CASSD

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 343 LINCOLN WAY WEST

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW OXFORD PA 17350

D Employer identification number: 23-1429838

E Telephone number: 717-624-4461

G Gross receipts $: 5,063,510

F Name and address of principal officer:
ERIC M CHASE, M.S., M. DIV.
343 LINCOLN WAY WEST
NEW OXFORD PA 17350

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CASSD.ORG

H(c) Group exemption number:

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1923

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	61
	6 Total number of volunteers (estimate if necessary)	6	3
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,730,772	3,316,199
	9 Program service revenue (Part VIII, line 2g)	813,020	994,653
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,443	171,828
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,605	542,942
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,777,840	5,025,622
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,675,061	1,859,378
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 177,998		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	478,365	650,202
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,153,426	2,509,580
	19 Revenue less expenses. Subtract line 18 from line 12	624,414	2,516,042

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	7,463,718	15,484,374
	21 Total liabilities (Part X, line 26)	173,957	5,564,898
	22 Net assets or fund balances. Subtract line 21 from line 20	7,289,761	9,919,476

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

ERIC M CHASE, M.S., M. DIV. PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name: MATTHEW A WITMER, CPA	Preparer's signature: Matthew A. Witmer, CPA	Date: 2/6/26	Check ☐ if self-employed	PTIN: P01282790
Firm's name: HAMILTON & MUSSER, PC, CPAS			Firm's EIN:	23-2213999
Firm's address: 176 CUMBERLAND PARKWAY MECHANICSBURG, PA 17055			Phone no.	717-697-3888

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,951,691 including grants of $) (Revenue $ 994,653)

EMPOWERING CHILDREN AND THEIR FAMILIES TO BUILD STRONGER, HEALTHER LIVES. WE PROVIDE SUPPORT SERVICES FOR CHILDREN AND PARENTS; INCLUDING CHILD CENTERED ART THERAPY, A CRISIS NURSERY FOR SHORT-TERM RESPITE CHILDCARE, LONG-TERM HOUSING FOR HOMELESS YOUTH AGE 6-13, PARENT EDUCATION AND SUPPORT GROUPS, FAMILY ADVOCACY CASEWORK, 24 HOUR PARENT & CAREGIVER TOLLFREE HOTLINE, A CHILDREN'S CLOTHING BANK THAT INCLUDES TOYS & DIAPERS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,951,691

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**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**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**	X	
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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
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**		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 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**		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	**12**		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	**0**		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			X

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**61**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for 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?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
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, 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

ERIC M CHASE, M.S., M. DIV. 343 LINCOLN WAY WEST
NEW OXFORD PA 17350 717-624-4461

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM SAUBEL	2.00									
CHAIR	0.00	X		X				0	0	0
(2) DONALD KAUFFMAN	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(3) ANGELA WOLFGANG	2.00									
TREASURER	0.00	X		X				0	0	0
(4) LINDA TITZELL	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) MICHELLE MOWRER	2.00									
ASSISTANT SECRETARY	0.00	X		X				0	0	0
(6) KIM ALVAREZ	2.00									
DIRECTOR	0.00	X						0	0	0
(7) RON BELL	2.00									
DIRECTOR	0.00	X						0	0	0
(8) PEGGY BREICHBIEL	2.00									
DIRECTOR	0.00	X						0	0	0
(9) ANDREW KOPLITZ	2.00									
DIRECTOR	0.00	X						0	0	0
(10) JAMES MARTIN	2.00									
DIRECTOR	0.00	X						0	0	0
(11) THOMAS MCCRACKEN	2.00									
DIRECTOR	0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PHYLLIS PRODAN										
(12)	2.00									
DIRECTOR	0.00	X						0	0	0
(13) DAWN SQUIRE										
(13)	2.00									
DIRECTOR	0.00	X						0	0	0
(14) WAYNE SCOTT, ESQ										
(14)	2.00									
IMMEDIATE PAST CHAIR	0.00	X						0	0	0
(15) ERIC M CHASE, M.S., M. DIV.										
(15)	40.00									
PRESIDENT/CEO	0.00	X						108,953	0	4,089
(16)										
(17)										
(18)										
(19)										
1b Subtotal								108,953		4,089
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,953		4,089

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **1**

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	52,491				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,000,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,263,708				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			3,316,199			
Program Service Revenue		Business Code					
	2a **PROGRAM SERVICE REVENUE**	624310		994,653	994,653		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			994,653			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			172,933	172,933		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b		1,105				
	c Gain or (loss) 7c		-1,105				
	d Net gain or (loss)			-1,105	-1,105		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	94,308				
	b Less: direct expenses	8b	36,783				
	c Net income or (loss) from fundraising events			57,525			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a **EMPLOYEE RETENTION CREDIT**			485,382	485,382		
	b **MISCELLANEOUS**			35	35		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			485,417			
	12 **Total revenue.** See instructions			5,025,622	1,651,898	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. 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	116,084	95,256	10,895	9,933
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,484,897	1,232,457	123,823	128,617
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,403	15,814	9,975	1,614
9 Other employee benefits	112,549	64,950	40,975	6,624
10 Payroll taxes	118,445	98,718	9,331	10,396
11 Fees for services (nonemployees):				
a Management	50	6	44	
b Legal				
c Accounting	31,990	3,600	28,390	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,348		7,348	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	51,904	5,841	46,063	
12 Advertising and promotion	16,448	4,792	8,820	2,836
13 Office expenses	19,562	5,603	6,603	7,356
14 Information technology	85,996	61,561	23,639	796
15 Royalties				
16 Occupancy	123,361	106,232	17,070	59
17 Travel	23,992	13,718	5,957	4,317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,877	39,015	14,862	
23 Insurance	49,710	36,000	12,194	1,516
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIP MAINT & REPAIR	81,324	80,570	754	
b CLIENT MATERIALS & FOOD	45,262	45,262		
c STAFF TRAINING & DEVLPMT	36,769	27,899	8,792	78
d TELEPHONE	18,249	14,397	3,852	
e All other expenses	4,360		504	3,856
25 Total functional expenses. Add lines 1 through 24e	2,509,580	1,951,691	379,891	177,998
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	180,938	1	1,019,675
	2	Savings and temporary cash investments	1,811,465	2	1,121,087
	3	Pledges and grants receivable, net	704,137	3	2,489,415
	4	Accounts receivable, net	195,341	4	285,442
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,597	9	10,600
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 8,608,501			
	b	Less: accumulated depreciation — 10b: 1,036,264	1,764,160	10c	7,572,237
	11	Investments—publicly traded securities	752,558	11	1,273,400
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,050,522	15	1,712,518
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	7,463,718	16	15,484,374
Liabilities	17	Accounts payable and accrued expenses	100,894	17	444,068
	18	Grants payable		18	
	19	Deferred revenue	11,516	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	55,424	23	3,987,858
	24	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	6,123	25	1,132,972
	26	**Total liabilities.** Add lines 17 through 25	173,957	26	5,564,898
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,049,236	27	6,431,981
	28	Net assets with donor restrictions	4,240,525	28	3,487,495
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,289,761	32	9,919,476
	33	Total liabilities and net assets/fund balances	7,463,718	33	15,484,374

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ..... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,025,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,509,580
3	Revenue less expenses. Subtract line 2 from line 1	3	2,516,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,289,761
5	Net unrealized gains (losses) on investments	5	113,673
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,919,476

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ..... [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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. [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN

Employer identification number 23-1429838

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,287,970	1,549,642	2,643,463	1,730,772	1,155,971	8,367,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,287,970	1,549,642	2,643,463	1,730,772	1,155,971	8,367,818
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,556,955
6 Public support. Subtract line 5 from line 4						4,810,863

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,287,970	1,549,642	2,643,463	1,730,772	1,155,971	8,367,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,375	62,912	82,778	187,543	172,933	573,541
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						8,941,359

12 Gross receipts from related activities, etc. (see instructions) **12** 4,904,782

13 **First 5 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 2024 (line 6, column (f), divided by line 11, column (f)) **14** 53.80 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 46.20 %

16a **33 1/3% support test — 2024.** 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 — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** 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 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 ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
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**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a 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**		
e **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 0.015 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 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 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-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SUPPORTING SCHEDULE - UNUSUAL GRANTS

	$ 2,000,000
	$ 160,228

CASSD

Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN

Employer identification number
23-1429838

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
CHILDREN'S AID SOCIETY SOUTHERN PA

Employer identification number
23-1429838

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF PA REDEVELOPMENT ASSISTANCE CAPITAL PR 555 WALNUT ST 9TH FLOOR HARRISBURG PA 17101	$ 2,000,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NITCHMAN, HILDA ESTATE OF 250 YORK ST HANOVER PA 17331	$ 150,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	WAGMAN, CAROLINA D 3265 FARMTRAIL RD YORK PA 17402	$ 75,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	WERNER, FRED A & NAOMI K FUND PO BOX 9509 WARWICK RI 02889	$ 513,377	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN

Employer identification number
23-1429838

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	833,862	748,277	692,734	757,774	603,062
b Contributions	729,863				1,131
c Net investment earnings, gains, and losses	135,396	105,923	76,318	-43,814	161,495
d Grants or scholarships					
e Other expenditures for facilities and programs		15,754	14,741	14,302	2,222
f Administrative expenses	4,042	4,584	6,034	6,924	5,692
g End of year balance	1,695,079	833,862	748,277	692,734	757,774

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment 55.15 %
- **b** Permanent endowment 44.85 %
- **c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		141,243		141,243
b Buildings		8,271,475	864,900	7,406,575
c Leasehold improvements				
d Equipment		134,992	111,285	23,707
e Other		60,791	60,079	712
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				7,572,237

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	ENDOWMENTS & TRUSTS	1,712,518
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		1,712,518

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	M1ST LOC	1,127,596
(3)	OBLIGATIONS UNDER TRUST/ANNUIT AGRMT	5,376
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		1,132,972

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,168,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	113,673		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	113,673
3	Subtract line 2e from line 1			3	5,055,057
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	7,348		
b	Other (Describe in Part XIII.)	4b	-36,783		
c	Add lines 4a and 4b			4c	-29,435
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,025,622

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,539,015
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	36,783		
e	Add lines 2a through 2d			2e	36,783
3	Subtract line 2e from line 1			3	2,502,232
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	7,348		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	7,348
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,509,580

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2022.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER FUNDRAISING EXPENSES $ -36,783

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING EXPENSES $ 36,783

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN**

Employer identification number **23-1429838**

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 AUCTION (event type)	(b) Event #2 OTHER (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	57,325	5,823	31,160	94,308
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	57,325	5,823	31,160	94,308
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,302	10,998	19,483	36,783
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,783
	11 Net income summary. Subtract line 10 from line 3, column (d)				57,525

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN	23-1429838

FORM 990 - ORGANIZATION'S MISSION
EMPOWERING CHILDREN AND THEIR FAMILIES TO BUILD STRONGER, HEALTHER LIVES. WE PROVIDE SUPPORT SERVICES FOR CHILDREN AND PARENTS; INCLUDING CHILD CENTERED ART THERAPY, A CRISIS NURSERY FOR SHORT-TERM RESPITE CHILDCARE, LONG-TERM HOUSING FOR HOMELESS YOUTH AGE 6-13, PARENT EDUCATION AND SUPPORT GROUPS, FAMILY ADVOCACY CASEWORK, 24 HOUR PARENT & CAREGIVER TOLLFREE HOTLINE, A CHILDREN'S CLOTHING BANK THAT INCLUDES TOYS & DIAPERS.

FORM 990, PART VI, LINE 6 – CLASSES OF MEMBERS OR STOCKHOLDERS
AS PROVIDED IN ARTICLE III OF THE CORPORATION'S BY-LAWS: THE MEMBERS OF THIS CORPORATION ARE THE MEMBERS OF THE SOUTHERN PENNSYLVANIA DISTRICT CHURCH OF THE BRETHREN. THE MEMBERS HAVE TWO CLASSES WHICH ARE DESIGNATED AS VOTING AND NON-VOTING. THE MEMBERS/DELEGATES AS ELECTED TO THE ANNUAL SOUTHERN PENNSYLVANIA DISTRICT CHURCH OF THE BRETHREN DISTRICT CONFERENCE SHALL BE THE VOTING MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
AS PROVIDED IN ARTICLE III OF THE CORPORATION'S BY-LAWS: THE VOTING MEMBERS (SEE EXPLANATION FOR LINE 6) HAVE THE EXCLUSIVE RIGHTS WITH REGARD TO THE CORPORATION; AND TO APPROVE AMENDMENTS, ALTERATIONS OR RESTATEMENTS OF THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 WAS REVIEWED IN DETAIL BY ONE OR MORE INDIVIDUALS AND APPROVED FOR FILING BY A MAJORITY OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION OBTAINS FROM EACH BOARD MEMBER AN ANNUAL CONFLICT OF INTEREST STATEMENT IN WHICH BOARD MEMBERS AFFIRM THAT THEY HAVE RECEIVED AND READ THE ORGANIZATION'S POLICY, AGREE TO COMPLY WITH THE POLICY, AND DISCLOSE ANY POTENTIAL CONFLICTS AS DEFINED IN THE POLICY. THE ANNUAL STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE AND ANY POTENTIAL CONFLICTS ARE ADDRESSED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ORGANIZATION'S PERSONNEL COMMITTEE RECOMMENDS THE COMPENSATION AND BENEFITS FOR THE PRESIDENT/CEO AND KEY EMPLOYEES TO THE BOARD OF DIRECTORS FOR APPROVAL. COMPENSATION IS BASED ON COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE BOARD'S DELIBERATION AND APPROVAL IS INCLUDED IN THE MINUTES OF MEETINGS OF THE CORPORATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE ABOVE

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST AT ITS CORPORATE HEADQUARTERS AT 343 LINCOLN WAY EAST, NEW OXFORD, PENNSYLVANIA 17350.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN**

Employer identification number **23-1429838**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES	**$ 36,783**
FUNDRAISING EXPENSES	**$ -36,783**

CASSD

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN**

Employer identification number **23-1429838**

Part I Identification of Disregarded Entities. Complete 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) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) **GILMORE, MARY J TRUST 1100 NORTH MARKET ST WILMINGTON DE 19890 23-6241998**	**INVESTMENT**	**PA**	**CHILDREN'S**	**T**	**10,344**	**183,630**	**100.000000**	**X**	
(2)									
(3)									
(4)									

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

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	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.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return: **CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN**

Identifying number: **23-1429838**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,877

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,877
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

CASSD Children's Aid Society Southern PA
23-1429838
FYE: 6/30/2025

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Building 343 Lincoln Way West	11/01/01	362,391				362,391	39	MO	S/L	229,204	9,292
2	West Market Street Building	7/01/21	561,316				561,316	39	MO	S/L	43,178	14,393
3	WELCC Building	6/30/25	6,556,860				6,556,860	39	MO	S/L	0	0
4	FLC Lincoln Way East Chbg	7/16/99	61,512				61,512	39	MO	S/L	42,585	1,577
5	Sidewalk Paving	7/21/99	24,325				24,325	39	MO	S/L	16,840	624
6	Conference Room Carpeting	9/23/03	1,100				1,100	20	MO	S/L	1,100	0
7	Concrete Slab for Basketball	5/10/05	1,850				1,850	15	MO	S/L	1,850	0
8	Ramp & Railing at FLC	9/30/07	9,225				9,225	20	MO	S/L	8,676	461
9	FLC Parking Light	6/30/15	8,658				8,658	20	MO	S/L	4,798	433
10	West Market Street, York TLC	6/15/86	27,000				27,000	31	MO	S/L	27,000	0
11	West Market, York TLC	4/29/87	34,000				34,000	31	MO	S/L	34,000	0
12	West Market, Rennovations TLC	6/15/87	85,517				85,517	31	MO	S/L	85,517	0
13	402 - Roof TLC	4/15/89	5,448				5,448	31	MO	S/L	5,448	0
14	402 - Roof TLC	4/15/89	4,471				4,471	31	MO	S/L	4,471	0
15	Lehman Improvements - TLC	10/15/89	5,155				5,155	31	MO	S/L	5,155	0
16	Lehman Improvements - TLC	10/15/89	25,215				25,215	31	MO	S/L	25,215	0
17	Brick Work TLC	8/14/90	550				550	31	MO	S/L	550	0
18	Renovations TLC	10/03/91	5,463				5,463	31	MO	S/L	5,463	0
19	Suspended Ceiling Installation	3/31/95	2,390				2,390	39	MO	S/L	1,920	61
20	Renovations	3/18/96	6,310				6,310	39	MO	S/L	4,907	162
21	Glass for Windows TLC	2/17/97	443				443	39	MO	S/L	334	12
22	Renovations to 402 TLC	4/01/97	10,823				10,823	39	MO	S/L	8,117	278
23	Bath Renovations	4/07/97	483				483	39	MO	S/L	363	12
24	Door Installed for Privacy TLC	7/08/97	1,785				1,785	39	MO	S/L	1,327	46
25	402 W Market 3rd Floor Renovation	4/03/98	10,000				10,000	39	MO	S/L	7,244	256
26	Renovations 3rd Floor @ 402 W Market St	7/20/98	8,436				8,436	39	MO	S/L	6,057	217
27	Roof Replacement/Repair	9/30/01	3,300				3,300	39	MO	S/L	2,097	85
28	Kitchen Upgrade	1/31/02	2,602				2,602	39	MO	S/L	1,632	67
29	Balcony Railing Replaced	12/16/02	1,140				1,140	39	MO	S/L	689	29
30	Bathroom Installed	2/24/03	2,285				2,285	39	MO	S/L	1,369	59
31	Window Installation	3/26/03	8,940				8,940	39	MO	S/L	5,337	229
32	Bathroom Remodel	6/20/03	1,033				1,033	40	MO	S/L	595	26
33	Carpet 1st and 2nd Floors	7/29/03	9,544				9,544	20	MO	S/L	9,544	0
34	Carpet Installed - Bath	10/03/03	567				567	20	MO	S/L	567	0
35	Painting at the Lehman Center	10/14/03	7,700				7,700	20	MO	S/L	7,700	0
36	Safety Turf	3/31/04	9,296				9,296	20	MO	S/L	9,296	0
37	Sidewalk	10/01/06	12,316				12,316	10	MO	S/L	12,316	0
38	Used Boiler	1/17/07	6,869				6,869	10	MO	S/L	6,869	0
39	Laminate Flooring	8/10/08	954				954	20	MO	S/L	855	48
40	New Flooring	11/09/09	7,150				7,150	40	MO	S/L	2,979	179
41	Interior Doors - TNC	4/09/11	998				998	10	MO	S/L	998	0
42	6 Gallon Water Heater - TLC	12/29/11	1,100				1,100	10	MO	S/L	1,100	0
43	Undercounter Dishwasher - TLC	1/10/12	3,900				3,900	10	MO	S/L	3,900	0
44	Painting - Crisis Nursery	3/25/13	20,409				20,409	20	MO	S/L	13,606	1,020
45	Cabinets	8/01/12	858				858	20	MO	S/L	597	43
46	Countertops	8/01/12	1,109				1,109	20	MO	S/L	772	55
47	Security System - TLC	2/24/13	13,358				13,358	10	MO	S/L	13,358	0
48	Replaced Air Conditioning Equipment	7/29/13	5,900				5,900	20	MO	S/L	3,835	295
49	Awning	10/10/13	2,338				2,338	20	MO	S/L	1,491	117
50	TLC Security/Door Access/Fire Alarm Cont	10/28/15	27,010				27,010	20	MO	S/L	14,518	1,351
51	Roof Repairs	6/26/17	6,890				6,890	20	MO	S/L	3,129	345
52	400-402 (TLC) Alarm Upgrades	4/19/17	4,029				4,029	20	MO	S/L	1,864	201
53	Flooring in Kitchen of Nursery	2/08/17	3,000				3,000	20	MO	S/L	1,413	150
54	Camera System and Monitors	5/25/18	6,897				6,897	20	MO	S/L	2,816	345
55	Security System Upgrade - Card Access for	3/24/18	5,931				5,931	20	MO	S/L	2,471	297
56	Windows - TLC	11/15/19	10,949				10,949	20	MO	S/L	3,650	547
57	Improvements 343 Lincoln Way West	11/01/01	65,368				65,368	39	MO	S/L	41,343	1,677
58	Fencing	5/24/03	2,850				2,850	39	MO	S/L	1,689	73
59	Armstrong Lennox Furnace	11/04/03	2,500				2,500	20	MO	S/L	2,500	0
60	New Roof	4/06/06	5,125				5,125	15	MO	S/L	5,125	0
61	Carpet - 1st Floor TLC	7/26/07	3,361				3,361	20	MO	S/L	3,189	168
62	Panic Bar, Camera, Monitor, Power	10/01/07	3,747				3,747	20	MO	S/L	3,512	188
63	Healing Garden Greenhouse	7/31/13	20,241				20,241	20	MO	S/L	13,156	1,012
64	Door & Wall for Additional Office	1/24/14	1,683				1,683	20	MO	S/L	1,052	84
65	New Rooftop Furnance - TNC	12/03/14	6,367				6,367	20	MO	S/L	3,687	319
66	TNC Art Therapy Room Renovation	10/27/15	16,694				16,694	20	MO	S/L	8,973	835
67	Repair Heater on Rooftop Over Admin Offi	9/30/16	2,589				2,589	20	MO	S/L	1,273	129
68	New Oxford (TNC) Alarm System Upgrade	4/17/17	3,108				3,108	20	MO	S/L	1,438	155

CASSD Children's Aid Society Southern PA

23-1429838

FYE: 6/30/2025

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
69	Reception Renovation	1/31/18	9,254				9,254	20	MO	S/L	3,933	463
70	God's Closet Renovation	7/05/18	15,000				15,000	20	MO	S/L	6,000	750
71	Rooftop Furnace - TNC	1/18/19	11,538				11,538	20	MO	S/L	4,327	577
72	Outdoor Storage Shed	1/01/22	3,267				3,267	20	MO	S/L	408	164
73	God's Closet Costs	12/01/21	79,791				79,791	20	MO	S/L	10,306	3,990
74	Flooring - West Market Street	12/01/22	5,400				5,400	20	MO	S/L	5,400	0
75	Goodman GM9S Gas Furnace	11/27/23	4,495				4,495	7	MO	S/L	375	642
76	Table Top with Graphics	4/29/04	1,518				1,518	7	MO	S/L	1,518	0
77	New Furnace/ A/C Unit - FLC	12/30/14	8,450				8,450	7	MO	S/L	8,450	0
78	Fencing Around Play Area	3/31/95	472				472	7	MO	S/L	472	0
79	Boiler Section TLC	10/31/97	930				930	7	MO	S/L	930	0
80	Door Installation in Kitchen	4/17/98	500				500	7	MO	S/L	500	0
81	Counter Top for Kitchen	9/06/00	1,118				1,118	7	MO	S/L	1,118	0
82	Sink for Adriennes Office	10/31/00	1,850				1,850	7	MO	S/L	1,850	0
83	Artic Air Commercial Refrigerator	3/28/01	1,085				1,085	7	MO	S/L	1,085	0
84	Artic Air Freezer	3/28/01	699				699	7	MO	S/L	699	0
85	Heater	9/26/01	4,025				4,025	7	MO	S/L	4,025	0
86	Supression System	12/31/01	8,464				8,464	7	MO	S/L	8,464	0
87	Range for Nursery	12/31/01	1,400				1,400	7	MO	S/L	1,400	0
88	Office Redesign	5/07/03	13,260				13,260	7	MO	S/L	13,260	0
89	Office Furniture	7/22/03	2,351				2,351	7	MO	S/L	2,351	0
90	File Cabinets	7/30/03	712				712	7	MO	S/L	712	0
91	Playground Noah's Ark	7/31/03	1,722				1,722	7	MO	S/L	1,722	0
92	Bunkbed & Rocker for Nursery	2/18/04	1,070				1,070	7	MO	S/L	1,070	0
93	Sofa for Nursery	10/21/08	1,509				1,509	7	MO	S/L	1,509	0
94	Natural Gas Furnace	1/24/03	3,450				3,450	7	MO	S/L	3,450	0
95	TNC Office Chairs for Art Therapy/Waiting	11/10/15	2,646				2,646	7	MO	S/L	2,646	0
96	Bedroom Furnishing - Cornerstone	7/01/21	3,560				3,560	5	MO	S/L	2,136	712
97	Rocking Chairs	6/30/00	201				201	7	MO	S/L	201	0
98	Printer - FLC Admin (Laser Jet 4250)	10/19/17	900				900	5	MO	S/L	900	0
99	Printer - FLC PT (HP BI 2800)	10/19/07	500				500	5	MO	S/L	500	0
100	Intel Core 2 Duo W/Scanner & LCD	5/09/09	2,100				2,100	5	MO	S/L	2,100	0
101	Server - FLC	1/31/12	885				885	10	MO	S/L	885	0
102	Dell OptiPlex 3010 MT Computer	2/27/13	624				624	5	MO	S/L	624	0
103	New Dell Computer	10/28/13	620				620	5	MO	S/L	620	0
104	New Phone System	11/13/13	4,024				4,024	5	MO	S/L	4,024	0
105	2 New Computers - FLC	10/24/14	1,380				1,380	5	MO	S/L	1,380	0
106	2 New Computers - Therapy	10/24/14	1,380				1,380	5	MO	S/L	1,380	0
107	New Phone System	2/06/09	8,140				8,140	7	MO	S/L	8,140	0
108	Laptop - TLC Admin	12/23/12	400				400	5	MO	S/L	400	0
109	Desktop Computer	12/23/12	425				425	5	MO	S/L	425	0
110	Laptop Computer	12/23/12	425				425	5	MO	S/L	425	0
111	New Computer - TLC Tx	12/23/12	450				450	5	MO	S/L	450	0
112	New Computer	10/11/13	500				500	5	MO	S/L	500	0
113	New Computer	1/28/14	500				500	5	MO	S/L	500	0
114	New Computer	5/24/14	475				475	5	MO	S/L	475	0
115	Pre-owned Computer	5/31/14	200				200	5	MO	S/L	200	0
116	New Computer - Martha Martin - TLC	5/14/15	621				621	5	MO	S/L	621	0
117	TLC New Computer - D. Sauers	7/29/15	550				550	5	MO	S/L	550	0
118	TLC New Computer - ED Office	3/06/16	535				535	5	MO	S/L	535	0
119	Phone Equipment - TLC	10/14/19	7,571				7,571	5	MO	S/L	7,571	0
120	Routers - TLC	10/29/19	8,820				8,820	5	MO	S/L	8,820	0
121	Wireless Video Intercom - TLC	3/04/20	2,714				2,714	5	MO	S/L	2,714	0
122	Kyocera Mita KM-3035 Digital Copier	7/21/04	4,590				4,590	5	MO	S/L	4,590	0
123	Kyrocera Mita Copier	9/17/08	4,171				4,171	5	MO	S/L	4,171	0
124	New Computer	7/17/13	525				525	5	MO	S/L	525	0
125	New Computer	10/11/13	872				872	5	MO	S/L	872	0
126	New Computer	10/11/13	605				605	5	MO	S/L	605	0
127	New Phone System	11/13/13	5,849				5,849	5	MO	S/L	5,849	0
128	New Computer	11/24/13	500				500	5	MO	S/L	500	0
129	New Computer	11/24/13	625				625	5	MO	S/L	625	0
130	New Computer - Robert Funari - TNC	6/30/15	565				565	5	MO	S/L	565	0
131	TNC New Computer & Monitor - Jenna B	7/10/15	675				675	5	MO	S/L	675	0
132	TNC New File Server	11/10/15	3,000				3,000	5	MO	S/L	3,000	0
133	TNC New Computer & Components - Exec	5/21/16	850				850	5	MO	S/L	850	0
134	TNC New Computer - Accounting (Lori)	12/26/15	700				700	5	MO	S/L	700	0
135	Computers - TNC	12/09/19	17,850				17,850	5	MO	S/L	17,850	0
136	Computer Hardware - TNC	3/01/20	3,925				3,925	5	MO	S/L	3,925	0
137	Hardware - TNC	5/31/20	2,418				2,418	5	MO	S/L	2,418	0
138	Equipment - TNC	10/31/19	1,400				1,400	5	MO	S/L	1,400	0
139	Router and Phone - TNC	1/31/20	723				723	5	MO	S/L	723	0

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Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
140	Laptops (see notes for breakdown) Sold/Scrapped: 6/30/25	9/03/21	3,457				3,457	5	MO	S/L	1,959	692
141	New Laptops (see notes for detail) Sold/Scrapped: 6/30/25	10/08/21	1,197				1,197	5	MO	S/L	659	239
142	Household Goods for Start Up - Cornerston	7/01/21	3,994				3,994	5	MO	S/L	2,397	798
143	Household Appliances - Cornerstone	7/01/21	5,975				5,975	5	MO	S/L	3,585	1,195
144	Window Installation - Cornerstone	7/01/21	2,554				2,554	15	MO	S/L	511	170
145	Land	11/01/01	10,000				10,000	0	--	Land	0	0
146	Land - West Market Street	12/31/22	21,243				21,243	0	--	Land	0	0
147	Land - TLC Building	10/20/22	110,000				110,000	0	--	Land	0	0
148	2019 Honda Odyssey	1/30/24	27,687				27,687	5	MO	S/L	2,307	5,538
	Total Other Depreciation		8,613,157				8,613,157				985,936	53,882
	Total ACRS and Other Depreciation		8,613,157				8,613,157				985,936	53,882
	Grand Totals		8,613,157				8,613,157				985,936	53,882
	Less: Dispositions and Transfers		4,654				4,654				2,618	931
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		8,608,503				8,608,503				983,318	52,951

CASSD Children's Aid Society Southern PA
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Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

CASSD Children's Aid Society Southern PA

23-1429838 **Future Depreciation Report FYE: 6/30/26**

FYE: 6/30/2025 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building 343 Lincoln Way West	11/01/01	362,391	9,292	0
2	West Market Street Building	7/01/21	561,316	14,393	0
3	WELCC Building	6/30/25	6,556,860	168,125	0
4	FLC Lincoln Way East Chbg	7/16/99	61,512	1,577	0
5	Sidewalk Paving	7/21/99	24,325	623	0
6	Conference Room Carpeting	9/23/03	1,100	0	0
7	Concrete Slab for Basketball	5/10/05	1,850	0	0
8	Ramp & Railing at FLC	9/30/07	9,225	88	0
9	FLC Parking Light	6/30/15	8,658	432	0
10	West Market Street, York TLC	6/15/86	27,000	0	0
11	West Market, York TLC	4/29/87	34,000	0	0
12	West Market, Rennovations TLC	6/15/87	85,517	0	0
13	402 - Roof TLC	4/15/89	5,448	0	0
14	402 - Roof TLC	4/15/89	4,471	0	0
15	Lehman Improvements - TLC	10/15/89	5,155	0	0
16	Lehman Improvements - TLC	10/15/89	25,215	0	0
17	Brick Work TLC	8/14/90	550	0	0
18	Renovations TLC	10/03/91	5,463	0	0
19	Suspended Ceiling Installation	3/31/95	2,390	62	0
20	Renovations	3/18/96	6,310	162	0
21	Glass for Windows TLC	2/17/97	443	11	0
22	Renovations to 402 TLC	4/01/97	10,823	277	0
23	Bath Renovations	4/07/97	483	12	0
24	Door Installed for Privacy TLC	7/08/97	1,785	46	0
25	402 W Market 3rd Floor Renovation	4/03/98	10,000	256	0
26	Renovations 3rd Floor @ 402 W Market St	7/20/98	8,436	216	0
27	Roof Replacement/Repair	9/30/01	3,300	85	0
28	Kitchen Upgrade	1/31/02	2,602	66	0
29	Balcony Railing Replaced	12/16/02	1,140	29	0
30	Bathroom Installed	2/24/03	2,285	59	0
31	Window Installation	3/26/03	8,940	229	0
32	Bathroom Remodel	6/20/03	1,033	26	0
33	Carpet 1st and 2nd Floors	7/29/03	9,544	0	0
34	Carpet Installed - Bath	10/03/03	567	0	0
35	Painting at the Lehman Center	10/14/03	7,700	0	0
36	Safety Turf	3/31/04	9,296	0	0
37	Sidewalk	10/01/06	12,316	0	0
38	Used Boiler	1/17/07	6,869	0	0
39	Laminate Flooring	8/10/08	954	47	0
40	New Flooring	11/09/09	7,150	179	0
41	Interior Doors - TNC	4/09/11	998	0	0
42	6 Gallon Water Heater - TLC	12/29/11	1,100	0	0
43	Undercounter Dishwasher - TLC	1/10/12	3,900	0	0
44	Painting - Crisis Nursery	3/25/13	20,409	1,021	0
45	Cabinets	8/01/12	858	42	0
46	Countertops	8/01/12	1,109	56	0
47	Security System - TLC	2/24/13	13,358	0	0
48	Replaced Air Conditioning Equipment	7/29/13	5,900	295	0
49	Awning	10/10/13	2,338	116	0
50	TLC Security/Door Access/Fire Alarm Control S	10/28/15	27,010	1,350	0
51	Roof Repairs	6/26/17	6,890	344	0
52	400-402 (TLC) Alarm Upgrades	4/19/17	4,029	202	0
53	Flooring in Kitchen of Nursery	2/08/17	3,000	150	0
54	Camera System and Monitors	5/25/18	6,897	345	0
55	Security System Upgrade - Card Access for Doo	3/24/18	5,931	296	0
56	Windows - TLC	11/15/19	10,949	548	0
57	Improvements 343 Lincoln Way West	11/01/01	65,368	1,676	0
58	Fencing	5/24/03	2,850	73	0
59	Armstrong Lennox Furnace	11/04/03	2,500	0	0
60	New Roof	4/06/06	5,125	0	0
61	Carpet - 1st Floor TLC	7/26/07	3,361	4	0
62	Panic Bar, Camera, Monitor, Power	10/01/07	3,747	47	0
63	Healing Garden Greenhouse	7/31/13	20,241	1,012	0
64	Door & Wall for Additional Office	1/24/14	1,683	84	0
65	New Rooftop Furnance - TNC	12/03/14	6,367	318	0
66	TNC Art Therapy Room Renovation	10/27/15	16,694	834	0
67	Repair Heater on Rooftop Over Admin Office	9/30/16	2,589	130	0

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23-1429838 **Future Depreciation Report FYE: 6/30/26**

FYE: 6/30/2025 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
68	New Oxford (TNC) Alarm System Upgrade	4/17/17	3,108	155	0
69	Reception Renovation	1/31/18	9,254	462	0
70	God's Closet Renovation	7/05/18	15,000	750	0
71	Rooftop Furnace - TNC	1/18/19	11,538	576	0
72	Outdoor Storage Shed	1/01/22	3,267	163	0
73	God's Closet Costs	12/01/21	79,791	3,989	0
74	Flooring - West Market Street	12/01/22	5,400	0	0
75	Goodman GM9S Gas Furnace	11/27/23	4,495	642	0
76	Table Top with Graphics	4/29/04	1,518	0	0
77	New Furnace/ A/C Unit - FLC	12/30/14	8,450	0	0
78	Fencing Around Play Area	3/31/95	472	0	0
79	Boiler Section TLC	10/31/97	930	0	0
80	Door Installation in Kitchen	4/17/98	500	0	0
81	Counter Top for Kitchen	9/06/00	1,118	0	0
82	Sink for Adriennes Office	10/31/00	1,850	0	0
83	Artic Air Commercial Refrigerator	3/28/01	1,085	0	0
84	Artic Air Freezer	3/28/01	699	0	0
85	Heater	9/26/01	4,025	0	0
86	Supression System	12/31/01	8,464	0	0
87	Range for Nursery	12/31/01	1,400	0	0
88	Office Redesign	5/07/03	13,260	0	0
89	Office Furniture	7/22/03	2,351	0	0
90	File Cabinets	7/30/03	712	0	0
91	Playground Noah's Ark	7/31/03	1,722	0	0
92	Bunkbed & Rocker for Nursery	2/18/04	1,070	0	0
93	Sofa for Nursery	10/21/08	1,509	0	0
94	Natural Gas Furnace	1/24/03	3,450	0	0
95	TNC Office Chairs for Art Therapy/Waiting Roo	11/10/15	2,646	0	0
96	Bedroom Furnishing - Cornerstone	7/01/21	3,560	712	0
97	Rocking Chairs	6/30/00	201	0	0
98	Printer - FLC Admin (Laser Jet 4250)	10/19/17	900	0	0
99	Printer - FLC PT (HP BI 2800)	10/19/07	500	0	0
100	Intel Core 2 Duo W/Scanner & LCD	5/09/09	2,100	0	0
101	Server - FLC	1/31/12	885	0	0
102	Dell OptiPlex 3010 MT Computer	2/27/13	624	0	0
103	New Dell Computer	10/28/13	620	0	0
104	New Phone System	11/13/13	4,024	0	0
105	2 New Computers - FLC	10/24/14	1,380	0	0
106	2 New Computers - Therapy	10/24/14	1,380	0	0
107	New Phone System	2/06/09	8,140	0	0
108	Laptop - TLC Admin	12/23/12	400	0	0
109	Desktop Computer	12/23/12	425	0	0
110	Laptop Computer	12/23/12	425	0	0
111	New Computer - TLC Tx	12/23/12	450	0	0
112	New Computer	10/11/13	500	0	0
113	New Computer	1/28/14	500	0	0
114	New Computer	5/24/14	475	0	0
115	Pre-owned Computer	5/31/14	200	0	0
116	New Computer - Martha Martin - TLC	5/14/15	621	0	0
117	TLC New Computer - D. Sauers	7/29/15	550	0	0
118	TLC New Computer - ED Office	3/06/16	535	0	0
119	Phone Equipment - TLC	10/14/19	7,571	0	0
120	Routers - TLC	10/29/19	8,820	0	0
121	Wireless Video Intercom - TLC	3/04/20	2,714	0	0
122	Kyocera Mita KM-3035 Digital Copier	7/21/04	4,590	0	0
123	Kyrocera Mita Copier	9/17/08	4,171	0	0
124	New Computer	7/17/13	525	0	0
125	New Computer	10/11/13	872	0	0
126	New Computer	10/11/13	605	0	0
127	New Phone System	11/13/13	5,849	0	0
128	New Computer	11/24/13	500	0	0
129	New Computer	11/24/13	625	0	0
130	New Computer - Robert Funari - TNC	6/30/15	565	0	0
131	TNC New Computer & Monitor - Jenna B	7/10/15	675	0	0
132	TNC New File Server	11/10/15	3,000	0	0
133	TNC New Computer & Components - Executive	5/21/16	850	0	0
134	TNC New Computer - Accounting (Lori)	12/26/15	700	0	0
135	Computers - TNC	12/09/19	17,850	0	0
136	Computer Hardware - TNC	3/01/20	3,925	0	0
137	Hardware - TNC	5/31/20	2,418	0	0
138	Equipment - TNC	10/31/19	1,400	0	0

CASSD Children's Aid Society Southern PA

23-1429838 **Future Depreciation Report FYE: 6/30/26**

FYE: 6/30/2025 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
139	Router and Phone - TNC	1/31/20	723	0	0
142	Household Goods for Start Up - Cornerstone	7/01/21	3,994	799	0
143	Household Appliances - Cornerstone	7/01/21	5,975	1,195	0
144	Window Installation - Cornerstone	7/01/21	2,554	170	0
145	Land	11/01/01	10,000	0	0
146	Land - West Market Street	12/31/22	21,243	0	0
147	Land - TLC Building	10/20/22	110,000	0	0
148	2019 Honda Odyssey	1/30/24	27,687	5,537	0
	Total Other Depreciation		8,608,503	220,385	0
	Total ACRS and Other Depreciation		8,608,503	220,385	0
	Grand Totals		8,608,503	220,385	0

CASSD

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	

Name
CHILDREN'S AID SOCIETY SOUTHERN PA DISTRICT - CHURCH OF THE BRETHREN

Employer Identification Number
23-1429838

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		GOLF OUTINGS (event type)	(event type)	(event type)	
Revenue	1 Gross receipts	31,160			31,160
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	31,160			31,160
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	19,483			19,483

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	$ 51,904	$ 5,841	$ 46,063	$
TOTAL	$ 51,904	$ 5,841	$ 46,063	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SPECIAL EVENTS EXPENSE	$ 3,856	$	$	$ 3,856
MISCELLANEOUS	504		504	
TOTAL	$ 4,360	$ 0	$ 504	$ 3,856

Federal Statements

Schedule A, Part II - Unusual Grants

Name	Date	Amount	Description
RACP GRANT		$ 2,000,000	
ESTATE DONATIONS		160,228	
TOTAL		$ 2,160,228	