

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE CHILDREN'S AID SOCIETY | | D Employer identification number 13-5562191 |
| | Doing business as | | E Telephone number (212) 949-4800 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 117 W 124TH STREET | | G Gross receipts \$ 424,020,000. |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10027 | | |
| F Name and address of principal officer: PHOEBE BOYER SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number | |

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

J Website: WWW.CHILDRENSAIDNYC.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1855 **M** State of legal domicile: NY

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP CHILDREN IN POVERTY SUCCEED AND THRIVE. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 2052 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 60 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 48,344. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 5,790. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 25,300,000. | 20,480,125. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 100,352,300. | 102,982,000. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 32,231,700. | 22,429,000. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,396,000. | 4,522,805. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 163,280,000. | 150,413,930. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 2,794,687. | 3,299,514. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 95,281,000. | 90,878,000. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,426,000. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 48,600,313. | 47,165,416. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 146,676,000. | 141,342,930. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 16,604,000. | 9,071,000. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 470,430,000. | 557,276,000. |
| | | 182,584,000. | 175,678,000. |
| | | 287,846,000. | 381,598,000. |

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 | | | |
| | MICHAEL GREENBERG, CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name SCOTT THOMPSETT | Preparer's signature <i>Scott Thompson</i> | Date 4/29/2022 | Check if self-employed <input type="checkbox"/> | PTIN P00741490 |
| | Firm's name GRANT THORNTON LLP | Firm's EIN 36-6055558 | Firm's address 757 THIRD AVE, 3RD FLOOR NEW YORK, NY 10017-2013 | Phone no. (212) 599-0100 | |

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. THE CHILDREN'S AID SOCIETY | Taxpayer identification number (TIN) 13-5562191 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 117 W 124TH STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10027 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

MICHAEL GREENBERG

- The books are in the care of ▶ **117 W 124TH STREET - NEW YORK, NY 10027**
Telephone No. ▶ **212-949-4800** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHILDREN'S AID HELPS CHILDREN IN POVERTY TO SUCCEED AND THRIVE. WE DO THIS BY PROVIDING COMPREHENSIVE SUPPORTS TO CHILDREN AND THEIR FAMILIES IN TARGETED, HIGH-NEEDS NEW YORK CITY NEIGHBORHOODS. (CONTINUED ON 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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 52,905,000. including grants of \$ 1,529,033.) (Revenue \$ 53,900,425.) THE CHILD WELFARE AND FAMILY SERVICES ("CWFS") DIVISION PROMOTES CHILD AND FAMILY STABILITY THROUGH A RANGE OF PROGRAMS. WE FIND HIGH-QUALITY, LOVING HOMES FOR CHILDREN PLACED IN FOSTER CARE AND SUPPORT PARENTS SEEKING TO REUNIFY WITH THEIR CHILDREN. HOME-BASED SERVICES ARE PROVIDED FOR CHILDREN AT RISK OF FOSTER CARE PLACEMENT. OUR FAMILY WELLNESS PROGRAM OFFERS COMPREHENSIVE SERVICES TO FAMILIES IMPACTED BY DOMESTIC VIOLENCE. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 27,550,000. including grants of \$ 1,244,662.) (Revenue \$ 15,721,500.) THE YOUTH DIVISION FOCUSES ON AGES 5 TO ADOLESCENCE/YOUNG ADULT AND PROMOTES PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING AS KEY FACTORS FOR HIGH SCHOOL GRADUATION AND COLLEGE SUCCESS. YOUTH PROGRAMS OPERATE IN CHILDREN'S AID LOCATIONS AND IN FULL-SERVICE COMMUNITY SCHOOL PARTNERSHIPS, AND ENGAGE CHILDREN, FAMILIES, SCHOOLS AND COMMUNITIES THROUGH AN INTEGRATED FOCUS ON ACADEMICS, SERVICES, SUPPORTS, AND OPPORTUNITIES. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 16,320,000. including grants of \$ 96,129.) (Revenue \$ 15,998,401.) THE HEALTH AND WELLNESS DIVISION PROVIDES HIGH-QUALITY SERVICES THAT REDUCE HEALTH DISPARITIES AMONG CHILDREN AND FAMILIES LIVING IN POVERTY, INCLUDING COMPREHENSIVE MEDICAL, MENTAL HEALTH, AND DENTAL SERVICES DELIVERED BY PEDIATRICIANS, NURSE PRACTITIONERS, SOCIAL WORKERS, PSYCHIATRISTS, DENTISTS, HEALTH EDUCATORS, MEDICAL ASSISTANTS, AND OTHER SUPPORT STAFF. SPECIALIZED PROGRAMS ALSO PROVIDE CARE COORDINATION AND EDUCATE CHILDREN AND FAMILIES ABOUT THE BENEFITS OF HEALTHY LIVING THROUGH DIET, NUTRITION, AND EXERCISE. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 17,875,000. including grants of \$ 429,690.) (Revenue \$ 17,361,674.)

4e Total program service expenses 114,650,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, CT, FL, MD, MA, NJ, NY, OH, PA, VA
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
MICHAEL GREENBERG - 212-949-4800
117 W 124TH STREET, NEW YORK, NY 10027

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) PHOEBE BOYER PRESIDENT/CEO | 40.00 0.00 | | | X | | | | 443,788. | 0. | 70,921. |
| (2) DANIEL SHACKNAI CHIEF OPERATING OFFICER | 40.00 0.00 | | | X | | | | 256,937. | 0. | 50,800. |
| (3) CAROLINE GALLAGHER CHIEF DEVELOPMENT OFFICER | 40.00 0.00 | | | | | X | | 248,228. | 0. | 45,402. |
| (4) SANDRA ESCAMILLA EXECUTIVE VICE PRESIDENT | 40.00 0.00 | | | | X | | | 238,897. | 0. | 40,853. |
| (5) LISA HANDWERKER, M.D. CHIEF MEDICAL OFFICER | 40.00 0.00 | | | | | X | | 211,134. | 0. | 59,425. |
| (6) GEORGIA BOOTHE EXECUTIVE VICE PRESIDENT | 40.00 0.00 | | | | X | | | 246,358. | 0. | 16,914. |
| (7) ROBYN DIETZ DIRECTOR TALENT MANAGEMENT/HR | 40.00 0.00 | | | | | X | | 200,784. | 0. | 48,085. |
| (8) COURTENAYE JACKSON-CHASE GENERAL COUNSEL | 40.00 0.00 | | | | | X | | 222,800. | 0. | 19,999. |
| (9) ALETHEA PRATT CHIEF INFORMATION OFFICER | 40.00 0.00 | | | | | X | | 200,481. | 0. | 27,580. |
| (10) MICHAEL GREENBERG CHIEF FINANCIAL OFFICER | 40.00 0.00 | | | X | | | | 213,505. | 0. | 10,824. |
| (11) AMY ENGEL SCHARF CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (12) JILL S. OLSON TRUSTEE/VICE CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) EREN ROSENFELD SECRETARY | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) RUSSELL DIAMOND TREASURER | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) LINDA KAO ASST TREASURER | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (16) CARLENE BROOKS-ODEN TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) RICHARD EDELMAN TRUSTEE (THRU 12/2020) | 5.00 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 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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 | | | |
| (18) RAJA FLORES TRUSTEE (AS OF 12/2020) | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) MICHAEL GOSS TRUSTEE (AS OF 06/2021) | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) SEBASTIAN GUTH TRUSTEE (AS OF 12/2020) | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) RUSSELL W. HORWITZ TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELLEN JEWETT TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) ALAN E. KATZ TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) GREGORY KERR, MD TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) CHRISTOPHER R. LAWRENCE TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) BETH LEVENTHAL TRUSTEE | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,482,912. | 0. | 390,803. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,482,912. | 0. | 390,803. |

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 **86**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|---|--------------------------------|---------------------|
| CONCEPT CONSTRUCTION SERVICES, INC., 124 E 124TH STREET, 2ND FL, NEW YORK, NY 10035 | CONSTRUCTION SERVICES | 1,967,819. |
| CDW DIRECT LLC, 200 NORTH MILWAUKEE AVENUE, VERNON HILLS, IL 60061 | TECHNOLOGICAL SERVICES | 1,708,952. |
| COHEN & GRESSER LLP 800 THIRD AVE, NEW YORK, NY 10022 | LEGAL SERVICES | 1,189,339. |
| ROSIN STEINHAGEN MENDEL, 228 EAST 45TH STREET, SUITE 900, NEW YORK, NY 10017 | LEGAL SERVICES | 468,000. |
| ARROW SECURITY 300 WEST MAIN STREET, SMITHTOWN, NY 11787 | SECURITY SERVICES | 367,485. |

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 **27**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|---|---|----------------|------------------------------------|----------------------------|--|------------|-----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 1,482,562. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 18,997,563. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 3,011,695. | | | | | |
| | h Total. Add lines 1a-1f | | | 20,480,125. | | | | |
| Program Service Revenue | 2 a GOV'T FEES & CONTRACTS | Business Code | 611710 | 90,576,000. | 90,576,000. | | | |
| | b PROGRAM FEES | | 611710 | 11,967,000. | 11,967,000. | | | |
| | c HEALTH AND WELLNESS CLINICS | | 624100 | 439,000. | 439,000. | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 102,982,000. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,309,000. | | 48,344. | 2,260,656. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 2,732,000. | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b Less: rental expenses | 6b | | 0. | | | | |
| | c Rental income or (loss) | 6c | | 2,732,000. | | | | |
| | d Net rental income or (loss) | | | 2,732,000. | | | 2,732,000. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 293,343,000. | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 273,223,000. | | | | |
| c Gain or (loss) | 7c | | 20,120,000. | | | | | |
| d Net gain or (loss) | | | 20,120,000. | | | 20,120,000. | | |
| 8 a Gross income from fundraising events (not including \$ 1,482,562. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 4,875. | | | | |
| | | b Less: direct expenses | 8b | | 383,070. | | | |
| | | c Net income or (loss) from fundraising events | | | -378,195. | | | -378,195. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | | |
| | | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a 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 | 11 a MANAGEMENT FEE | Business Code | 900099 | 2,013,000. | | | 2,013,000. | |
| | b MISCELLANEOUS INCOME | | 900099 | 156,000. | | | 156,000. | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 2,169,000. | | | | |
| 12 Total revenue. See instructions | | | 150,413,930. | 102,982,000. | 48,344. | 26,903,461. | | |

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 ... | 1,073,167. | 1,073,167. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,226,347. | 2,226,347. | | |
| 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 | 1,519,717. | 505,596. | 1,014,121. | |
| 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 | 68,802,283. | 57,679,013. | 9,372,434. | 1,750,836. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 4,904,590. | 4,112,348. | 667,401. | 124,841. |
| 9 Other employee benefits | 10,460,410. | 8,574,475. | 1,588,982. | 296,953. |
| 10 Payroll taxes | 5,191,000. | 5,131,517. | -93,726. | 153,209. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 4,095,697. | 2,656,433. | 1,153,437. | 285,827. |
| b Legal | 2,454,520. | 825,757. | 1,628,763. | |
| c Accounting | 538,574. | 212,774. | 325,800. | |
| d Lobbying | 96,250. | 96,250. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 2,274,000. | | 2,274,000. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 384,207. | 383,078. | | 1,129. |
| 12 Advertising and promotion | 271,420. | 35,682. | 79,627. | 156,111. |
| 13 Office expenses | 2,840,991. | 2,604,437. | 191,224. | 45,330. |
| 14 Information technology | 2,809,675. | 1,683,961. | 1,019,806. | 105,908. |
| 15 Royalties | | | | |
| 16 Occupancy | 6,315,000. | 5,680,292. | 572,785. | 61,923. |
| 17 Travel | 796,417. | 606,774. | 188,808. | 835. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 1,225,177. | 920,916. | 167,200. | 137,061. |
| 20 Interest | 3,280,000. | 2,298,195. | 847,133. | 134,672. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,412,000. | 2,270,916. | 2,007,076. | 134,008. |
| 23 Insurance | 2,148,000. | 1,874,280. | 236,472. | 37,248. |
| 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 FOOD BOARDING HOME | 11,975,000. | 11,971,868. | 3,132. | |
| b FOOD | 911,047. | 911,047. | | |
| c MEMBERSHIP DUES | 186,947. | 167,216. | 19,622. | 109. |
| d REPAIRS AND MAINTENANCE | 150,494. | 147,661. | 2,833. | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 141,342,930. | 114,650,000. | 23,266,930. | 3,426,000. |
| 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 <input type="checkbox"/> 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 | 2,574,000. | 1 | 2,255,000. |
| | 2 Savings and temporary cash investments | 16,961,000. | 2 | 14,328,000. |
| | 3 Pledges and grants receivable, net | 1,269,000. | 3 | 638,000. |
| | 4 Accounts receivable, net | 39,943,000. | 4 | 33,311,000. |
| | 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 | 0. | 5 | 0. |
| | 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) | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 2,717,000. | 9 | 3,072,000. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 149,816,000. | | |
| | b Less: accumulated depreciation | 10b 35,315,000. | | |
| | 11 Investments - publicly traded securities | 116,484,000. | 10c | 114,501,000. |
| | 12 Investments - other securities. See Part IV, line 11 | 114,501,000. | 11 | 101,810,000. |
| | 13 Investments - program-related. See Part IV, line 11 | 174,329,000. | 12 | 255,345,000. |
| | 14 Intangible assets | 0. | 13 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,652,000. | 15 | 32,016,000. | |
| | 470,430,000. | 16 | 557,276,000. | |
| Liabilities | 17 Accounts payable and accrued expenses | 14,031,000. | 17 | 15,584,000. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 9,614,000. | 19 | 4,868,000. |
| | 20 Tax-exempt bond liabilities | 75,441,000. | 20 | 74,524,000. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 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 | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 7,500,000. | 24 | 0. |
| | 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 | 75,998,000. | 25 | 80,702,000. |
| | 26 Total liabilities. Add lines 17 through 25 | 182,584,000. | 26 | 175,678,000. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 271,889,000. | 27 | 365,985,000. |
| | 28 Net assets with donor restrictions | 15,957,000. | 28 | 15,613,000. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 287,846,000. | 32 | 381,598,000. |
| 33 Total liabilities and net assets/fund balances | 470,430,000. | 33 | 557,276,000. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 150,413,930. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 141,342,930. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9,071,000. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 287,846,000. |
| 5 | Net unrealized gains (losses) on investments | 5 | 60,637,000. |
| 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 | 24,044,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 381,598,000. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form **990** (2020)

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 23,080,291. | 23,200,340. | 18,150,000. | 25,300,000. | 20,480,125. | 110,210,756. |
| 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 | 23,080,291. | 23,200,340. | 18,150,000. | 25,300,000. | 20,480,125. | 110,210,756. |
| 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) | | | | | | 171,147. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 110,039,609. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 23,080,291. | 23,200,340. | 18,150,000. | 25,300,000. | 20,480,125. | 110,210,756. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,792,096. | 5,973,000. | 5,082,633. | 3,845,168. | 5,041,000. | 22,733,897. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 106,518. | 153,574. | 246,601. | 196,532. | 0. | 703,225. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,636,275. | 1,245,095. | 1,799,000. | 4,149,000. | 2,173,875. | 11,003,245. |
| 11 Total support. Add lines 7 through 10 | | | | | | 144,651,123. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 468,137,467. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 76.07 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 79.21 % |
| 16a 33 1/3% support test - 2020. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. 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 | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in 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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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 in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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)? <i>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).</i> | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 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? <i>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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 2a | | |
| b Did the activities described in 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? <i>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.</i> | | |
| 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 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 | <input type="checkbox"/> 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 2020 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-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING

2016 AMOUNT: \$ 178,366.

2017 AMOUNT: \$ 288,095.

2018 AMOUNT: \$ 181,000.

2019 AMOUNT: \$ 110,000.

2020 AMOUNT: \$ 4,875.

MANAGEMENT FEE

2016 AMOUNT: \$ 1,457,909.

2017 AMOUNT: \$ 957,000.

2018 AMOUNT: \$ 1,618,000.

2019 AMOUNT: \$ 2,064,000.

2020 AMOUNT: \$ 2,013,000.

FORGIVENESS OF LOAN INCOME

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 1,889,000.

2020 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 86,000.

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.)

2020 AMOUNT: \$ 156,000.

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| | |
|--|--|
| Name of organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
|--|--|

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 | <hr/> <hr/> <hr/> | \$ 2,477,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 972,605. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 861,137. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 830,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 785,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 635,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
|--|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 625,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 558,031. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 452,546. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 450,685. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 450,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
|--|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |

| | |
|--|--|
| Name of organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
|--|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization <p style="text-align: center;">THE CHILDREN'S AID SOCIETY</p> | Employer identification number <p style="text-align: center;">13-5562191</p> |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 43,672. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 96,250. |
| j Total. Add lines 1c through 1i | | | 139,922. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|----|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE CHILDREN'S AID SOCIETY UTILIZES AN OUTSIDE CONSULTANT TO UNDERTAKE

LOBBYING ACTIVITIES ON ITS BEHALF; SPECIFICALLY TO ENGAGE IN BUDGET AND

LEGISLATIVE ADVOCACY THAT ALIGN WITH OUR PRIORITIES TO HELP SUPPORT OUR

CHILDREN AND FAMILIES. AMOUNTS PAID TO THIRD PARTY EXTERNAL LOBBYING

CONSULTANTS, INCLUDED IN SCHEDULE C, PART II-B, LINE 1(I), AMOUNTS TO

Part IV Supplemental Information *(continued)*

\$96,250. THE REMAINING COSTS IDENTIFIED IN SCHEDULE C REPRESENT

INTERNAL SALARY COSTS ALLOCATED TO LOBBYING INITIATIVES.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

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

2020
Open to Public Inspection

Name of the organization THE CHILDREN'S AID SOCIETY **Employer identification number** 13-5562191

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 on 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 | 7,854,000. | 8,199,000. | 8,145,000. | 7,877,000. | 6,932,000. |
| b Contributions | 63,000. | | | | 250,000. |
| c Net investment earnings, gains, and losses | 2,293,000. | 23,000. | 191,000. | 405,000. | 832,000. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 302,000. | 368,000. | 137,000. | 137,000. | 137,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 9,908,000. | 7,854,000. | 8,199,000. | 8,145,000. | 7,877,000. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 69.3800 %
 - c Term endowment 30.6200 %
- 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 | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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 | | 5,656,000. | | 5,656,000. |
| b Buildings | | 121,214,000. | 19,624,615. | 101,589,385. |
| c Leasehold improvements | | 7,307,000. | 6,605,532. | 701,468. |
| d Equipment | | 12,417,000. | 8,824,380. | 3,592,620. |
| e Other | | 3,222,000. | 260,473. | 2,961,527. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 114,501,000. |

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) EQUITIES AND COMMINGLED FUNDS | 135,103,000. | END-OF-YEAR MARKET VALUE |
| (B) HEDGE FUNDS | 68,317,000. | END-OF-YEAR MARKET VALUE |
| (C) PRIVATE CAPITAL | 28,595,000. | END-OF-YEAR MARKET VALUE |
| (D) EMERGING MARKETS EQUITY FUND | 9,042,000. | END-OF-YEAR MARKET VALUE |
| (E) MUTUAL FUNDS | 8,692,000. | END-OF-YEAR MARKET VALUE |
| (F) LIMITED PARTNERSHIP INTERESTS | 5,596,000. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 255,345,000. | |

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

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) OPERATING RIGHT-OF-USE ASSETS | 30,189,000. |
| (2) SPLIT-INTEREST AGREEMENT INVESTMENT | 1,827,000. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 32,016,000. |

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) ACCRUED PENSION AND POST-RETIREMENT | 47,911,000. |
| (3) OPERATING LEASE LIABILITIES | 30,189,000. |
| (4) OTHER LIABILITIES | 1,685,000. |
| (5) SPLIT-INTEREST OBLIGATIONS | 917,000. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 80,702,000. |

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 ...

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

CHILDREN'S AID RECOGNIZES THAT NEW YORK STATE ADOPTED AS LAW THE NEW YORK

PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("NYPMIFA"). NYPMIFA CREATED

A REBUTTABLE PRESUMPTION OF IMPRUDENCE IF AN ORGANIZATION APPROPRIATES

MORE THAN 7% OF A DONOR-RESTRICTED ENDOWMENT FUND'S FAIR VALUE (AVERAGED

OVER A PERIOD OF NOT LESS THAN THE PRECEDING FIVE YEARS) IN ANY YEAR. ANY

UNAPPROPRIATED EARNINGS THAT WOULD OTHERWISE BE CONSIDERED TO BE WITHOUT

DONOR RESTRICTIONS ARE REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS

UNTIL APPROPRIATED.

THE CHILDREN'S AID'S BOARD HAS INTERPRETED NYPMIFA AS ALLOWING CHILDREN'S

AID TO APPROPRIATE FOR EXPENDITURE OR ACCUMULATE SO MUCH OF AN ENDOWMENT

Part XIII Supplemental Information (continued)

FUND AS CHILDREN'S AID DETERMINES IS PRUDENT FOR THE USES, BENEFITS,
PURPOSES AND DURATION FOR WHICH THE ENDOWMENT FUND WAS ESTABLISHED,
SUBJECT TO THE INTENT OF THE DONOR, AS EXPRESSED IN THE GIFT INSTRUMENT.

FOR DONOR-RESTRICTED ENDOWMENT FUNDS AND OTHER UNRESTRICTED RESERVES, THE
BOARD OF TRUSTEES OF CHILDREN'S AID HAS ESTABLISHED INVESTMENT POLICIES.
ENDOWMENT INVESTMENTS CONSIST OF A BROAD RANGE OF SECURITIES TO PROVIDE A
BALANCE THAT WILL ENHANCE TOTAL RETURN WHILE AVOIDING UNDUE RISK THROUGH
EXCESSIVE CONCENTRATION IN ANY SINGLE ASSET CLASS OR INDIVIDUAL SECURITY.
ASSET ALLOCATION IS DETERMINED BY THE INVESTMENT COMMITTEE OF THE BOARD
AND REVIEWED REGULARLY.

SCHEDULE D, PART V, PRIOR YEAR REPORTING

THE CHILDREN'S AID SOCIETY DISCOVERED AN ERROR IN ITS PRIOR YEAR ENDOWMENT
REPORTING, RESULTING IN A \$4,000 INCREASE IN NET INVESTMENT EARNINGS,
GAINS, AND LOSSES ON LINE 1(C) AND A \$231,000 INCREASE IN OTHER
EXPENDITURES FOR FACILITIES AND PROGRAMS ON LINE 1(E). THESE AMOUNTS HAVE
BEEN UPDATED ON LINES 1(C) AND 1(E) IN COLUMN B FOR PRIOR YEAR REPORTING.

PART X, LINE 2:

THE AGENCY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY
IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING
ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS
GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN
ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS
"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE
CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

Part XIII Supplemental Information (continued)

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE

SERVICE CODE SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME

UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED

BY THE CODE. THE AGENCY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE

MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED

INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR

WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY

BE CONSIDERED TAX POSITIONS. THE AGENCY HAS DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

ITS CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2021

AND 2020.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART IV

THE CHILDREN'S AID SOCIETY INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS; IT LIKEWISE INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS. NEVERTHELESS, CAS'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT THAT CAS IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, THEY ARE FILED WITH THE FORM 990-T FILING.

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 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|------------------------------|------------------------|--|
| | | GALA (event type) | GOLF CLASSIC (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 1,396,380. | 91,057. | 1,487,437. |
| | 2 | Less: Contributions | 1,391,505. | 91,057. | 1,482,562. |
| | 3 | Gross income (line 1 minus line 2) | 4,875. | | 4,875. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 121,735. | | 121,735. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | 120,408. | | 120,408. |
| | 9 | Other direct expenses | 120,841. | 20,086. | 140,927. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 383,070. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -378,195. | |

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 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE CHILDREN'S AID SOCIETY** Employer identification number **13-5562191**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| ALVIN AILEY DANCE FOUNDATION, INC. 405 WEST 55TH STREET 2ND FLOOR NEW YORK, NY 10019 | 13-2584273 | 501(C)(3) | 133,657. | 0. | | | GENERAL SUPPORT |
| BUSINESSES UNITED IN INVESTING, LENDING AND DEVELOPMENT - PO BOX 3316 - REDWOOD CITY, CA 94064 | 94-3386695 | 501(C)(3) | 10,000. | 0. | | | GENERAL SUPPORT |
| FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS, 6TH FL. NEW YORK, NY 10013 | 13-2612524 | 501(C)(3) | 13,000. | 0. | | | GENERAL SUPPORT |
| GLOBAL ARTS TO GO 165 W 66TH STREET, SUITE 18K NEW YORK, NY 10023 | 80-0298198 | | 6,000. | 0. | | | GENERAL SUPPORT |
| PHIPPS NEIGHBORHOOD, INC. 902 BROADWAY NEW YORK, NY 10010 | 13-2707665 | 501(C)(3) | 200,000. | 0. | | | GENERAL SUPPORT |
| THE NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF THE AMERICAS, 14TH FL NEW YORK, NY 10011 | 12-1624123 | 501(C)(3) | 7,000. | 0. | | | GENERAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SPECIFIC ASSISTANCE | 357 | 1,192,488. | 0. | | |
| SCHOLARSHIPS | 60 | 250,703. | 0. | | |
| PER DIEM PARTICIPATION STIPENDS | 919 | 492,255. | 0. | | |
| CHILDREN'S RECREATIONAL ACTIVITIES | 7 | 290,851. | 0. | | |
| BABYSITTING | 1 | 50. | 0. | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE USE OF GRANT FUNDS ARE MONITORED CLOSELY DURING THE YEAR BY THE

DEPARTMENT ADMINISTERING THE ASSISTANCE. MONITORING CAN INCLUDE, AMONG

OTHER THINGS, REGULAR HOME VISITS TO FAMILIES WHO MIGHT RECEIVE MONTHLY

ASSISTANCE FOR FOSTER CARE CHILDREN; DIRECT PURCHASES OF MATERIALS SUCH AS

BEDS, LINENS, TEXT BOOKS, CLOTHES OR FOOD; UTILITY PAYMENTS, RATHER THAN

CASH ASSISTANCE TO FAMILIES; AND MONITORING OF CLASSES OR PROGRAMS WHEN

SCHOLARSHIPS ARE PROVIDED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE CHILDREN'S AID SOCIETY**
 Employer identification number: **13-5562191**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) PHOEBE BOYER PRESIDENT/CEO | (i) | 443,788. | 0. | 0. | 31,783. | 39,138. | 514,709. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DANIEL SHACKNAI CHIEF OPERATING OFFICER | (i) | 256,937. | 0. | 0. | 11,722. | 39,078. | 307,737. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CAROLINE GALLAGHER CHIEF DEVELOPMENT OFFICER | (i) | 248,228. | 0. | 0. | 11,304. | 34,098. | 293,630. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SANDRA ESCAMILLA EXECUTIVE VICE PRESIDENT | (i) | 238,897. | 0. | 0. | 7,442. | 33,411. | 279,750. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) LISA HANDWERKER, M.D. CHIEF MEDICAL OFFICER | (i) | 211,134. | 0. | 0. | 28,482. | 30,943. | 270,559. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) GEORGIA BOOTHE EXECUTIVE VICE PRESIDENT | (i) | 246,358. | 0. | 0. | 12,404. | 4,510. | 263,272. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ROBYN DIETZ DIRECTOR TALENT MANAGEMENT/HR | (i) | 200,784. | 0. | 0. | 10,758. | 37,327. | 248,869. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) COURTENAYE JACKSON-CHASE GENERAL COUNSEL | (i) | 222,800. | 0. | 0. | 6,792. | 13,207. | 242,799. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) ALETHEA PRATT CHIEF INFORMATION OFFICER | (i) | 200,481. | 0. | 0. | 10,468. | 17,112. | 228,061. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) MICHAEL GREENBERG CHIEF FINANCIAL OFFICER | (i) | 213,505. | 0. | 0. | 0. | 10,824. | 224,329. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, LINE 4(B)

PRESIDENT & CEO, PHOEBE BOYER, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN; THE ORGANIZATION MADE A CONTRIBUTION OF \$20,000 TO THE

PLAN ON HER BEHALF IN CALENDAR YEAR 2020. THIS PAYMENT IS REFLECTED IN

SCHEDULE J, PART II, COLUMN (C).

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **THE CHILDREN'S AID SOCIETY** Employer identification number **13-5562191**

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|-------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A BUILD NYC RESOURCE CORPORATION | 45-4040561 | 12008EKC9 | 07/23/15 | 40,696,638. | TO FINANCE 1232 SOUTHERN BLVD | | X | | X | | X |
| B BUILD NYC RESOURCE CORPORATION | 45-4040561 | 12008EQN9 | 08/01/19 | 38,684,456. | TO FINANCE 117 W 124TH STREET | | X | | X | | X |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|----|-------------|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | 2,655,000. | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 40,696,638. | | 38,684,456. | | | | | | | |
| 4 Gross proceeds in reserve funds | 93,663. | | | | | | | | | |
| 5 Capitalized interest from proceeds | 3,817,291. | | 447,300. | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 667,249. | | 734,456. | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 36,118,435. | | 37,950,000. | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2018 | | 2020 | | | | | | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | X | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | | | |

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

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | | X | | X | | | | |
| c No rebate due? | X | | X | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | | | |

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, LINE 2C FOR BOND A
 THE CHILDREN'S AID SOCIETY COMMISSIONED AN ARBITRAGE REBATE CALCULATION ON ITS SERIES 2015 BUILD NYC RESOURCE CORPORATION TAX-EXEMPT REVENUE BOND IN JULY OF 2020. THE REBATE REPORT CONFIRMED THAT THE BOND ISSUANCE HAS NO EXCESS EARNINGS AND THAT NO ARBITRAGE REBATE IS DUE ON THE SERIES 2015 BOND.

SCHEDULE K, PART IV, LINE 2C FOR BOND B
 THE CHILDREN'S AID SOCIETY COMMISSIONED AN ARBITRAGE REBATE CALCULATION ON ITS SERIES 2019 BUILD NYC RESOURCE CORPORATION TAX-EXEMPT REVENUE BOND IN DECEMBER OF 2021. THE REBATE REPORT CONFIRMED THAT THE BOND ISSUANCE HAS NO EXCESS EARNINGS AND THAT NO ARBITRAGE REBATE IS DUE ON THE SERIES 2019 BOND.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE CHILDREN'S AID SOCIETY** Employer identification number **13-5562191**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 26 | 2,672,402. | MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | | 338,594. | MARKET VALUE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (GIFT CARDS) | X | 0 | 700. | MARKET VALUE |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | X | |

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CHILDREN'S AID HIRES BANK OF NEW YORK (BNY) MELLON CAPITAL MANAGEMENT

TO SELL THE CONTRIBUTIONS THAT ARE RECEIVED IN THE FORM OF PUBLICLY

TRADED SECURITIES. THE PROCESS BEGINS WITH THE DONOR INFORMING THEIR

BROKER TO TRANSFER THEIR STOCK SHARES TO BNY MELLON USING THE

INSTRUCTIONS THAT ARE MADE AVAILABLE ON CHILDREN'S AID'S PUBLIC

WEBSITE. BNY MELLON, UNDER THE INSTRUCTION OF CHILDREN'S AID, WILL

SELL THE SHARES UPON RECEIVING THE STOCK TRANSFER. CHILDREN'S AID IS

THEN NOTIFIED OF THE DATE OF RECEIPT, FAIR MARKET VALUE AT THE DATE OF

RECEIPT, SALE DATE, AND PROCEEDS FROM SALE OF EACH STOCK CONTRIBUTION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

GENERAL STATEMENT REGARDING THE COVID-19 PANDEMIC

THE COVID-19 PANDEMIC, WHOSE EFFECTS FIRST BECAME KNOWN IN JANUARY

2020, IS HAVING A BROAD AND NEGATIVE IMPACT ON COMMERCE AND FINANCIAL

MARKETS AROUND THE WORLD. THE EXTENT OF THE IMPACT OF COVID-19 ON THE

AGENCY'S OPERATIONAL AND FINANCIAL PERFORMANCE WILL DEPEND ON CERTAIN

DEVELOPMENTS, INCLUDING THE DURATION AND SPREAD OF THE OUTBREAK AND ITS

LONG-TERM IMPACT ON THE AGENCY'S DONORS, EMPLOYEES AND VENDORS, ALL OF

WHICH AT PRESENT, CANNOT BE DETERMINED. ACCORDINGLY, THE EXTENT TO

WHICH COVID-19 MAY IMPACT THE AGENCY'S FINANCIAL POSITION AND CHANGES

IN NET ASSETS AND CASH FLOWS IS UNCERTAIN, AND THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS INCLUDE NO ADJUSTMENTS RELATING TO

THE EFFECTS OF THIS PANDEMIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTINUATION OF ORGANIZATION'S MISSION:

WE BELIEVE ALL CHILDREN HAVE LIMITLESS POTENTIAL. BUT FOR THOSE GROWING

UP SURROUNDED BY POVERTY, FAMILY INSTABILITY, AND PHYSICAL OR EMOTIONAL

STRESS, LIFE IS TOO OFTEN ABOUT SURVIVAL, NOT POSSIBILITY. IT'S

UNACCEPTABLE THAT IN NEW YORK, A CITY OF HISTORIC OPPORTUNITY, SO MANY

OF OUR CHILDREN FACE SERIOUS BARRIERS TO REALIZING THEIR OWN PROMISE.

CHILDREN'S AID IS A PROFESSIONAL POWERHOUSE OF SOLUTIONS FOR YOUNG

PEOPLE. WE ARE TEACHERS AND SOCIAL WORKERS, COACHES AND HEALTH CARE

PROVIDERS. WE KNOW WHAT IT TAKES TO ENSURE CHILDREN GROW UP STRONG AND

HEALTHY, AND READY TO THRIVE IN SCHOOL AND LIFE: EXCELLENT EDUCATION

AND HEALTH CARE, SOCIAL-EMOTIONAL SUPPORT, AND STRONG, STABLE FAMILIES.

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

Schedule O (Form 990 or 990-EZ) 2020

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|--|--|
| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD WELFARE AND FAMILY SERVICES (CONTINUED)

CWFS IS THE HOME FOR OUR PREVENTIVE PROGRAMS, FOSTER CARE SERVICES, AND

HOMEMAKER SERVICES, IN ADDITION TO OUR DOMESTIC VIOLENCE PREVENTION

PROGRAMS, SERVICES FOR DISCONNECTED YOUTH, AND OUR OFFICE OF CLIENT

ADVOCACY. THE OFFICE OF CLIENT ADVOCACY HELPS STABILIZE LOW-INCOME

FAMILIES THROUGH LEGAL ADVOCACY, EMERGENCY MATERIAL ASSISTANCE, AND

THROUGH COLLEGE SAVERS WHICH ESTABLISHES SAVINGS ACCOUNTS AND PROVIDES

INCENTIVES TOWARDS SAVING FOR COLLEGE. THE NEXT GENERATION CENTER

SUPPORTS TEENS AND YOUNG ADULTS, PARTICULARLY THOSE AGING OUT OF FOSTER

CARE, IN THEIR TRANSITION TO ADULTHOOD.

CWFS HAS MAINTAINED THE HEALTH AND SAFETY OF OUR CHILDREN DURING THE

COVID-19 PANDEMIC WHILE TRANSITIONING OUR STAFF TO WORKING REMOTELY.

THE ONGOING COVID-19 CRISIS HAS CREATED NEW AND UNIQUE COMPLICATIONS

FOR THE DELIVERY OF IN-PERSON SERVICES WHILE ALSO MARKEDLY INCREASING

RATES OF THE SOCIAL ISSUES THAT THREATEN FAMILY STABILITY, SUCH AS

DOMESTIC VIOLENCE, SUBSTANCE ABUSE, AND CRIME. IN RESPONSE, WE HAVE

ADAPTED IN CREATIVE WAYS TO PROVIDE VITAL SOCIAL WORK INTERVENTIONS

VIRTUALLY.

CHILDREN'S AID HAS CONTINUED TO WORK WITH FAMILIES TO STRENGTHEN HOMES

AND FAMILY LIFE FOR NEW YORK CITY CHILDREN. OUR PREVENTION SERVICES,

WHICH STABILIZE FAMILIES BEFORE FOSTER CARE BECOMES NECESSARY, HAVE A

98% EFFICACY PERMANENCY RATE AND HAVE SIGNIFICANTLY REDUCED THE NEED

FOR PLACEMENTS ACROSS THE CITY. CHILDREN'S AID'S AVERAGE RATE OF

ACHIEVING TARGETS FOR ADOPTION IS 88% ACCORDING TO THE MOST RECENTLY

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| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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REPORTED DATA. THIS EXCEEDS THE CITY AVERAGE OF 71%, MAKING US ONE OF THE TOP FIVE AGENCIES IN THE CITY. IN FISCAL YEAR 2021 WE TRANSITIONED 146 CHILDREN FROM FOSTER CARE TO PERMANENT HOMES DESPITE THE COURTS BEING CLOSED FOR THE INITIAL MONTHS OF THE FISCAL YEAR. 892 CHILDREN ACROSS ALL FIVE BOROUGHES RECEIVED FOSTER CARE SERVICES LAST YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YOUTH (CONTINUED)

CORE SERVICES INCLUDE AFTER-SCHOOL PROGRAMS IN CHILDREN'S AID COMMUNITY CENTERS AND SCHOOLS, SUMMER CAMPS, AND ATHLETIC PROGRAMMING, AND THROUGH THE NATIONAL CENTER FOR COMMUNITY SCHOOLS, WHICH PROVIDES TECHNICAL ASSISTANCE TO DEVELOP THE COMMUNITY SCHOOL MODEL NATIONALLY AND INTERNATIONALLY.

OUR OLDER YOUTH SERVICES INCLUDE THE CARRERA-ADOLESCENT PREGNANCY PREVENTION PROGRAM, WHICH MEETS THE TOP-TIER EVIDENCE OF EFFECTIVENESS STANDARDS BY THE COALITION FOR EVIDENCE-BASED POLICY. SERVICES ALSO INCLUDE THE EXCEL COLLEGE SUPPORT PROGRAM PROVIDING ASSISTANCE TO HELP YOUNG PEOPLE ENTER AND COMPLETE COLLEGE, THE HOPE LEADERSHIP ACADEMY, WHICH PROVIDES WRAP-AROUND SUPPORTS AND DEVELOPS LEADERSHIP THROUGH A PEER EDUCATION MODEL, AND TEEN EMPLOYMENT SERVICES, SUCH AS SUMMER YOUTH EMPLOYMENT PROGRAM AND CORPORATE INTERNSHIPS. 1,600+ YOUNG PEOPLE RECEIVED SOCIAL-EMOTIONAL SUPPORT IN THE 2020-2021 SCHOOL YEAR.

WE SUPPORT YOUTH THROUGH PROGRAMS AT NINETEEN COMMUNITY SCHOOLS, FIVE COMMUNITY CENTERS, OUR WAGON ROAD RESPITE CAMP IN CHAPPAQUA, NEW YORK AND A RANGE OF COLLEGE AND CAREER SERVICES FOR YOUTH AGED 18 TO 22.

99% OF HIGH SCHOOL GRADUATES IN OUR TARGETED PROGRAMS WERE ACCEPTED TO

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| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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AT LEAST ONE COLLEGE. THE YOUTH DIVISION ALSO PROVIDES MANAGEMENT AND TECHNICAL SUPPORT TO THE CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL, A K-8 CHARTER SCHOOL.

IN RECENT TIMES, SCHOOLCHILDREN HAVE BECOME ACQUAINTED WITH A PHENOMENON THAT NONE OF THOSE CHILDREN BEFORE THEM EXPERIENCED: REMOTE SCHOOLING. IN THE LAST SCHOOL YEAR, THESE STUDENTS HAVE GAINED A SPECIAL APPRECIATION FOR UNINTERRUPTED IN-PERSON SCHOOLING. ACADEMIC DELAYS FROM REMOTE SCHOOLING HAVE PROMPTED CHILDREN'S AID EDUCATORS TO CREATE SPECIALIZED INTERVENTIONS TO HELP CLOSE THOSE GAPS, INCLUDING TARGETED SPECIAL EDUCATION INITIATIVES, SUMMER SCHOOL OPTIONS, AND TARGETED TUTORING GROUPS.

IN THE 2020-2021 SCHOOL YEAR WE SERVED 9,390 STUDENTS ACROSS NINETEEN CHILDREN'S AID COMMUNITY SCHOOLS IN HARLEM, SOUTH BRONX, NORTHER STATEN ISLAND AND WASHINGTON HEIGHTS. FOR THE YEAR WE ADDED FREDERICK DOUGLASS ACADEMY III SECONDARY SCHOOL IN THE BRONX TO OUR GROUP OF COMMUNITY SCHOOLS, AND WILL CONTINUE TO DEEPEN OUR EXISTING PARTNERSHIPS IN YEARS TO COME. OUR CURRENT COHORT OF TWENTY CHILDREN'S AID COMMUNITY SCHOOLS IS AN INTEGRAL PART OF THE 316 COMMUNITY SCHOOLS ACROSS NEW YORK CITY, AND IS A STRATEGY WE KNOW LEADS TO IMPROVED STUDENT LEARNING AND STRONGER YOUTH OUTCOMES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
HEALTH AND WELLNESS (CONTINUED)
WHEN MEDICAL CARE IS CONVENIENT AND ACCESSIBLE, MORE CHILDREN LIVE HEALTHIER LIVES. CHILDREN'S AID PROVIDES MEDICAL, REPRODUCTIVE, MENTAL HEALTH, DENTAL, AND HEALTH EDUCATION SERVICES IN SIX SCHOOL-BASED AND

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TWO COMMUNITY-BASED HEALTH CENTERS. HEALTH SERVICES ARE TAILORED TO MEET THE SPECIAL NEEDS OF CHILDREN AND ADOLESCENTS, AND THE DIVISION SPECIALIZES IN PROVIDING HEALTH CARE TO CHILDREN IN FOSTER CARE.

THROUGHOUT THE PANDEMIC, OUR SIX SCHOOL-BASED HEALTH CENTERS AND TWO COMMUNITY-BASED HEALTH CLINICS HAVE PROVIDED ROUTINE CARE TO ALLEVIATE OVERBURDENED HOSPITALS. TODAY, WE OFFER COVID-19 VACCINES AND MEDICAL CARE TO VACCINE-HESITANT COMMUNITIES. MENTAL HEALTH CLINICIANS ARE ALSO RESPONDING TO A HIGH LEVEL OF NEED AMONG OUR COMMUNITIES THROUGHOUT NEW YORK CITY.

FOR EXAMPLE, 44,758 MEDICAL, DENTAL, AND MENTAL HEALTH APPOINTMENTS WERE PROVIDED LAST YEAR. WHEN DEMAND FOR HEALTH SERVICES WAS INCREDIBLY HIGH, WE RESPONDED BY PROVIDING THE HIGH VOLUME OF HEALTH CARE THAT OUR CHILDREN NEEDED. WE ALSO PLACED A PARTICULAR FOCUS ON EXPANDING SOME OF OUR MORE CUTTING-EDGE, PROMISING MODELS, SUCH AS OUR CHILDREN AND FAMILY TREATMENT AND SUPPORT SERVICES PROGRAM, IN WHICH BEHAVIORAL THERAPISTS PROVIDE CHILD AND FAMILY THERAPY DIRECTLY IN THE HOME.

MANY ADVANCES HAVE BEEN MADE IN THE UNDERSTANDING OF NUTRITION AND CHILDHOOD HUNGER. AS A RESULT, OUR FOOD AND NUTRITION PROGRAMS HAVE EVOLVED TO TACKLE COMPLEX CHALLENGES: HEALTHY FOODS ACCESS IN OUR COMMUNITIES, FOOD INSECURITY, AND IN-DEPTH NUTRITIONAL KNOWLEDGE. PARENTS LIVING FAR FROM HIGH-QUALITY, FULL-SERVICE GROCERY STORES OR FARMERS MARKETS CAN ACCESS ONE OF OUR FOOD BOX STATIONS IN THEIR NEIGHBORHOODS, AND CHILDREN ATTENDING ONE OF OUR COMMUNITY SCHOOLS CAN LEARN HOW TO COOK DELICIOUS, PLANT-BASED FOOD AND SHARE THOSE LESSONS

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WITH THEIR FAMILIES. IN THE COVID-19 PANDEMIC, FOOD INSECURITY

SKYROCKETED, BUT HAS SLOWLY IMPROVED. FOR OUR FAMILIES, OUR FOOD

ASSISTANCE EFFORTS, AND POLICY ADVOCACY OF THE CHILD TAX CREDIT AND

P-EBT CARDS, WERE CRUCIAL IN THAT RECOVERY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EARLY CHILDHOOD

THE EARLY CHILDHOOD DIVISION PREPARES YOUNG CHILDREN (AGES 0 TO 5) FOR

SCHOOL SUCCESS BY WORKING WITH FAMILIES TO ADVANCE CHILDREN'S PHYSICAL,

SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT AND TO INSTILL IN THEM A

LIFELONG LOVE OF LEARNING. SOME OF THE PROGRAMMING INCLUDES HEAD-START

PROGRAMS, PRE-K AND 3-K OFFERINGS. CORE SERVICES INCLUDE HOME-BASED

AND CENTER-BASED PROGRAMS THAT FEATURE RESEARCH-BASED CURRICULA, LOW

CHILD-TO-TEACHER RATIOS, AND STRONG PARENT ENGAGEMENT.

IN A RECENT LONGITUDINAL STUDY, WE FOUND THAT, ON AVERAGE, CHILDREN WHO

HAD BEEN IN CHILDREN'S AID EARLY CHILDHOOD PROGRAMS AT P.S. 5 AND P.S.

8 OUTSCORED THEIR NON-CHILDREN'S AID PEERS ON THE CITYWIDE EXAMS 97% OF

THE TIME. OUR EARLY CHILDHOOD DIVISION HAS TEN EARLY CHILDHOOD SITES

SERVING ABOUT 1,000 CHILDREN. 200,000+ FOOD ASSISTANCE PACKAGES HAVE

BEEN DISTRIBUTED TO FAMILIES FACING FOOD INSECURITY SINCE THE ONSET OF

THE PANDEMIC. THROUGH PARTNERSHIPS WITH LOCAL RESTAURANTS,

INDIVIDUALS, AND OTHER NONPROFITS, WE HAVE CREATED A VAST SYSTEM OF

FOOD RELIEF TO MEET A CRISIS OF FOOD INSECURITY THAT WAS ACUTE DURING

THE PANDEMIC. FOR FAMILIES WHO ARE SCARED DURING THESE TIMES, KNOWING

THEY HAVE A STEADY SOURCE OF FOOD TO RELY ON IS A COMFORT THAT GOES

BEYOND NOURISHMENT.

EXPENSES \$ 15,527,000. INCL GRANTS OF \$ 23,179. REVENUE \$ 15,070,018.

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| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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COLLECTIVE IMPACT & THE NATIONAL CENTER FOR COMMUNITY SCHOOLS

THE NATIONAL CENTER FOR COMMUNITY SCHOOLS OFFERS TECHNICAL ASSISTANCE

IN ALL ASPECTS OF DESIGNING, IMPLEMENTING, AND SUSTAINING COMMUNITY

SCHOOLS TO MEET THE UNIQUE NEEDS AND STRENGTHS OF INDIVIDUAL

COMMUNITIES. SERVICES ARE TARGETED TO INDIVIDUAL SCHOOLS, SCHOOL BOARD

AND DISTRICT ADMINISTRATORS, FUNDERS, EDUCATION REFORM LEADERS,

COMMUNITY ORGANIZATIONS, AND OTHERS THROUGH FACILITATED PLANNING,

CONSULTATION, WORKSHOPS AND ONGOING SUPPORT.

SINCE 1994, THE NATIONAL CENTER HAS PROVIDED TECHNICAL ASSISTANCE TO

NEARLY ALL MAJOR NATIONAL AND INTERNATIONAL COMMUNITY SCHOOL

INITIATIVES. VIA CUSTOMIZED TRAINING, CONSULTATION, FACILITATION,

PUBLICATIONS, AND ADVOCACY, WE HELP BUILD THE CAPACITY OF SCHOOLS,

DISTRICTS, COMMUNITY PARTNERS, AND GOVERNMENT AGENCIES TO ORGANIZE

THEIR HUMAN AND FINANCIAL RESOURCES AROUND STUDENT SUCCESS.

THROUGH OUR CONTINUING PARTNERSHIP WITH THE BILL AND MELINDA GATES

FOUNDATION, CHILDREN'S AID HAS MAINTAINED A NEW PROGRAM CALLED

"RECOVERY LAB", AN INITIATIVE TO ADDRESS THE ACADEMIC AND

SOCIAL-EMOTIONAL LEARNING NEEDS OF NEW YORK CITY'S MOST VULNERABLE

YOUNG PEOPLE AS THEY TRANSITION FROM SUMMER TO THE SCHOOL YEAR IN THE

COVID-19 ERA. IN ADDITION, WE DESIGNED AND IMPLEMENTED A COLLABORATIVE

PLANNING PROCESS AND WILL CODIFY LESSONS LEARNED AND BEST PRACTICES FOR

YOUTH-SERVING ORGANIZATIONS IN THE COMING YEAR.

EXPENSES \$ 2,348,000. INCL GRANTS OF \$ 406,511. REVENUE \$ 2,291,656.

FORM 990, PART VI, SECTION A, LINE 1:

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| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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THE EXECUTIVE COMMITTEE'S PRINCIPAL ROLE IS TO ACT FOR THE BOARD WHEN THE BOARD ITSELF IS UNABLE TO ACT. THIS COMMITTEE ALSO SHALL NOMINATE THE CHAIR OF THE GOVERNANCE AND NOMINATING COMMITTEE AND MAKE RECOMMENDATIONS TO THE BOARD AS TO EXECUTIVE COMPENSATION. ANY DECISION MADE BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AS SOON AS PRACTICAL. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF ALL OFFICERS OF THE BOARD (CHAIR, VICE CHAIR, TREASURER, ASSISTANT TREASURER, AND SECRETARY), THE CHAIR OF THE GOVERNANCE & NOMINATING COMMITTEE, AND THREE TO FIVE OTHER TRUSTEES. THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO APPOINT OR ENTER INTO A CONTRACTUAL AGREEMENT REGARDING A NEWLY APPOINTED CHIEF EXECUTIVE OFFICER WITHOUT THE VOTE OF THE BOARD; SUBMIT ANY ACTION TO THE MEMBERS OF THE CORPORATION FOR THEIR APPROVAL; FILL ANY VACANCIES ON THE BOARD OF TRUSTEES OR ANY COMMITTEE; AMEND, REPEAL, OR ADOPT BYLAWS; AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH IS NOT BY ITS TERMS SO AMENDABLE OR REPEALABLE; MAKE DECISIONS REGARDING THE PURCHASE, LEASING, OR OTHER DISPOSITION OF REAL ESTATE, IF SUCH PURCHASE, LEASE, OR DISPOSITION INVOLVES ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; OR MAKE DECISIONS REGARDING THE FIXING OF COMPENSATION, IF ANY, OF TRUSTEES. THE COMMITTEE ALSO DOES NOT HAVE THE POWER TO ELECT OR REMOVE OFFICERS OR DIRECTORS; APPROVE A MERGER OR PLAN OF DISSOLUTION; OR APPROVE AMENDMENTS TO THE CERTIFICATE OF INCORPORATION.

IN ADDITION, THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING POLICIES AND PROCEDURES FOR DETERMINING EXECUTIVE COMPENSATION AND FOR

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SUCCESSION PLANNING, RETAINING COMPENSATION CONSULTANTS, CONDUCTING DUE

DILIGENCE REGARDING COMPENSATION, AND ANNUALLY MAKING RECOMMENDATIONS AS TO

COMPENSATION TO THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8A:

THE DISCUSSIONS AND ACTIONS THAT OCCUR DURING BOARD AND BOARD COMMITTEE

MEETINGS ARE DOCUMENTED CONTEMPORANEOUSLY AND THE OFFICIAL MINUTES OF THOSE

MEETINGS ARE APPROVED AT THE NEXT REGULAR BOARD OR BOARD COMMITTEE MEETING

WHERE QUORUM IS PRESENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S MANAGEMENT. A COPY OF THE DRAFT FORM

990 WAS PRESENTED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE FOR DISCUSSION

AND COMMENT. ONCE APPROVED A COPY IS THEN CIRCULATED TO THE FULL BOARD.

EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE INFORMATION

CONTAINED IN THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CHILDREN'S AID CONFLICT OF INTEREST POLICY APPLIES TO TRUSTEES,

OFFICERS, EMPLOYEES, AND ANY OTHER PERSON WHO WAS IN A POSITION TO EXERCISE

SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF CHILDREN'S AID DURING THE PRIOR

FIVE YEARS. ON AN ANNUAL BASIS, CONFLICT OF INTEREST QUESTIONNAIRES ARE

DISTRIBUTED TO TRUSTEES, OFFICERS, AND KEY EMPLOYEES. POTENTIAL CONFLICTS

OF INTEREST INVOLVING TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REPORTED TO

THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES. THE AUDIT

AND RISK MANAGEMENT COMMITTEE DETERMINES WHETHER A CONFLICT OF INTEREST

EXISTS AND EVALUATES CONFLICT OF INTEREST TRANSACTIONS. THE AUDIT AND RISK

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MANAGEMENT COMMITTEE ALSO REVIEWS EXISTING CONFLICTS OF INTEREST ON AN ANNUAL BASIS. AN INDIVIDUAL INVOLVED, DIRECTLY OR INDIRECTLY, IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TRANSACTION MAY NOT PARTICIPATE IN ANY DISCUSSION OF THE RELEVANT TRANSACTION. THE CHILDREN'S AID PRACTICE IS TO DIRECT ANY TRUSTEES TO RECUSE FROM REVIEWING, ADVISING ON OR VOTING ON ANY MATTERS IN WHICH THEY MIGHT HAVE SUCH AN INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS ON A PERIODIC BASIS THE RECOMMENDATIONS OF THE EXECUTIVE COMPENSATION WORKING GROUP FOR THE REMUNERATION OF THE CHILDREN'S AID PRESIDENT AND CEO. THE REVIEW IS BASED ON CEO COMPENSATION AND BENEFITS BENCHMARKING DATA FROM SCHEDULE J, PART II OF THE IRS 990 OF CHILDREN'S AID AND PEER ORGANIZATIONS. ORGANIZATIONS USED FOR THE BENCHMARKING ANALYSIS ARE FUNCTIONALLY COMPARABLE NONPROFITS, LOCATED IN NEW YORK CITY OR THE GREATER NYC METRO AREA, WITH SIMILAR BUDGET SIZE, AND IN A SIMILAR OR THE SAME SUB-SECTOR. THE EXECUTIVE COMMITTEE PRESENTS ITS RECOMMENDATION ON THE CEO COMPENSATION PACKAGE FOR APPROVAL BY THE BOARD OF TRUSTEES AT THE DECEMBER BOARD MEETING. THE EXECUTIVE COMMITTEE RATIFIES THE REMUNERATION OF THE CHIEF FINANCIAL OFFICER BASED ON CFO COMPENSATION AND BENEFITS BENCHMARKING DATA FROM THE IRS 990S OF PEER ORGANIZATIONS. EVERY FEW YEARS, AN OUTSIDE ADVISOR CONDUCTS A COMPENSATION BENCHMARKING STUDY FOR THE CEO AND SENIOR LEADERSHIP.

FORM 990, PART VI, SECTION C, LINE 19:

CHILDREN'S AID SOCIETY MAKES ITS FORM 990, ANNUAL FINANCIAL STATEMENTS, ANNUAL REPORT AND MISSION STATEMENT AVAILABLE ON ITS WEBSITE AT WWW.CHILDRENSAIDNYC.ORG. THE SOCIETY'S ORGANIZING DOCUMENTS AND CONFLICT OF

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| Name of the organization THE CHILDREN'S AID SOCIETY | Employer identification number 13-5562191 |
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INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-------------|
| PENSION RELATED CHANGES | 24,405,000. |
| ADJUSTMENT TO OBLIGATION UNDER SPLIT-INTEREST AGREEMENTS | -361,000. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 24,044,000. |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT AND RISK MANAGEMENT COMMITTEE THAT
ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL
STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

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

2020

Open to Public Inspection

Name of the organization **THE CHILDREN'S AID SOCIETY** Employer identification number **13-5562191**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| 910 EAST 172ND STREET LLC - 27-1491886 117 W 124TH STREET NEW YORK, NY 10027 | REAL ESTATE | NEW YORK | 1,225,000. | 10,386,000. | CAS |
| 1218 SOUTHERN BLVD LLC - 46-5337940 117 W 124TH STREET NEW YORK, NY 10027 | REAL ESTATE | NEW YORK | 0. | 1,750,000. | CAS |
| 1232 SOUTHERN BLVD LLC - 46-5333550 117 W 124TH STREET NEW YORK, NY 10027 | REAL ESTATE | NEW YORK | 2,382,000. | 45,896,000. | CAS |
| | | | | | |
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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 | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 1e | | |
| 1f | | |
| 1g | | |
| 1h | | |
| 1i | | |
| 1j | | |
| 1k | | |
| 1l | | |
| 1m | | |
| 1n | | |
| 1o | | |
| 1p | | |
| 1q | | |
| 1r | | |
| 1s | | |

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) | | | | |

