage for 20   | •                    | •                     | ne 13, column (f))    |                    | 17                   | %             |
| 18 Investment income percentage from   |                      |                       |                       | •                  | 18                   | %             |
| 19a 33 1/3% support tests - 2014. If the   |                      |                       |                       |                    |                      | 7 is not      |
| more than 33 1/3%, check this box a  |                      |                       |                       |                    | -                    |               |
| b 33 1/3% support tests - 2013. If the   |                      |                       |                       |                    |                      | and           |
| line 18 is not more than 33 1/3%, che  |                      |                       |                       |                    |                      | ▶□            |
| 20 Private foundation. If the organization   | n did not check a    | box on line 14, 19    | a, or 19b, check t    | his box and see in | structions           | ightharpoonup |

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | ~        | Yes   | No         |
|-----|----------|-------|------------|
|     |          |       |            |
|     | 1        | Х     |            |
|     |          |       |            |
|     | 2        |       | X          |
|     | 3a       |       | <u>x</u>   |
|     |          |       |            |
|     | 3b       |       |            |
|     | 3c       |       |            |
|     | 4a       |       | X          |
|     |          |       |            |
|     | 4b       |       |            |
|     |          |       |            |
|     |          |       |            |
|     | 4c       |       |            |
|     |          |       |            |
|     |          |       |            |
|     | 5a       |       | <u> </u>   |
|     | 5b       |       |            |
|     | 5c       |       |            |
|     |          |       |            |
|     |          |       |            |
|     | 6        |       | <u> </u>   |
|     |          |       |            |
|     | 7        |       | <u> </u>   |
|     | 8        |       | X          |
|     |          |       |            |
|     | 9a       |       | X          |
|     | 9b       |       | X          |
|     | 9c       |       | <u>x</u> _ |
|     |          |       |            |
|     | 10a      |       | X          |
|     | 10b      |       |            |
| n 0 | 90 or 99 | 0-E7\ | 2014       |

|       | dule A (Form 990 or 990-EZ) 2014 CHILDREN'S AID SOCIETY                         |              |                            | 75-29 <b>41</b> 595 Page 6     |
|-------|---|--------------|----------------------------|--------------------------------|
| Pai   | Type in the Landid and the grates a design (e) cupper in                        |              |                            |                                |
| 1     | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on  | Nov 20, 1970 See instr     | uctions. All                   |
|       | other Type III non-functionally integrated supporting organizations must co     | omplete S    | ections A through E.       |                                |
| Secti | on A - Adjusted Net Income  |              | (A) Prior Year             | (B) Current Year               |
|       |   |              | , y 1 1101 1 0u1           | (optional)                     |
| _1_   | Net short-term capital gain   | 1            | <del></del>                | <u> </u>                       |
| _2_   | Recoveries of prior-year distributions  | 2            |                            | <del>-</del>                   |
| 3     | Other gross income (see instructions)   | 3            |                            |                                |
| _4_   | Add lines 1 through 3   | 4            |                            |                                |
| _5_   | Depreciation and depletion  | 5            |                            |                                |
| 6     | Portion of operating expenses paid or incurred for production or                |              |                            |                                |
|       | collection of gross income or for management, conservation, or                  |              |                            |                                |
|       | maintenance of property held for production of income (see instructions)        | 6            |                            |                                |
| _7_   | Other expenses (see instructions)   | 7            |                            |                                |
| 8_    | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                     | 8            |                            |                                |
| Sect  | on B - Minimum Asset Amount   |              | (A) Pnor Year              | (B) Current Year<br>(optional) |
| 1     | Aggregate fair market value of all non-exempt-use assets (see                   |              |                            | 1.1.                           |
|       | instructions for short tax year or assets held for part of year):               |              |                            |                                |
| а     | Average monthly value of securities   | 1a           |                            |                                |
| b     | Average monthly cash balances   | 1b           |                            |                                |
| c     | Fair market value of other non-exempt-use assets                                | 1c           |                            |                                |
| d     | Total (add lines 1a, 1b, and 1c)  | 1d           |                            |                                |
| е     | Discount claimed for blockage or other  |              |                            |                                |
|       | factors (explain in detail in Part VI)  |              |                            |                                |
| 2     | Acquisition indebtedness applicable to non-exempt-use assets                    | 2            |                            |                                |
| 3     | Subtract line 2 from line 1d  | 3            |                            |                                |
| 4     | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |              |                            |                                |
|       | see instructions).  | _ 4          |                            |                                |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5            |                            |                                |
| 6     | Multiply line 5 by 035  | 6            |                            |                                |
| 7     | Recoveries of prior-year distributions  | 7            |                            |                                |
| 8     | Minimum Asset Amount (add line 7 to line 6)                                     | 8            |                            | <u> </u>                       |
| Secti | on C - Distributable Amount   |              |                            | Current Year                   |
| _1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1            |                            |                                |
| 2     | Enter 85% of line 1   | 2            |                            |                                |
| 3     | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3            |                            |                                |
| 4     | Enter greater of line 2 or line 3   | 4            |                            |                                |
| 5     | Income tax imposed in prior year  | 5            |                            |                                |
| 6     | Distributable Amount. Subtract line 5 from line 4, unless subject to            |              |                            | "                              |
|       | emergency temporary reduction (see instructions)                                | _ 6          |                            |                                |
| 7     | Check here if the current year is the organization's first as a non-functiona   | ily-integrat | ed Type III supporting org | anization (see                 |

Schedule A (Form 990 or 990-EZ) 2014

instructions)

| <u>Par</u> | t V Type III Non-Functionally Integrated 509                                    |                               |  | 5-2941595 Page 7                    |
|------------|---|-------------------------------|--|-------------------------------------|
|            |   | (a)(o) Supporting Orga        | inizations (continued)                 | Course Noor                         |
|            | on D - Distributions  Amounts paid to supported organizations to accomplish exe | Current Year                  |  |                                     |
| 1          | Amounts paid to supported organizations to accomplish exemp                     |                               |  |                                     |
| ~          | organizations, in excess of income from activity                                | or purposes or supported      |  |                                     |
| 3          | Administrative expenses paid to accomplish exempt purpose                       | es of supported organization  |  |                                     |
| 4          | Amounts paid to acquire exempt-use assets                                       | oo or oupported organization  |  |                                     |
| 5          | Qualified set-aside amounts (prior IRS approval required)                       | <u> </u>                      |  |                                     |
| 6          | Other distributions (describe in Part VI) See instructions                      |                               | ·                                      |                                     |
| 7          | Total annual distributions. Add lines 1 through 6                               |                               | · · · · · · · · · · · · · · · · · · ·  |                                     |
| 8          | Distributions to attentive supported organizations to which the                 | ne organization is responsive | <u> </u>                               |                                     |
|            | (provide details in Part VI) See instructions.                                  |                               |  |                                     |
| 9          | Distributable amount for 2014 from Section C, line 6                            |                               |  |                                     |
| 10         | Line 8 amount divided by Line 9 amount  |                               | <del></del>                            |                                     |
| Secti      | on E - Distribution Allocations (see instructions)                              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2014 | (iii) Distributable Amount for 2014 |
| 1_         | Distributable amount for 2014 from Section C, line 6                            |                               |  |                                     |
| 2          | Underdistributions, if any, for years prior to 2014                             |                               |  |                                     |
|            | (reasonable cause required-see instructions)                                    |                               |  |                                     |
| 3          | Excess distributions carryover, if any, to 2014.                                |                               |  |                                     |
| а          |   |                               |  |                                     |
| b          |   |                               |  |                                     |
| С          |   |                               |  |                                     |
| d          |   |                               |  |                                     |
| е          | From 2013   |                               |  |                                     |
| f          | Total of lines 3a through e   |                               |  |                                     |
| g          | Applied to underdistributions of prior years                                    |                               | ·<br>                                  |                                     |
| <u>h</u>   | Applied to 2014 distributable amount  |                               | ·                                      |                                     |
| i_         | Carryover from 2009 not applied (see instructions)                              |                               |  |                                     |
| _i_        | Remainder Subtract lines 3g, 3h, and 3i from 3f                                 |                               |  |                                     |
| 4          | Distributions for 2014 from Section D,  |                               |  |                                     |
|            | line 7 \$   | -                             |  |                                     |
|            | Applied to underdistributions of prior years                                    |                               |  |                                     |
|            | Applied to 2014 distributable amount  |                               |  |                                     |
| С          | Remainder Subtract lines 4a and 4b from 4                                       |                               |  |                                     |
| 5          | Remaining underdistributions for years prior to 2014, if                        |                               |  |                                     |
|            | any Subtract lines 3g and 4a from line 2 (if amount                             |                               |  |                                     |
| _          | greater than zero, see instructions)  |                               | · · · · · · · · · · · · · · · · · · ·  |                                     |
| 6          | Remaining underdistributions for 2014 Subtract lines 3h                         |                               |  |                                     |
|            | and 4b from line 1 (if amount greater than zero, see                            |                               |  |                                     |
|            | instructions)   |                               |  |                                     |
| 7          | Excess distributions carryover to 2015. Add lines 3j                            |                               |  |                                     |
|            | and 4c  |                               |  |                                     |
| _8_        | Breakdown of line 7   |                               |  |                                     |
| <u>a</u>   |   | <u> </u>                      |  |                                     |
| <u>b</u>   |   |                               |  |                                     |
| <u></u>    | Excess from 2013  |                               |  |                                     |
|            | Excess from 2014  |                               | <del></del>                            |                                     |
|            |   | L                             |  | <u> </u>                            |

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A | <u>(Form 990 or</u> | 990·EZ) 2014    | CHILDR        | <u>EN'S AII</u> | O SOCIETY          | FOUNDATION                            | 75-2941595 Page 8                         |
|------------|---------------------|-----------------|---------------|-----------------|--------------------|---------------------------------------|---|
| Part VI    | Supplem             | ental Infor     | mation. Pro   | vide the explan | nations required b | y Part II, line 10, Part II           | , line 17a or 17b, and Part III, line 12. |
|            |                     |                 |               |                 | (See instructions) |                                       | , ,                                       |
|            | Also comple         | te tins part to | arry addition | ar intomiation  | (Occ manachons)    |                                       | <del></del>                               |
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## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ► 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** 75-2941595

| Pa | rt I Organizations Maintaining Donor Advise                          | d Funds or Other Similar Funds                | or Accounts. Complete if the                 |
|----|--|---|--|
|    | organization answered "Yes" to Form 990, Part IV, line               | e 6   | ·  |
|    |  | (a) Donor advised funds                       | (b) Funds and other accounts                 |
| 1  | Total number at end of year  |   |  |
| 2  | Aggregate value of contributions to (during year)                    |   |  |
| 3  | Aggregate value of grants from (during year)                         |   |  |
| 4  | Aggregate value at end of year                                       |   |  |
| 5  | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advise  | ed funds                                     |
|    | are the organization's property, subject to the organization's       | <del>-</del>                                  | Yes No                                       |
| 6  | Did the organization inform all grantees, donors, and donor a        | <u> </u>                                      |  |
| _  | for charitable purposes and not for the benefit of the donor of      | <u> </u>                                      | •  |
|    | impermissible private benefit?                                       |   | Yes No                                       |
| Pa |  | ganization answered "Yes" to Form 990, Pa     |  |
| 1  | Purpose(s) of conservation easements held by the organization        |   |  |
|    | Preservation of land for public use (e.g., recreation or e           | education) Preservation of a histo            | rically important land area                  |
|    | Protection of natural habitat  | Preservation of a certif                      |  |
|    | Preservation of open space   |   |  |
| 2  | Complete lines 2a through 2d if the organization held a qualit       | fied conservation contribution in the form o  | of a conservation easement on the last       |
|    | day of the tax year  |   |  |
|    | ,  |   | Held at the End of the Tax Year              |
| а  | Total number of conservation easements                               |   | 2a   |
| b  | Total acreage restricted by conservation easements                   | •   | 2b   |
| С  | Number of conservation easements on a certified historic str         | ucture included in (a)                        | 2c   |
| đ  | Number of conservation easements included in (c) acquired            | ` '   |  |
|    | listed in the National Register                                      | ,   | 2d   |
| 3  | Number of conservation easements modified, transferred, re           | leased, extinguished, or terminated by the    |  |
|    | year >   | , ,   | - J  |
| 4  | Number of states where property subject to conservation ea           | sement is located                             |  |
| 5  | Does the organization have a written policy regarding the per        |   |  |
|    | violations, and enforcement of the conservation easements i          | t holds?                                      | Yes No                                       |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting,         | and enforcing conservation easements du       | ring the year                                |
| 7  | Amount of expenses incurred in monitoring, inspecting, and           | enforcing conservation easements during t     | he year > \$                                 |
| 8  | Does each conservation easement reported on line 2(d) above          | ve satisfy the requirements of section 170(r  | n)(4)(B)(i)                                  |
|    | and section 170(h)(4)(B)(ii)?  |   | Yes No                                       |
| 9  | In Part XIII, describe how the organization reports conservati       | on easements in its revenue and expense :     | statement, and balance sheet, and            |
|    | include, if applicable, the text of the footnote to the organization |   |  |
|    | conservation easements   |   |  |
| Pa | rt III Organizations Maintaining Collections o                       | f Art, Historical Treasures, or Ot            | her 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 (AS         | SC 958), not to report in its revenue statem  | ent and balance sheet works of art,          |
|    | historical treasures, or other similar assets held for public exl    | nibition, education, or research in furtheran | ce of public service, provide, in Part XIII, |
|    | the text of the footnote to its financial statements that descri     | bes these items                               |  |
| b  | If the organization elected, as permitted under SFAS 116 (AS         | SC 958), to report in its revenue statement a | and balance sheet works of art, historical   |
|    | treasures, or other similar assets held for public exhibition, ea    |   |  |
|    | relating to these items  | ·   | •  |
|    | (i) Revenue included in Form 990, Part VIII, line 1                  |   | <b>▶</b> \$                                  |
|    | (ii) Assets included in Form 990, Part X                             | ·   | <b>&gt;</b> \$                               |
| 2  | If the organization received or held works of art, historical tre    | asures, or other similar assets for financial | gain, provide                                |
|    | the following amounts required to be reported under SFAS 1           |   | <del>-</del> ···                             |
| а  | Revenue included in Form 990, Part VIII, line 1                      |   | <b>▶</b> \$                                  |
| b  | Assets included in Form 990, Part X                                  |   | ► \$   |
| -  | ·  | •   |  |

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| Sche   | Schedule D (Form 990) 2014 CHILDREN'S AID SOCIETY FOUNDATION 75-2941595 Page 2                   |                        |                           |                        |                 |                            |              | ge <b>2</b>   |               |  |
|--------|--|------------------------|---------------------------|------------------------|-----------------|----------------------------|--------------|---------------|---------------|--|
| Par    | t III Organizations Maintaining C  | ollections of A        | rt, Historical Tr         | easures, or Oth        | <u>er Simil</u> | ar Asse                    | ts(contin    | ued)          |               |  |
| 3      | Using the organization's acquisition, accessi  | on, and other record   | ls, check any of the      | following that are a s | significant     | use of its                 | collection   | ı ıtems       | 1             |  |
|        | (check all that apply):  |                        |                           |                        |                 |                            |              |               |               |  |
| а      | Public exhibition  | d                      | Loan or exc               | hange programs         |                 |                            |              |               |               |  |
| b      | Scholarly research   | , е                    | Other                     |                        |                 |                            |              |               |               |  |
| С      | Preservation for future generations  |                        |                           |                        |                 |                            |              |               |               |  |
| 4      | Provide a description of the organization's co   | ollections and explain | n how they further t      | he organization's exe  | empt purp       | ose in Par                 | t XIII.      |               |               |  |
| 5      | During the year, did the organization solicit o  |                        |                           | ·                      | ar assets       | _                          | _            |               |               |  |
|        | to be sold to raise funds rather than to be maintained as part of the organization's collection? |                        |                           |                        |                 |                            |              |               |               |  |
| Par    | t IV Escrow and Custodial Arran  | - '                    | ete if the organizatio    | n answered "Yes" to    | Form 990        | ), Part IV, I              | line 9, or   |               |               |  |
|        | reported an amount on Form 990, Par  |                        | -                         |                        |                 |                            |              |               |               |  |
| 1a     | Is the organization an agent, trustee, custodi   | an or other intermed   | liary for contribution    | is or other assets no  | t included      |                            | _            |               |               |  |
|        | on Form 990, Part X?   |                        |                           | •                      |                 |                            | <b>」Yes</b>  | Ш             | No            |  |
| b      | If "Yes," explain the arrangement in Part XIII   | and complete the fo    | llowing table:            |                        |                 | 1                          |              |               |               |  |
|        |  |                        |                           |                        | <u> </u>        |                            | Amount       | <u>:</u>      |               |  |
|        | Beginning balance  |                        |                           |                        | 1c_             |                            |              |               |               |  |
|        | Additions during the year  | -                      |                           | •                      | 1d_             |                            |              |               |               |  |
| е      | Distributions during the year  |                        |                           | -                      | 1e_             |                            |              |               |               |  |
| f      | Ending balance   |                        | • •                       |                        | 1f              | <u> </u>                   | <del></del>  | $\overline{}$ |               |  |
|        | Did the organization include an amount on Fo   |                        |                           |                        | -               | . ∟                        | 」 Yes        | 믬             | No            |  |
| Par    | If "Yes," explain the arrangement in Part XIII   |                        |                           |                        |                 |                            |              |               | —             |  |
| Гаі    | t V Endowment Funds. Complete r  |                        |                           |                        |                 | voore book                 | (a) Faur     | ooso b        |               |  |
| 4-     | Designing of week helence  | (a) Current year       | (b) Prior year            | (c) Two years back     |                 |                            |              |               |               |  |
| 1a     | Beginning of year balance  | 6,129,753.             | 5,718,837.                | 5,376,690.             |                 |                            |              |               |               |  |
| D      | Contributions  | 146,766.               | F26 270                   | 266.050                |                 |                            |              | 139,5         |               |  |
| C      | Net investment earnings, gains, and losses   | <251,418.              |                           | 366,950.               |                 | <u>698,205.</u>            | <del> </del> | 71,0          | 075.          |  |
| a      | Grants or scholarships   |                        | 100,000.                  | <del> </del>           |                 | <u>100,000.</u>            |              |               |               |  |
| е      | Other expenditures for facilities  |                        |                           |                        |                 |                            |              |               |               |  |
|        | and programs   | 26 090.                | 25 462                    | 24 902                 |                 | 21 442                     |              | 14 (          |               |  |
| · ·    | Administrative expenses End of year balance  | 5,999,011.             | 25,462.<br>6,129,753.     | 24,803.<br>5,718,837.  |                 | <u>21,442.</u><br>376,690. | -            |               | 887.          |  |
| 9<br>2 | Provide the estimated percentage of the curr   |                        |                           | • -                    | <u> </u>        | <u>3/0,090.</u>            | 3            | <u>588,0</u>  | <u>. 201</u>  |  |
| _      | Board designated or quasi-endowment  | rent year end balanc   | e (iiile 19, coluiliii (a | a)) Held as            |                 |                            |              |               |               |  |
| a<br>b | Permanent endowment  | <u> </u>               |                           |                        |                 |                            |              |               |               |  |
| _      | Temporarily restricted endowment   | ^%<br>%                |                           |                        |                 |                            |              |               |               |  |
| C      | The percentages in lines 2a, 2b, and 2c shou   | · -,                   |                           |                        |                 |                            |              |               |               |  |
| 32     | Are there endowment funds not in the posse   | •                      | ation that are held a     | nd administered for    | the organi      | zation                     |              |               |               |  |
| Ja     | by.  | oolon or the organiza  | ation that are note a     | ina administered for   | ine organi      | Zation                     | Г            | Yes           | No            |  |
|        | (i) unrelated organizations  |                        |                           |                        |                 |                            | 3a(i)        | 103           | X             |  |
|        | (ii) related organizations   |                        |                           | •                      |                 |                            | 3a(ii)       |               | X             |  |
| h      | If "Yes" to 3a(ii), are the related organizations  | s listed as required o | on Schedule R?            |                        | •               |                            | 3b           |               | <del></del> - |  |
| 4      | Describe in Part XIII the intended uses of the   |                        |                           | •                      |                 |                            |              |               |               |  |
| Par    | t VI Land, Buildings, and Equipm   |                        |                           |                        |                 | · · ·                      |              |               |               |  |
|        | Complete if the organization answere   |                        | ), Part IV, line 11a S    | ee Form 990, Part X    | , line 10.      |                            |              |               |               |  |
|        | Description of property  | (a) Cost or o          | ·                         | i                      | Accumulat       | ed                         | (d) Bool     | k value       |               |  |
|        |  | basis (investr         | 1 , ,                     |                        | epreciation     | I                          | (=, ===      |               |               |  |
|        | Land   |                        |                           |                        |                 |                            |              |               |               |  |
|        | Buildings  |                        |                           |                        |                 |                            |              |               |               |  |
|        | Leasehold improvements   |                        |                           |                        | ·               |                            |              |               |               |  |
|        | Equipment  |                        |                           |                        |                 |                            |              |               |               |  |
|        | Other  |                        |                           |                        |                 |                            | -            |               |               |  |
|        | Add lines 1a through 1e (Column (d) must e   | egual Form 990, Part   | X, column (B), line       | 10c.)                  |                 | <b>•</b>                   |              |               | 0.            |  |

Schedule D (Form 990) 2014

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.

 $\triangleright$ 

(9)

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

| Schedule D (Form 990) 2014 CHILDREN'S AID SOCIETY FO Part XI Reconciliation of Revenue per Audited Financial Staten   |                         |             | 2941595 Page 4         |
|---|-------------------------|-------------|------------------------|
| Complete if the organization answered "Yes" to Form 990, Part IV, line 12   | •                       | retuii      | 1.                     |
| 1 Total revenue, gains, and other support per audited financial statements  | <u>a</u>                | 1           | 1,000,214.             |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                         | -           | 1,000,214.             |
| a Net unrealized gains (losses) on investments  | 2a   <672,871           |             |                        |
| <b>b</b> Donated services and use of facilities   | 2b                      |             |                        |
| c Recovenes of prior year grants  | 2c                      | 1           |                        |
| d Other (Describe in Part XIII.)  | 2d 1,104,866.           |             |                        |
| e Add lines 2a through 2d   |                         | 2e          | 431,995.               |
| 3 Subtract line 2e from line 1  |                         | 3           | 568,219.               |
| 4 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  | 4a                      |             |                        |
| b Other (Describe in Part XIII.)  | 4b                      | 1           |                        |
| c Add lines 4a and 4b   |                         | 4c          | 0.                     |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | •                       | 5           | 568,219.               |
| Part XII Reconciliation of Expenses per Audited Financial State   | ments With Expenses per | Retu        |                        |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 12   | a                       |             |                        |
| Total expenses and losses per audited financial statements  |                         | 1           | 1,271,873.             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25  |                         |             |                        |
| a Donated services and use of facilities  | . 2a                    |             |                        |
| <b>b</b> Prior year adjustments   | 2b                      |             |                        |
| c Other losses .  | 2c                      |             |                        |
| d Other (Describe in Part XIII.)  | 2d 1,245,783.           | <u>.</u>    |                        |
| e Add lines 2a through 2d   |                         | 2e          | 1,245,783.             |
| 3 Subtract line 2e from line 1  |                         | 3           | 26,090.                |
| 4 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  | 4a                      | _           |                        |
| b Other (Describe in Part XIII)   | 4b                      | 4           |                        |
| c Add lines 4a and 4b   |                         | 4c          | 0.                     |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |                         | 5           | 26,090.                |
| Part XIII Supplemental Information.   |                         |             |                        |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any administration of the part XII, lines 2d and 4b. Also complete this part to provide any administration of the part XIII. |                         | 4, Part<br> | X, line 2, Part XI,    |
| PART V, LINE 4:   |                         |             | <del></del>            |
| THE FOUNDATION MAINTAINS THE ENDOWMENT FUND   |                         |             |                        |
| PROVIDING LONG-TERM SUPPORT TO THE CHILDREN   | 'S AID SOCIETY OF       | WE          | ST TEXAS,              |
| TNG   |                         |             |                        |
| INC.  |                         |             | , <u> </u>             |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:   |                         |             |                        |
| REVENUES OF RELATED ENTITY CONSOLIDATED IN  | FINANCIAL               |             |                        |
| STATEMENTS  |                         |             | 1,104,866.             |
|   |                         |             |                        |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:  | <del>-</del>            | ·           | ·                      |
| EXPENSES OF RELATED ENTITY CONSOLIDATED IN  | FINANCIAL               |             | •                      |
| STATEMENTS  |                         |             | 1,245,783.             |
| 432054<br>10-01-14  |                         | Scher       | dule D (Form 990) 2014 |

| Schedule D | (Form 990) 2014                   | CHILDREN'S           | AID         | SOCIETY       | FOUNDATION   | 75-2941595 Page 5 |
|------------|-----------------------------------|----------------------|-------------|---------------|--------------|-------------------|
| Part XIII  | (Form 990) 2014 Supplemental Info | mation (continued)   |             |               |              |                   |
|            | ouppiemental init                 | iniation (continued) |             | <del></del>   |              |                   |
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

Information about Schedule O (Form 990 or 990-EZ) 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 75-2941595 |
|---|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION       | MISSION:                                  |
| ANOTHER 501(C)3 ORGANIZATION.                               |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 11:                      |   |
| 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:                     |   |
| COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS REV      | VIEWED AT LEAST                           |
| ANNUALLY, BUT IS MONITORED CONTINUALLY AS THE FOUNDAT       | ION CONDUCTS BUSINESS.                    |
| FORM 990, PART VI, SECTION B, LINE 15:                      |   |
| THE FOUNDATION HAS NO EMPLOYEES AND, THEREFORE, THERE       | IS NOT A PROCESS FOR                      |
| ESTABLISHING COMPENSATION FOR ANY INDIVIDUAL.               |   |
| FORM 990, PART VI, SECTION C, LINE 19:                      |   |
| THE FOUNDATION MAINTAINS ITS GOVERNNING DOCUMENTS, COL      | NFLICT OF INTEREST                        |
| POLICY, AND FINANCIAL STATEMENTS IN ITS OFFICES AND MA      | AKES THOSE AVAILABLE                      |
| TO PUBLIC INSPECTION UPON REQUEST.                          |   |
|   |   |
|   |   |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

2014

OMB No 1545-0047

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

CHILDREN'S AID SOCIETY FOUNDATION

Employer identification number 75-2941595

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33  | te if the organization answered "Yes"           | on Form 990, Part IV, line 33   |                               |                                       |                               |  |        |
|--|---|---|-------------------------------|---------------------------------------|-------------------------------|--|--------|
| (a) Name, address, and EIN (if applicable) of disregarded entity   | (b) Primary activity                            | (c) Legal domicile (state or foreign country)   | (d)<br>Total income           | (e)<br>me End-of-year assets          |                               | (f) Direct controlling entity              |        |
|  |   |   |                               |                                       |                               |  |        |
|  |   |   |                               |                                       |                               |  |        |
|  |   |   |                               |                                       |                               |  |        |
|  |   |   |                               |                                       |                               | :  |        |
| Part II organizations during the tax year.   |   | 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           | scause it had one c                   | r more related tax-exer       | npt  |        |
| (a) Name, address, and EIN of related organization   | (b)<br>Primary activity                         | (c) Legal domicile (state or foreign country)   | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | Section 512(bX13)<br>controlled<br>entity? | b)(13) |
| THE CONTRACT OF MESON MESON THE PARTY OF THE |   |   |                               | ((c)(3))                              |                               | Yes  | S<br>S |
| AID 30TH STREET, WICHITA   | OPERATION OF A NEGLECTED CHILD AND TEEN SHELTER | TEXAS   | 501 (C)(3)                    | 170(B)(1)<br>(A)(VI)                  | N/A                           | ~  | ×      |
|  |   |   |                               |                                       |                               |  |        |
|  |   |   |                               |                                       |                               |  |        |
|  |   |   |                               |                                       |                               |  | ļ      |

Schedule R (Form 990) 2014

75-2941595

Page 2.

Schedule R (Form 990) 2014 CHILDREN'S AID SOCIETY FOUNDATION

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

|                | General or Percentage managing ownership pariner?                                     | • | re related  | Section 512(b)(13) controlled entity?                    | <u>.</u> | <br>_ | Schedule R (Form 990) 2014 |
|----------------|---|---|---|--|----------|-------|----------------------------|
|                | (j)<br>General or<br>managing<br>partner?<br>Yes No                                   |   | эө ог то  | (h)<br>Percentage<br>ownership                           |          |       | R (Forn                    |
|                | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)                           |   | because it had or   | (g) Share of Per end-of-year ow assets                   |          |       | Schedule                   |
|                | ortionate tions?  |   | , line 34   |  |          | _     |                            |
| ŀ              |   | _ | , Part IV   | (f)<br>Share of total<br>income                          |          |       |                            |
|                | (g)<br>Share of<br>end-of-year<br>assets  |   | orm 990   |  |          |       |                            |
|                | Share of total Sincome  |   | ered "Yes" on F   | (e) Type of entity (C corp, S corp, or trust)            |          |       | ;<br>;<br>•                |
|                |   |   | on answe  | -  |          |       |                            |
|                | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |   | he organization   | (d) Direct controlling entity                            |          |       |                            |
|                | Predom<br>(relate<br>excluded<br>sectior  |   | nplete if t   | (c) Legal domicile (state or foreign country)            |          |       | 32                         |
|                | (d) Direct controlling entity   |   | nation or Trust Cor   | )<br>activity  |          |       |                            |
| $\cdot \lceil$ | (c) Legal domicile (state or foreign  |   | s a Corpo<br>g the tax y  | ( <b>b</b><br>Primary                                    |          |       |                            |
|                | (b) Primary activity  |   | ganizations Taxable a poration or trust during  | Z c  |          |       |                            |
|                | (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)<br>Name, address, and EIN<br>of related organization |          |       | 432162 08-14-14            |
|                |   |   | Par   |  |          |       | 43216                      |

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

|  |                                  |                             |   | ┶                          |
|--|----------------------------------|-----------------------------|---|----------------------------|
| Note. Complete line I if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ns with one or more r            | elated organizations listec | in Parts II-IV?                           | Les No                     |
|  | >                                |                             |   | Ta X                       |
| Giff grant or capital contribution to related organization(s)     Giff grant or capital contribution from related organization(s)  |                                  |                             |   | d t                        |
|  |                                  |                             |   | -                          |
|  |                                  |                             |   | d :                        |
| <ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>  |                                  |                             |   | 1e                         |
| f Dividends from related organization(s)   |                                  |                             |   | ×                          |
| g Sale of assets to related organization(s)  |                                  |                             |   | T Y                        |
|  |                                  |                             |   |                            |
| i Exchange of assets with related organization(s)  |                                  |                             |   | ÷                          |
| j Lease of facilities, equipment, or other assets to related organization(s)   |                                  |                             |   | 1;<br>X                    |
| k Lease of facilities, equipment, or other assets from related organization(s)   |                                  |                             |   | 1k X                       |
| I Performance of services or membership or fundraising solicitations for related organization(s)   | anization(s)                     |                             |   | =<br>×                     |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | anization(s)                     |                             |   | 1m X                       |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | (s)uoı                           |                             |   | 1n X                       |
| <ul> <li>Sharing of paid employees with related organization(s)</li> </ul>   |                                  |                             |   | 10                         |
| <ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>   |                                  |                             |   | t X                        |
| q Reimbursement paid by related organization(s) for expenses   |                                  |                             |   | Tq X                       |
| r Other transfer of cash or property to related organization(s)  |                                  |                             |   | 1r X                       |
| <b>6</b>   |                                  |                             |   | 1s X                       |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  | who must complete t              | his line, including covered | relationships and transaction thresholds. |                            |
| (a) Name of related organization   | (b)<br>Transaction<br>type (a·s) | (c)<br>Amount involved      | (d) Method of determining amount involved | nvolved                    |
| (1)  |                                  |                             |   |                            |
| (2)  |                                  |                             |   |                            |
| (3)  |                                  |                             |   |                            |
| (4)  |                                  |                             |   |                            |
| (5)  |                                  |                             |   |                            |
|  |                                  |                             |   |                            |
| 32163 08-14-14   | 33                               |                             | Schedule                                  | Schedule R (Form 990) 2014 |

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Schedule R (Form 990) 2014 CHILDREN'S AID SOCIETY FOUNDATION

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

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

| ) (H) (E)                           | (q)              | 3                      | (b) (c)   | ٤     | 9                           | 9                                     | 9  | 5                                  | (k)                     |
|-------------------------------------|------------------|------------------------|---|-------|-----------------------------|---------------------------------------|--|------------------------------------|-------------------------|
| Name, address, and EIN<br>of entity | Primary activity | nicile<br>oreign<br>y) | Predominati income pariers sec (related, unrelated, 5010;13) excluded from tax under sections 512-514) Yes No | ່ ວັ⊆ | Share of end-of-year assets | Dispropor-<br>tionate<br>allocations? | Dispropor Code V-UBI General or Percentage bloads amount in box 20 manager ownership yes No (Form 1065) yes No | General or<br>managing<br>partner? | Percentage<br>ownership |
|                                     |                  |                        |   |       |                             |                                       |  |                                    |                         |
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Schedule R (Form 990) 2014

| Schedule R | Supplemental Informati                | ITLUKEN S                             | AID SOCIET         | Y FOUNDATION            | <u> </u>       | 15 Page 5     |
|------------|---------------------------------------|---------------------------------------|--------------------|-------------------------|----------------|---------------|
| Part VII   |                                       |                                       |                    |                         |                |               |
|            | Provide additional information t      | for responses to q                    | uestions on Schedu | le R (see instructions) |                |               |
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