#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



ΑF	or the	$\mathbf{e}$ 2021 calendar year, or tax year beginning $\mathbf{JUL} \ 1, \ 2021$ and $\mathbf{e}$	ending JU	JN 30, 2022		
B c	heck if	e: C Name of organization		D Employer identifi	cation number	
	Addre	e THE CHILDREN'S AID SOCIETY				
	Name Chang			13-5562191		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r	
	Final	, 117 W 124TH STREET		(212) 949-48	00	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	360,397,000.	
	Amen	NEW IORK, NI 10027		H(a) Is this a group re	eturn	
	Applic tion	F Name and address of principal officer: FIGEBE BOTER		for subordinates	s? Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions	
		te: WWW.CHILDRENSAIDNYC.ORG		H(c) Group exemption	n number 🕨	
	_	organization: X Corporation Trust Association Other ►	L Year of	of formation: 1855	V State of legal domicile: NY	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: OUR MIS	SSION IS	TO HELP CHILDREN		
- De		IN POVERTY SUCCEED AND THRIVE.				
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	1	1	
Ň					26	
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			26	
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2210	
Viti		Total number of volunteers (estimate if necessary)			55	
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			175,227.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	100,549.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		20,480,125.	24,309,144.	
enu	9	Program service revenue (Part VIII, line 2g)		102,982,000.	111,671,000.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,429,000.	26,245,500.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,522,805.	4,890,936.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		150,413,930.	167,116,580.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,299,514.	3,728,403.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90,878,000.	96,263,098.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)				
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,165,416.	48,627,079.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		141,342,930.	148,618,580.	
		Revenue less expenses. Subtract line 18 from line 12		9,071,000.	18,498,000.	
s or			Beg	ginning of Current Year	End of Year	
ssets		Total assets (Part X, line 16)		557,276,000.	513,010,000.	
et As	1	Total liabilities (Part X, line 26)		175,678,000.	155,250,000.	
Inet		Net assets or fund balances. Subtract line 21 from line 20		381,598,000.	357,760,000.	
		Signature Block				
Und	er nen:	Ities of periury. I declare that I have examined this return, including accompanying schedules	and stateme	nts 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	Signature of officer		Date							
Here	MICHAEL GREENBERG, CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	SCOTT THOMPSETT	Sigh Shampout	3/8/2023	self-employed P00741490						
Preparer	Firm's name GRANT THORNTON LLP		Firm'	s EIN 🕨 36-6055558						
Use Only	Firm's address 🕨 757 THIRD AVE, 3RD FLOOR	1								
NEW YORK, NY 10017-2013 Phone no.(212) 599-010										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
				000						

(Rev. January 2022)

#### 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	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)					
print	THE CHILDREN'S AID SOCIETY		13-5562191				
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, 117 W 124TH STREET	see instruct	tions.				
return. See instructions	City, town or post office, state, and ZIP code. For a NEW YORK, NY 10027	foreign add	ress, see instructions.			_	
Enter the	e Return Code for the return that this application is for (f	ile a separa	te application for each return)				0 1
Applicat	tion	Return	Application			F	Return
ls For		Code	Is For				Code
Form 99	0 or Form 990-EZ	01	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 99	0-PF	04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870				12
Form 99	0-T (corporation)	07					
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>1</li> <li>1</li> <li>the</li> <l< th=""><th>organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or calendar year or X tax year beginningJUL 1, 2021 the tax year entered in line 1 is for less than 12 months, Change in accounting period</th><th>t Group Exe and atta MAY 1 ganization's , an</th><th>mption Number (GEN) ich a list with the names and TINs of <u>5, 2023</u>, to file return for: id endingJUN 30, 2022</th><th>If this is fo all membe</th><th>r the whole g ers the exten npt organizati</th><th>roup, che sion is for</th><th></th></l<></ul>	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or calendar year or X tax year beginningJUL 1, 2021 the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta MAY 1 ganization's , an	mption Number (GEN) ich a list with the names and TINs of <u>5, 2023</u> , to file return for: id endingJUN 30, 2022	If this is fo all membe	r the whole g ers the exten npt organizati	roup, che sion is for	
an	this application is for Forms 990-PF, 990-T, 4720, or 606 y nonrefundable credits. See instructions.	-		3a	\$		0.
							•
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							0.
							0
	ing EFTPS (Electronic Federal Tax Payment System). Se			<u>3c</u>	\$	<b>TF</b> (	0.
Caution instruction	: If you are going to make an electronic funds withdrawa	ai (direct del	bit) with this Form 8868, see Form 84	453-TE and	a ⊢orm 8879-	IE for pay	yment
LHA	For Privacy Act and Paperwork Reduction Act Notice	e. see instru	ictions.		Form 8	868 (Rev.	1-2022)

123841 01-12-22

Form	990 (2021) THE CHILDREN'S AID SOCIETY	13-556219	1	Page <b>2</b>
	t III Statement of Program Service Accomplishments			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>	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	Г		<b>X</b> N
	prior Form 990 or 990-EZ?	L	Yes	NO
3	If "Yes," describe these new services on Schedule O.	Г	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by ex	nenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			4
	revenue, if any, for each program service reported.	the tetal onp		
4a	(Code:) (Expenses \$52,121,000. including grants of \$1,645,113. ) (Revenue \$	\$	54,199	,561.)
	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)			
41.	(Code:) (Expenses \$ 32,830,000. including grants of \$ 1,821,124. ) (Revenue \$		23 021	680 \
4b	THE YOUTH DIVISION FOCUSES ON AGES 5 TO ADOLESCENCE/YOUNG ADULT AND	\$	23,021	<u>,</u> )
	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)			
	/ <u>10 575 000</u> <u>121 000 x</u>		17 200	604
4c	(Code:) (Expenses \$18,575,000. including grants of \$131,809. ) (Revenue STHE HEALTH AND WELLNESS DIVISION PROVIDES HIGH-QUALITY SERVICES THAT	\$	17,300	, <del>094.</del> )
	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 \$ 16,320,000. including grants of \$ 130,357.) (Revenue \$ 1	7,061,065.	)	
4e	Total program service expenses > 119,846,000.			0.
			Form <b>99</b>	<b>U</b> (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)			
102	2 07 153/2/ 0196302_00003 2021 05060 שעד כעדו הספאין כ		ידסה מ	1062

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Form 990 (2021) THE CHILDREN'S AIR
Part IV Checklist of Required Schedules THE CHILDREN'S AID SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%	x	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	А	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d	х	
е	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
•••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, if IV/column(A) assistance to any domestic domestic and II	04	х	
100000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		(2021)
132003	12-09-21			(

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Form	990	(2021)
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~-	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
1 0	Check if Schedule O contains a response or note to any line in this Part V			
			V	
4 -	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable $1a$ 209		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a209Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
13200			990	(2021)
102004	4	1 0111		(-021)

2021.05060 THE CHILDREN'S AID SOCIET 01963021

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13-5562191

Form	990 (2021) THE CHILDREN'S AID SOCIETY 13-556219	1	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2210			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u></u>
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
-	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		-
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form	990 (2021) THE CHILDREN'S AID SOCIETY		13-55621		Р	age 6			
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	a "No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	5					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision						
				3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-						
а	The governing body?			<u>8a</u>	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	<u>enue</u>	Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Defor	e filing the form?	11a					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	А				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		100	x				
10	on Schedule O how this was done Did the organization have a written whistleblower policy?			12c	x				
13 14				13	x				
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval			14					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	lependent						
2	The organization's CEO, Executive Director, or top management official			15a	х				
a b	Other officers or key employees of the organization			15a	x				
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a						
104	taxable entity during the year?			16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure			100					
17	List the states with which a copy of this Form 990 is required to be filed AZ, CA, CT, FL, MD, MA, No.	J,NY,	OH, PA, VA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			s onlv)	availal	ole			
	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 Sc	hedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	d finano	cial				
	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 boo	ks and	I records						
	MICHAEL GREENBERG - 212-949-4800								
_	117 W 124TH STREET, NEW YORK, NY 10027								
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Form 990 (20)	21) THE CHILDREN'S AID SOCIETY	13-5562191	Page 7						
Part VII C	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
E	Employees, and Independent Contractors								
C	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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(1)         PHOEBE BOYER         40.00         X         495,077.         0.56,655.           PRESIDENT/CEO         0.00         X         495,077.         0.56,655.           (2)         DATEL SHACKNAI         40.00         X         277,035.         0.34,345.           (3)         CAROLINE GALLAGHER         40.00         X         267,156.         0.35,982.           (4)         SANDRA ESCAMILLA         40.00         X         268,113.         0.31,608.           CHEEP DEVELOPMENT OFFICER         0.00         X         269,396.         0.19,099.           (5)         MCIHAEL GREENBERG         40.00         X         263,223.         0.15,247.           (7)         COUTENAYE JACKSON-CHASE         40.00         X         216,996.         0.32,660.           (6)         GENERAL COUNSEL         0.00         X         216,996.         0.32,660.           (7)         COUTENAYE JACKSON-CHASE         40.00         X         216,996.         0.32,660.           (9)         ALI TAN         40.00         X         216,996.         0.32,660.         0.32,660.           (10)         ALETHE PRATT         40.00         X         216,996.         0.32,660.         0.		week		cer ar I	nd a d I	irecto	r/trus	tee)		from related	
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(3)         CAROLINE GALLAGHER         40.00         x         267,156.         0.         35,982.           (4)         SANDRA ESCANILLA         40.00         x         267,156.         0.         35,982.           (4)         SANDRA ESCANILLA         40.00         x         258,113.         0.         31,608.           (5)         MICHAEL GREENBERG         40.00         x         269,396.         0.         19,099.           (6)         GENCUTIVE VICE PRESIDENT         0.00         x         263,223.         0.         15,247.           (7)         COURTENAYE JACKSON-CHASE         40.00         x         216,996.         0.         32,660.           (8)         ROBYN DIETZ         40.00         x         216,996.         0.         32,660.           (9)         ALT TAN         40.00         x         216,996.         0.         32,660.           (10)         ALTRAN         40.00         x         215,944.         0.         19,468.           (11)         AUF ENAT         0.00         x         215,444.         0.         19,468.           (12)         JILL S. OLSON         5.00         x         0.         0.         0.	(2) DANIEL SHACKNAI	40.00									
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(4) SANDRA ESCAMILLA       40.00       x       258,113.       0.       31,608.         (5) MICHAEL GREENBERG       40.00       x       269,396.       0.       19,099.         (6) GEORGIA BOOTHE       40.00       x       269,396.       0.       19,099.         (6) GEORGIA BOOTHE       40.00       x       269,396.       0.       15,247.         (7) COURTENAYE JACKSON-CHASE       40.00       x       239,610.       0.       16,349.         (8) ROBYN DIETZ       40.00       x       216,996.       0.       32,660.         (9) ALI TAN       40.00       x       208,643.       0.       34,460.         (10) ALETHEA FRATT       40.00       x       215,444.       0.       19,468.         (11) AMY ENGEL SCHARF       5.00       x       0.       0.       0.         (12) JILL S. OLSON       5.00       x       0.       0.       0.         (13) GREGORY E, KERR, MD       5.00       x       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       x       0.       0.       0.       0.       0.         (13) GREGORY E, KERR, MD       5.00       x       0.       0.       0.	(3) CAROLINE GALLAGHER	40.00									
EXECUTIVE VICE PRESIDENT         0.00         X         258,113.         0.         31,608.           (5) MICHARL GREENBERG         40.00         X         269,396.         0.         19,099.           (6) GEORGIA BOOTHE         40.00         X         263,223.         0.         15,247.           (7) COURTENAYE JACKSON-CHASE         40.00         X         239,610.         0.         16,349.           (8) ROBYN DIETZ         0.00         X         216,996.         0.         32,660.           DIRECTOR TALENT MANAGEMENT         0.00         X         216,996.         0.         32,660.           (9) ALI TAN         40.00         X         216,996.         0.         32,660.           (10) ALTTAN         40.00         X         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         X         0.         0.         0.           (12) JILL S, OLSON         5.00         X         0.         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         X         0.         0.         0.         0.           (14) BETH LEVENTHAL         5.00         X         0.         0.         0.         0.	CHIEF DEVELOPMENT OFFICER	0.00					х		267,156.	0.	35,982.
(5) MICHAEL GREENBERG       40.00       X       269,396.       0.       19,099.         (6) GEORGIA BOOTHE       40.00       X       263,223.       0.       15,247.         (7) COURTENATE JACKSON-CHASE       40.00       X       239,610.       0.       16,349.         (8) ROBYN DIETZ       40.00       X       216,996.       0.       32,660.         (9) ALI TAN       40.00       X       208,643.       0.       34,460.         CHIEF OF STAFF       0.00       X       215,444.       0.       19,468.         (10) ALETHEN PRATT       40.00       X       215,444.       0.       19,468.         (11) ANY ENGEL SCHARF       5.00       X       X       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0	(4) SANDRA ESCAMILLA	40.00									
CHIEF FINANCIAL OFFICER         0.00         X         269,396.         0.         19,099.           (6) GEORGIA BOOTHE         40.00         X         263,223.         0.         15,247.           (7) COURTENAYE JACKSON-CHASE         40.00         X         239,610.         0.         16,349.           (8) ROBYN DIETZ         40.00         X         239,610.         0.         16,349.           (9) ALI TAN         40.00         X         208,643.         0.         32,660.           (10) ALETHE PRATT         0.00         X         208,643.         0.         19,099.           (11) AMY ENCEL SCHARF         5.00         X         215,444.         0.         19,468.           (11) AMY ENCEL SCHARF         5.00         X         X         0.         0.         0.           (12) JILL S. OLSON         5.00         X         X         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         X         X         0.         0.         0.           SECRETARY         0.00         X         X         0.         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         X         0.         0.	EXECUTIVE VICE PRESIDENT	0.00				X			258,113.	0.	31,608.
(6)         GEORGIA BOOTHE         40.00         x         263,223.         0.         15,247.           (7)         COURTENANE JACKSON-CHASE         40.00         x         263,223.         0.         15,247.           (7)         COURTENANE JACKSON-CHASE         40.00         x         239,610.         0.         16,349.           GENERAL COUNSEL         0.00         x         239,610.         0.         16,349.           DIRECTOR TALENT MANAGEMENT         0.00         x         216,996.         0.         32,660.           (9)         ALI TAN         40.00         x         208,643.         0.         34,460.           (10)         ALETHEA PRAT         40.00         x         215,444.         0.         19,468.           (11)         AMY ENGEL SCHARF         5.00         x         20.         0.         0.           (12) JILL S. OLSON         5.00         x         x         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         x         0.         0.         0.         0.           TRUSTEE/VICE CHAIR (AS OF 06/2022)         0.00         x         x         0.         0.         0.           GENERIC CHAIR (AS OF 0	(5) MICHAEL GREENBERG										
EXECUTIVE VICE PRESIDENT         0.00         X         263,223.         0.         15,247.           (7)         COURTENAYE JACKSON-CHASE         40.00         X         239,610.         0.         16,349.           GENERAL COUNSEL         0.00         X         239,610.         0.         16,349.           (8)         ROBYN DIETZ         40.00         X         216,996.         0.         32,660.           (9)         ALI TAN         40.00         X         208,643.         0.         34,460.           (10)         ALETHEA PRATT         40.00         X         215,444.         0.         19,468.           (11)         AMY ENGEL SCHARF         5.00         X         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         X         X         0.         0.         0.           (11)         AMY ENGEL SCHARF         5.00         X         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         X         X         0.         0.         0.           (12)         JILL S. OLSON         5.00         X         X         0.         0.         0.           TRUSTEE/VICE CHAIR (AS O					х				269,396.	0.	19,099.
(7)       COURTENAYE JACKSON-CHASE       40.00       x       239,610.       0.       16,349.         (8)       ROBYN DIETZ       40.00       x       239,610.       0.       16,349.         (9)       RALENT MANAGEMENT       0.00       x       216,996.       0.       32,660.         (9)       ALI TAN       40.00       x       216,996.       0.       32,660.         (10)       ALETHEA PRATT       40.00       x       215,444.       0.       19,468.         (11)       ANY ENGEL SCHARF       5.00       x       x       0.       0.       0.         CHAIF (THRU 06/16/2022)       0.00       x       x       0.       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       x       x       0.       0.       0.         (13)       GREGORY E. KERR, MD       5.00       x       x       0.       0.       0.         (14)       BETH LEVENTHAL       5.00       x       x       0.       0.       0.         SECETARY       0.000       x       x       0.       0.       0.       0.       0.         (15)       EREN ROSENFELD       5.00       x </td <td>(6) GEORGIA BOOTHE</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) GEORGIA BOOTHE	40.00									
GENERAL COUNSEL         0.00         x         239,610.         0.         16,349.           (8) ROBYN DIETZ         40.00         x         216,996.         0.         32,660.           DIRECTOR TALENT MANAGEMENT         0.00         x         216,996.         0.         32,660.           (9) ALI TAN         40.00         x         208,643.         0.         34,460.           (10) ALETHEA PRATT         40.00         x         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         x         x         0.         0.         0.           CHAIR (THRU 06/16/2022)         0.00         x         x         0.         0.         0.         0.           (12) JILL S. OLSON         5.00         x         x         0.         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         x         x         0.         0.         0.           (14) BETH LEVENTHAL         5.00         x         x         0.         0.         0.           SECRETARY         0.00         x         x         0.         0.         0.         0.           GIGN ESELL DIAMOND         5.00         x	EXECUTIVE VICE PRESIDENT	0.00				Х			263,223.	0.	15,247.
(8)       ROBYN DIETZ       40.00       x       216,996.       0.       32,660.         DIRECTOR TALENT MANAGEMENT       0.00       x       216,996.       0.       32,660.         (9)       ALI TAN       40.00       x       208,643.       0.       34,460.         (10)       ALETHEA PRATT       40.00       x       208,643.       0.       34,460.         (11)       ALETHEA PRATT       40.00       x       215,444.       0.       19,468.         (11)       AMY ENGEL SCHARF       5.00       x       0.       0.       0.         (12)       JLL S. OLSON       5.00       x       x       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       x       x       0.       0.       0.       0.         (13)       GREGORY E. KERR, MD       5.00       x       x       0.       0.       0.         (14)       BETH LEVENTHAL       5.00       x       x       0.       0.       0.         SECRETARY       0.000       x       x       0.       0.       0.       0.         (16)       RUSSELL DIAMOND       5.00       x       0.       0.											
DIRECTOR TALENT MANAGEMENT         0.00         X         216,996.         0.         32,660.           (9) ALI TAN         40.00         X         208,643.         0.         34,460.           CHIEF OF STAFF         0.00         X         208,643.         0.         34,460.           (10) ALETHEA FRATT         40.00         X         208,643.         0.         19,468.           (11) ANY ENGEL SCHARF         0.00         X         X         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         X         X         0.         0.         0.           (12) JILL S. OLSON         5.00         X         X         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         X         X         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         X         X         0.         0.         0.           (14) BETH LEVENTHAL         5.00         X         X         0.         0.         0.           SECRETARY         0.00         X         X         0.         0.         0.         0.           (16) RUSSELL DIAMOND         5.00         X         X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>239,610.</td> <td>0.</td> <td>16,349.</td>							X		239,610.	0.	16,349.
(9) ALI TAN       40.00       X       208,643.       0.       34,460.         (10) ALETHEA PRATT       40.00       X       215,444.       0.       19,468.         (11) AMY ENGEL SCHARF       5.00       X       215,444.       0.       19,468.         (11) AMY ENGEL SCHARF       5.00       X       X       0.       0.       0.         (12) JILL S. OLSON       5.00       X       X       0.       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0. </td <td></td>											
CHIEF OF STAFF         0.00         X         208,643.         0.         34,460.           (10) ALETHEA PRATT         40.00         X         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         X         215,444.         0.         19,468.           (11) AMY ENGEL SCHAFF         5.00         X         X         0.         0.         0.           (12) JILL S. OLSON         5.00         X         X         0.         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         X         X         0.         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         X         X         0.         0.         0.           (14) BETH LEVENTHAL         5.00         X         X         0.         0.         0.           (15) EREN ROSENFELD         5.00         X         X         0.         0.         0.           SECRETARY         0.000         X         X         0.         0.         0.         0.           (16) RUSSELL DIAMOND         5.00         X         X         0.         0.         0.         0.         0.         0.         0.							X		216,996.	0.	32,660.
(10) ALETHEA PRATT         40.00         x         215,444.         0.         19,468.           CHLEF INFORMATION OFFICER         0.00         x         x         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         x         x         0.         0.         0.           (12) JILL S. OLSON         5.00         x         x         0.         0.         0.           VICE CHAIR/CHAIR (AS OF 06/2022)         0.00         x         x         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         x         x         0.         0.         0.           (14) BETH LEVENTHAL         5.00         x         x         0.         0.         0.           (15) EREN ROSENFELD         5.00         x         x         0.         0.         0.           SECRETARY         0.000         x         x         0.         0.         0.         0.           (16) RUSSELL DIAMOND         5.00         x         x         0.         0.         0.           TREASURER         0.000         x         x         0.         0.         0.         0.											
CHIEF INFORMATION OFFICER         0.00         x         215,444.         0.         19,468.           (11) AMY ENGEL SCHARF         5.00         x         x         0.         0.         0.           CHAIR (THRU 06/16/2022)         0.00         x         x         0.         0.         0.           (12) JILL S. OLSON         5.00         x         x         0.         0.         0.           (13) GREGORY E. KERR, MD         5.00         x         x         0.         0.         0.           (14) BETH LEVENTHAL         5.00         x         x         0.         0.         0.           (15) EREN ROSENFELD         5.00         x         x         0.         0.         0.           (16) RUSSELL DIAMOND         5.00         x         x         0.         0.         0.           TREASURER         0.00         x         x         0.         0.         0.           (16) RUSSELL DIAMOND         5.00         x         x         0.         0.         0.           (17) LINDA KAO         5.00         x         x         0.         0.         0.         0.							X		208,643.	0.	34,460.
(11) AMY ENGEL SCHARF       5.00       X       X       0.       0.       0.         CHAIR (THRU 06/16/2022)       0.00       X       X       0.       0.       0.       0.         (12) JILL S. OLSON       5.00       X       X       0.       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0.       0.       0.         (15) EREN ROSENFELD       5.00       X       X       0.       0.       0.       0.         SECRETARY       0.000       X       X       0.       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.       0.         TREASURER       0.000       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.         ASST TREASURER/TRUSTEE											
CHAIR (THRU 06/16/2022)       0.00       X       X       0.       0.       0.       0.         (12) JILL S. OLSON       5.00       5.00       X       X       0.       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0.       0.       0.         (15) EREN ROSENFELD       5.00       X       X       0.       0.       0.       0.         SECRETARY       0.000       X       X       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       X       X       0.       0.       0.       0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>215,444.</td> <td>0.</td> <td>19,468.</td>							X		215,444.	0.	19,468.
(12) JILL S. OLSON       5.00       X       X       0.       0.       0.         VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.         (15) EREN ROSENFELD       5.00       X       X       0.       0.       0.       0.         SECRETARY       0.00       X       X       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.       0.         TREASURER       0.00       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.											
VICE CHAIR/CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (13) GREGORY E. KERR, MD       5.00       X       X       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.         (15) EREN ROSENFELD       5.00       X       X       0.       0.       0.       0.         SECRETARY       0.000       X       X       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       X       X       0.       0.       0.       0.		-	X		X				0.	0.	0.
(13) GREGORY E. KERR, MD       5.00       x       x       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       x       x       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       x       x       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       x       x       0.       0.       0.         (15) EREN ROSENFELD       5.00       x       x       0.       0.       0.         SECRETARY       0.000       x       x       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       x       x       0.       0.       0.       0.         TREASURER       0.000       x       x       0.       0.       0.       0.         (17) LINDA KAO       5.00       x       x       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       x       x       0.       0.       0.       0.											
TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (14) BETH LEVENTHAL       5.00       X       X       0.       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (15) EREN ROSENFELD       5.00       X       X       0.       0.       0.         SECRETARY       0.000       X       X       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.         TREASURER       0.000       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       X       X       0.       0.       0.       0.		-	X		X				0.	0.	0.
(14) BETH LEVENTHAL       5.00       x       x       0.       0.       0.         TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       x       x       0.       0.       0.       0.         (15) EREN ROSENFELD       5.00       x       x       0.       0.       0.       0.         SECRETARY       0.000       x       x       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       x       x       0.       0.       0.       0.         TREASURER       0.000       x       x       0.       0.       0.       0.         (17) LINDA KAO       5.00       x       x       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       x       x       0.       0.       0.       0.											
TRUSTEE/VICE CHAIR (AS OF 06/2022)       0.00       X       X       0.       0.       0.       0.         (15) EREN ROSENFELD       5.00       5.00       X       X       0.       0.       0.         SECRETARY       0.00       X       X       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       X       X       0.       0.       0.         TREASURER       0.000       X       X       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       X       X       0.       0.       0.		-	Х		X				0.	0.	0.
(15) EREN ROSENFELD       5.00       X       X       0.       0.       0.         SECRETARY       0.00       X       X       0.       0.       0.       0.         (16) RUSSELL DIAMOND       5.00       5.00       X       X       0.       0.       0.         TREASURER       0.000       X       X       0.       0.       0.       0.         (17) LINDA KAO       5.00       X       X       0.       0.       0.       0.         ASST TREASURER/TRUSTEE       0.000       X       X       0.       0.       0.       0.											
SECRETARY         0.00         X         X         0.			X		X				0.	0.	0.
(16) RUSSELL DIAMOND       5.00       x       x       0.00       x       x       0.00											
TREASURER         0.00         x         x         0.			Х		х				0.	0.	0.
(17) LINDA KAO     5.00     x     x     0.     0.       ASST TREASURER/TRUSTEE     0.00     x     x     0.     0.     0.											
ASST TREASURER/TRUSTEE 0.00 X X 0. 0. 0.			Х		х				0.	0.	0.
	ASST TREASURER/TRUSTEE	0.00	Х		Х				0.	0.	0.

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Form 990 (2021)

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(-1-		Pos	sition			Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss pe	rson i	than c s both	an	compensation	compensation		an	nount	of
	week	offi	cer an	ıd a d	lirecto	r/trust	ee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	tion
	hours for	or dir	e			ited		organization	(W-2/1099-MISC	C/		om th	
	related	stee	ruste			pense		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	ial tru	onal 1		loye	com ee		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
(18) PETER WALLACE - TRUSTEE/	5.00	<u> </u>	드	5	1 2 2	er H	R						
ASST TREASURER (AS OF 06/2022)	0.00	x		x				0.		٥.			0.
(19) ALAN E. KATZ	5.00												
TRUSTEE	0.00	x						0.		٥.			0.
(20) ANDREA WAHLQUIST BROWN	5.00												
TRUSTEE	0.00	x						0.		٥.			0.
(21) ASHISH BHUTANI	5.00							· · ·		••			
TRUSTEE (AS OF 06/16/2022)	0.00	x						0.		٥.			0.
(22) BRAD SILVER	5.00									••			
TRUSTEE	0.00	x						0.		٥.			0.
(23) CARLLENE BROOKS-ODEN	5.00	<u>л</u>						0.		<u>.</u>			<u> </u>
TRUSTEE	0.00	x						0.		٥.			0.
(24) CHRISTOPHER R. LAWRENCE	5.00	л						••		<u>.</u>			<u> </u>
TRUSTEE	0.00	x						0.		٥.			0.
(25) ELLEN JEWETT	5.00	^						0.		••			
TRUSTEE	0.00	x						0.		٥.			٥
(26) JANINE E. LUKE	5.00	^						U.		<u> </u>			0.
TRUSTEE	0.00	x						0.		٥.			Ο.
							_	2,710,693.		0.		295,	
1b Subtotal c Total from continuation sheets to Part VII								0.		0.		,	0.
d Total (add lines 1b and 1c)								2,710,693.		0.		295,	
2 Total number of individuals (including but no							o re	, ,	000 of reportable	••		,	
compensation from the organization		036	IISLE	u ai	JOve	) ••••	516	ceived more than \$100,					95
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	oo k	ev e	mn	love	≏ ∩r	hia	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for su	-			•	-		Ŭ		5		3		х
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>								er companyation from th		F	•		
and related organizations greater than \$150	•		•					•	0		4	х	
5 Did any person listed on line 1a receive or a										···	7		
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors		3 10	JESL	<u>ICIT</u>	Ders	011 .					5		
1 Complete this table for your five highest cor	nnensated inc	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of compe	nsat	ion fro	m	
the organization. Report compensation for t										niout			
(A)	ne calendar ye		- Tom	<u>ig ii</u>			Ī	(B)			(0	2)	
Name and business	address							Description of s	ervices	С	-	<b>nsatio</b>	n
AGILITY, 7979 E. TUFTS AVENUE, SUITE	700.												
DENVER, CO 80237	,							OUTSOURCED CIO SER	VICES		1	,327,	119.
COHEN & GRESSER LLP													
800 THIRD AVE, NEW YORK, NY 10022								LEGAL SERVICES			1	,187,	160.
CONCEPT CONSTRUCTION SERVICES, INC.,	124 E						f						
124TH STREET, 2ND FL, NEW YORK, NY 10							k	CONSTRUCTION SERVI	CES			831,	815.
ROSIN STEINHAGEN MENDEL, 228 EAST 451							f					-,	
STREET, SUITE 900, NEW YORK, NY 10017								LEGAL SERVICES				468.	144.
ARROW SECURITY							f					,	
300 WEST MAIN STREET, SMITHTOWN, NY 1	1787							SECURITY SERVICES				441,	921.

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
 46

SEE PART VII, SECTION A CONTINUATION SHEETS

132008 12-09-21

Form 990 (2021)

(A)       (B)       (C)       (D)       (E)       (F)         Name and title       Average hours per week (list any hours for related organization granization       Average (check all that apply)       Position (check all that apply)       Reportable compensation from the organizations       Estimated amount of other compensation         (27) JAY S. NYDICK       5.00       X       Image: state organizations       V-2/1099-MISC)       (W-2/1099-MISC)       Image: state organizations         (27) JAY S. NYDICK       5.00       X       Image: state organization       <	Form 990THE CHILDREN	S AID SOCI	ETY							13-55621	191
Name and title         Average box (comparison box (comparison box)         Position (comparison box (comparison box)         Reportable (comparison the organization (W2/1089-MISC)         Estimated amount of the organization (W2/1089-MISC)         Estimate the organization (W2/1089-MISC)         Estimated amoun	Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	ees (continued)	
Hourse         (check all that app)/ week (list ary hourse for presented organizations into into into the comparizations into the comparizations (W2/1099-MISC)         comparization from related organizations (W2/1099-MISC)         and related organizations (W2/1099-MISC)         and related organizations (W2/1099-MISC)         and related organizations (W2/1099-MISC)         and related organizations (W2/1099-MISC)           (27) JAY S, INDICK         5.00 Into (W2/1099-MISC)         X         0         0.         0.         0.           (27) JAY S, INDICK         5.00 Into (W2/1099-MISC)         X         0         0.         0.         0.           (27) JAY S, INDICK         5.00 INDICK         X         0         0.         0.         0.           (28) LAUREN RAZOCK ROTH         5.00 INDICK         X         0         0.         0.         0.           (23) MADUELENB ORACHTER         5.00 INDICK         X         0.         0.         0.         0.           (23) MADUELENB ORACHTER         5.00 INDICK         X         0.         0.         0.         0.           (23) MADUELENB ORACHTER         5.00 INDICK         X         0.         0.         0.         0.           (23) MADUELENB ORACHTER         0.00 INDICK         X         0.         0.         0.         0.           (2	(A)	(B)			(0	C)			(D)	(E)	(F)
per (list any bulked organizations (list any bulked organizations bulked organizations bulked organizations bulked bulked bulket bulk	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
weak pours for parizations below ined         is and parizations below ined         is and parizations below ined         is and parizations is and parizations         is and parizations (W2/1099-MISC)         compensation (W2/1099-MISC)         compensation organizations and related organizations           (27) JAY S. NYDICK         5.00 (RUSTEE         5.00 0.00         X         I         I         0         0.00         0.00         0.00           (27) JAY S. NYDICK         5.00 (RUSTEE         X         I         I         0         0.00 </td <td></td> <td>hours</td> <td>(cl</td> <td>hecł</td> <td>all ·</td> <td>that</td> <td>app</td> <td>ly)</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours	(cl	hecł	all ·	that	app	ly)	compensation	compensation	amount of
Idia any related below below related below below related below below related below related below related below related below related below related below related below related below related below related below related below related below related below related below related relate											
(27) JAY S. NYDICK       5.00       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			۲.				loyee				•
(27) JAY S. NYDICK       5.00       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			direct				d em p			(00-2/1099-00150)	
(27) JAY S. NYDICK       5.00       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			e or c	stee			Isated		(00-2/1033-10130)		
(27) JAY S. NYDICK       5.00       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			truste	al tru:		yee	um per				
(27) JAY S. NYDICK       5.00       0.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		-	vidual	tution	er	em plc	lest co	ner			C C
TRUSTEE       0.00       x       0.       0.       0.       0.         (28) LAUREN RAZOOK ROTH       5.00       x       0.00       0.00       0.00       0.00       0.00 </td <td></td> <td>line)</td> <td>Indiv</td> <td>Insti</td> <td>Offic</td> <td>Key</td> <td>High</td> <td>Forn</td> <td></td> <td></td> <td></td>		line)	Indiv	Insti	Offic	Key	High	Forn			
(18) LAUREN RAZOOK ROTH       5.00       0.00	(27) JAY S. NYDICK	5.00									
TRUSTEE       0.00       x       0.       0.       0.       0.       0.         (29) MARISOL TEPETTILA       5.00       x       0.	TRUSTEE		Х						0.	0.	0.
(23) MADELETINE SCHACHTER       5.00       x       0.	(28) LAUREN RAZOOK ROTH	5.00									
TRUSTEE       0.00       x       0.	TRUSTEE		Х						0.	0.	0.
(30) MARISOL TEPETITLA       5.00       x       0.00       0.00       x		5.00									
TRUSTEE (AS OF 06/16/2022)       0.00       x       0.			Х						0.	0.	0.
(31) MICHAEL GOSS       5.00       x       0.00       x       0.00 <td></td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5.00									
TRUSTEE       0.00       x       0.	TRUSTEE (AS OF 06/16/2022)		Х						0.	0.	0.
(32) RAJA FLORES       5.00       x       0.00       x       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											
TRUSTEE       0.00       X       0.       0.       0.       0.         (33) RICK MCNABE       5.00       0.00       X       0.       0.       0.       0.         TRUSTEE       0.00       X       0.       0.       0.       0.       0.         TRUSTEE       0.00       X       0.       0.       0.       0.       0.         TRUSTEE (THRU 06/16/2022)       0.00       X       0.			Х						0.	0.	0.
(33) RICK MCNABB       5.00       x       0.00       x       0.00       0.00       0.00         (34) RUSSELL W. HORWITZ       5.00       0.00       x       0.00	· · · · · · · · · · · · · · · · · · ·										
TRUSTEE       0.00       x       0.00       0.00       0.00         (34) RUSSELL W, HORWITZ       5.00       0.00       x       0.00       0.00         TRUSTEE (THRU 06/16/2022)       0.00       x       0.00       0.00       0.00         TRUSTEE       0.00       x       0.00       0.00       0.00       0.00       0.00         TRUSTEE       0.00       x       0.00			Х						0.	0.	0.
(34) RUSSELL W. HORWITZ       5.00       0.00											_
TRUSTEE (THRU 06/16/2022)       0.00       x       0.       0.       0.       0.       0.         (35) SERANT       5.00       x       0.00       x       0.       0.       0.       0.         TRUSTEE (THRU 06/16/2022)       0.00       x       0.			X						0.	0.	0.
(35) SANDRA G. SERRANT       5.00       x       0.											
TRUSTEE (THRU 06/16/2022)       0.00       X       0.       0.       0.       0.         (36) SEBASTIAN GUTH       5.00       X       0.       0.       0.       0.         TRUSTEE       0.00       X       0.       0.       0.       0.       0.         (37) SUZANNE WALTMAN       5.00       X       0.       0			X						0.	υ.	0.
(36) SEBASTIAN GUTH       5.00       x       0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></td<>											0
TRUSTEE       0.00       x       0.00       0.00       0.00         (37) SUZANNE WALTMAN       5.00       x       0.00       x       0.00       0.00       0.00         TRUSTEE       0.00       x       0.00       x       0.00       0.00       0.00         (33) VANESSA MELENDEZ       5.00       x       0.00       x       0.00       0.00       0.00         (39) VANESSA MELENDEZ       5.00       x       0.00       x       0.00			X						U.	υ.	υ.
(37) SUZANNE WALTMAN       5.00       x       0. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
TRUSTEE       0.00       x       0.       0.       0.       0.         (38) TOM REYNOLDS       5.00       0.			X						U.	υ.	υ.
(38) TOM REYNOLDS     5.00     0.00     0.00     0.00       TRUSTEE     0.00     0.00     0.00     0.00       (39) VANESSA MELENDEZ     5.00     0.00     0.00     0.00       TRUSTEE (THRU 06/16/2022)     0.00     0.00     0.00     0.00       (40) YASMEEN MOCK     5.00     0.00     0.00     0.00       TRUSTEE (AS OF 06/16/2022)     0.00     0.00     0.00     0.00										•	0
TRUSTEE       0.00       x       0.00       0.00       0.00         (39) VANESSA MELENDEZ       5.00       0.00 <td< td=""><td></td><td></td><td>X</td><td> </td><td></td><td> </td><td></td><td></td><td>U.</td><td>υ.</td><td>0.</td></td<>			X						U.	υ.	0.
(39) VANESSA MELENDEZ       5.00       0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>									0	0	0
TRUSTEE (THRU 06/16/2022)       0.00       x       0.       0.       0.       0.         (40) YASMEEN MOCK       5.00       x       0.			~						U.	U.	0.
(40) YASMEEN MOCK     5.00     x     0.00     0.00     x     0.00 </td <td></td> <td></td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>			v						0	0	0
TRUSTEE (AS OF 06/16/2022)     0.00     X     0.00			^						<u> </u>	0.	0.
			v						0	0	0
									°.	••	
Image: Section A, line 1c       Image:			1								
Image: Section A, line 1c											
Image: Constraint of the section A, line 1c											
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c											
			1								
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

132201 04-01-21

		Check if Schedule O	conta	ains a resp	onse (	or note to any lin	e in this Part VIII			<u>[</u>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
e e		Fundraising events				2,335,957.				
ar A		Related organizations								
mile		Government grants (contr								
Ś	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	labov	re 1f		21,973,187.				
0 P	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	\$	977,918.				
aŭ	h	Total. Add lines 1a-1f				►	24,309,144.			
						Business Code				
3	2 a	GOV'T FEES & CONTRA	CTS			611710	98,302,000.	98,302,000.		
e	b	PROGRAM FEES				611710	11,739,000.	11,739,000.		
enu	С	HEALTH AND WELLNESS	CL	INICS		624100	1,630,000.	1,630,000.		ļ
e v	d									ļ
Revenue	е									l
•		All other program service								<b></b>
+		Total. Add lines 2a-2f					111,671,000.			
	3	Investment income (includ	0	,		,	2 452 500		175 007	0 070 0
		other similar amounts)					2,453,500.		175,227.	2,278,2
	4	Income from investment o			•					
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	(i) Re		(ii) Personal				
	<b>c</b> -	Owene weate	6a	2,702,		(II) Fersonal				
		Gross rents	6b	2,702,	0.00.					
		Less: rental expenses Rental income or (loss)	6c	2,702,						
		Net rental income or (loss)		2,702,			2,702,000.			2,702,0
		Gross amount from sales of	/ <u> </u>	(i) Secur	ities	(ii) Other	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	<i>i</i> a	assets other than inventory	72	216,388,		(				
	b	Less: cost or other basis	14	, ,						
Ð		and sales expenses	7b	192,596,	000.					
enue	с	Gain or (loss)	7c	23,792,						
ě		Net gain or (loss)	-				23,792,000.			23,792,0
Other Kev		Gross income from fundraisi								
₽		including \$ 2,3								
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	296,856.				
	b	Less: direct expenses				684,420.				
	С	Net income or (loss) from	fund	raising eve	ent <u>s</u>	►	-387,564.			-387,5
	9 a	Gross income from gamin	ig ac	tivities. Se	e					
		Part IV, line 19								
	b	Less: direct expenses			9b					
		Net income or (loss) from			es	▶				
1	10 a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold								
+	С	Net income or (loss) from	sales	s of invente	ory					
2		CUADEED COUCOL ADVI	N C	100		Business Code	2 240 000			2 240 0
Revenue		CHARTER SCHOOL ADMI		105		900099	2,349,000.			2,349,0
/en	b	MISCELLANEOUS INCOM	LE			900099	227,500.			227,5
Be	C									
		All other revenue Total. Add lines 11a-11d					2,576,500.			

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2021.05060 THE CHILDREN'S AID SOCIET 01963021

13-5562191 Page **10** 

#### 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 respons				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	735,500.	735,500.		
<b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22	2,992,903.	2,992,903.		
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	1,747,681.	578,529.	1,169,152.	
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	75,488,013.	63,645,458.	9,907,510.	1,935,045.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	3,533,009.	2,888,939.	543,018.	101,052.
9 Other employee benefits	8,816,099.	7,217,979.	1,349,426.	248,694.
10 Payroll taxes	6,678,296.	5,553,462.	955,931.	168,903.
<b>11</b> Fees for services (nonemployees):				
a Management	4,331,040.	3,430,634.	823,642.	76,764.
b Legal	2,613,221.	632,507.	1,980,399.	315.
c Accounting	310,537.	25,830.	284,707.	
d Lobbying	86,761.	900.	85,861.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,123,000.		2,123,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	603,534.	516,581.	71,904.	15,049.
12 Advertising and promotion	306,360.	80,791.	148,977.	76,592.
13 Office expenses	4,407,373.	3,690,782.	673,062.	43,529.
14 Information technology	2,868,177.	1,083,651.	1,320,204.	464,322.
15 Royalties				
16 Occupancy	6,672,476.	6,135,267.	524,147.	13,062.
17 Travel	1,008,432.	966,981.	41,284.	167.
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	000.000	<b>7</b> 26,000	<u> </u>	
19 Conferences, conventions, and meetings	802,323.	736,808.	64,889.	626.
20 Interest	3,110,752.	2,122,075.	907,800.	80,877.
21 Payments to affiliates	4 550 504	0.400.000	0.400.474	
22 Depreciation, depletion, and amortization	4,752,524.	2,498,936.	2,138,471.	115,117.
23 Insurance	1,880,706.	1,619,116.	226,425.	35,165.
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 0.)				
a FOSTERING BOARDING HOME	11,370,320.	11,368,861.	1,459.	
b FOOD	1,086,952.	1,075,205.	11,446.	301.
c MEMBERSHIP DUES	193,269.	163,319.	29,950.	
d REPAIRS AND MAINTENANCE	99,322.	84,986.	14,336.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	148,618,580.	119,846,000.	25,397,000.	3,375,580.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

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132010 12-09-21

#### 17340307 153424 0196302-00003

Form 990 (2021)

Form 990 (		
Part X	Balance	Sheet

Fart		Check if Schedule O contains a response or no	te to any li	ine in this Part X			
		· · · · ·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,255,000.	1	1,956,000
	2	Savings and temporary cash investments			14,328,000.	2	15,705,000
	3	Pledges and grants receivable, net			638,000.	3	5,064,000
	4	Accounts receivable, net			33,311,000.	4	36,609,000
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for most state of the second			3,072,000.	9	3,710,00
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	149,696,000.			
	b	Less: accumulated depreciation		37,227,000.	114,501,000.	10c	112,469,00
	11	Investments - publicly traded securities			101,810,000.	11	111,052,00
	12	Investments - other securities. See Part IV, line	255,345,000.	12	196,671,00		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	32,016,000.	15	29,774,00		
	16	Total assets. Add lines 1 through 15 (must equ			557,276,000.	16	513,010,00
	17	Accounts payable and accrued expenses			15,584,000.	17	16,355,00
	18	Grants payable	, ,	18	, ,		
	19	Deferred revenue	4,868,000.	19	7,300,00		
	20	Tax-exempt bond liabilities		74,524,000.	20	73,577,00	
	21	Escrow or custodial account liability. Complete			, , , -	21	, ,
	22	Loans and other payables to any current or forr					
ties		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	20 24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
	20	parties, and other liabilities not included on line					
		of Schedule D	5 1 <i>1-</i> 24). C		80,702,000.	25	58,018,000
	26	Total liabilities. Add lines 17 through 25			175,678,000.	25	155,250,00
	20	Organizations that follow FASB ASC 958, cho	ock boro	► X	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	200,200,00
ŝ		and complete lines 27, 28, 32, and 33.					
ũ .	27				365,985,000.	27	340,503,00
; ala	28				15,613,000.	28	17,257,00
<u>р</u>   '	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9				20	_,,
5		and complete lines 29 through 33.	56, checi				
5 .	20					20	
l sts	29 20	Capital stock or trust principal, or current funds				29	
SS	30 24	Paid-in or capital surplus, or land, building, or e				30	
÷	31 20	Retained earnings, endowment, accumulated in		E C	381,598,000.	31	357,760,00
_	32	Total net assets or fund balances			, ,	32	, ,
	33	Total liabilities and net assets/fund balances			557,276,000.	33	513,010,00 Form <b>990</b> (202

Form **990** (2021)

132011 12-09-21

Forn	1990 (2021) THE CHILDREN'S AID SOCIETY	13-556219	1	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				<i>.</i>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	167,	116,	580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,	618,	580.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,	498,	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	381,	598,	000.
5	Net unrealized gains (losses) on investments	5	-58,	133,	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	15,	797,	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	357,	760,	000.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

#### Ν

Nam	e of t	the organization						Employer	identification number				
			ILDREN'S AID SO						13-5562191				
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n <b>170(b)</b> (1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem		-					-				
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	Inter June 30, 1975.				
44		See section 509(a)(2). (Con		woly to toot for public or	foty Soo	ocation E(	O(a)(A)						
11 12		An organization organized a An organization organized a	-	•	•			n out the	purposes of one or				
12		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
а		<b>Type I.</b> A supporting orga	• •					-	aivina				
		the supported organization		-	•	-							
		organization. You must c			i majority e				pporting				
b		<b>Type II.</b> A supporting org	-		tion with it:	s supporte	d organizatior	n(s), by hay	vina				
		control or management o	-				-		-				
		organization(s). You mus						, , , , , , , , , , , , , , , , , , , ,					
с		Type III functionally inte	-		in connect	tion with, a	and functionall	y integrate	d with,				
		its supported organization	n(s) (see instructions)	). You must complete	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
<u> </u>		vide the following information			(iv) is the oro	anization listed							
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No		311001013)					
Tota													

OMB No. 1545-0047

2021

**Open to Public** 

Inspection

Page **2** 

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	23,200,340.	18,150,000.	25,300,000.	20,480,125.	24,309,144.	111,439,609.
2	Tax revenues levied for the organ- ization'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	23,200,340.	18,150,000.	25,300,000.	20,480,125.	24,309,144.	111,439,609.
	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)						422,738.
6	Public support. Subtract line 5 from line 4.						111,016,871.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	23,200,340.	18,150,000.	25,300,000.	20,480,125.	24,309,144.	111,439,609.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,973,000.	5,082,633.	3,845,168.	4,992,656.	4,980,273.	24,873,730.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	153,574.	246,601.	196,532.	48,344.	175,227.	820,278.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,245,095.	1,799,000.	4,149,000.	2,173,875.	2,873,356.	12,240,326.
11	Total support. Add lines 7 through 10						149,373,943.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	496,426,300.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	74.32 %
	Public support percentage from 2020					15	76.07 %
<b>16</b> a	1 33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2020.</b> If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>'e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		►
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
						Schedule A	(Form 990) 2021

132022 01-04-22

Part III	Support S	Schedule for (	Organizations	Described in	Section	509(a	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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business and the section of the section o						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Public	c Support Per	rcentage			<u> </u>	
<b>15</b> Public support percentage for 2021 (I		•	column (f))		15	%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
17 Investment income percentage for 20	021 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2020. If the	-	-				3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-04-22						ule A (Form 990) 2021
		16	5			

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

No Yes

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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).
- 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? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2021

17

Schedule A (Form 990) 2021 THE CHILDREN'S AID

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Yes

2

No

No

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

#### Section B. Type I Supporting Organizations

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

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18

Sch	edule A (Form 990) 2021 THE CHILDREN'S AID SOCIETY			13-5562191	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	n Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instr	uctions.	
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.			
Sec	Section A - Adjusted Net Income (B) Current 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				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
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				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sec	tion C - Distributable Amount			Current Y	ear	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting or	ganization (see		
	instructions).	-	-			

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

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 purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

**Current Year** 

1

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Section	art 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, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
SCHEDULE A, PARI	F II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS INCOME FRO	DM FUNDRAISING
2017 AMOUNT: \$	288,095.
2018 AMOUNT: \$	181,000.
2019 AMOUNT: \$	110,000.
2020 AMOUNT: \$	4,875.
2021 AMOUNT: \$	296,856.
MANAGEMENT FEE	
2017 AMOUNT: \$	957,000.
2018 AMOUNT: \$	1,618,000.
2019 AMOUNT: \$	2,064,000.
2020 AMOUNT: \$	2,013,000.
2021 AMOUNT: \$	2,349,000.
FORGIVENESS OF I	JOAN INCOME
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	0.
2019 AMOUNT: \$	1,889,000.
2020 AMOUNT: \$	0.
2021 AMOUNT: \$	0.
MISCELLANEOUS IN	ICOME
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	0.
2019 AMOUNT: \$	86,000.
2020 AMOUNT: \$	156,000. Schedule A (Form 990) 24

Schedule A	(Form 990) 2021	THE CHILDREN'S AID SOCIE	тү	13-5562191	Page <b>8</b>
Part VI	Supplemental Info	rmation. Provide the explanation	ns required by Part II, line 10; Part II, line 17a o	r 17b; Part III, line 12;	
	line 1; Part IV, Section D	, lines 2 and 3; Part IV, Section E, li	c, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	V, Section B, line 1e; Pa	ı C, ırt V,
	Section D, lines 5, 6, and (See instructions.)	d 8; and Part V, Section E, lines 2, 5	, and 6. Also complete this part for any addition	nal information.	
2021 AMOU	JNT: \$ 227,500.				
132028 01-04-2	22			Schedule A (Form §	990) 2021
			22		

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

## 2021

Employer identification number

13-5562191

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

THE CHILDREN'S AID SOCIETY

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), 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  $\dots$  **b** \$

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

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

Schedule B (Form 990) (2021)

THE CHIL	JREN'S AID SOCIETY		13-5562191
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$2,300,0	D000.       Person       X         D000.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$1,500,0	Person       X         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$1,000,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$1,000,0	D000.       X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$891,2	Person       X         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$745,0	D00. Person X Payroll D Noncash C (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

Page **2** 

Schedule B (Form 990) (2021)

HE CHII	JDREN'S AID SOCIETY		13-5562191
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$644,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$500,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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25 2021.05060 THE CHILDREN'S AID SOCIET 01963021

Page **2** 

Employer identification number

	·	•
Name of organization		

Schedule B (Form 990) (2021)

	rganization	Employer identification number	
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
123453 11-11	-21	¥	

Schedule B (Form 990) (2021)

Page 3

Schedule	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
	DREN'S AID SOCIETY		13-5562191
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b> I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No.	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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		(e) transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(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, a	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

 $17340307 \ 153424 \ 0196302 - 00003$ 

	For Org	anizations Exempt From Incon	ne Tax Under section	501(c) and section 527	
Department of the Treasury	Complete	if the organization is describe	d below. 🕨 Attach t	o Form 990 or Form 990	-EZ. Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for	r instructions and the	latest information.	Inspection
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campaig	n Activities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Corr	plete Parts I-A and B. Do not co	mplete Part I-C.		
<ul> <li>Section 501(c) (othe</li> </ul>	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B	
<ul> <li>Section 527 organiz</li> </ul>	•	•			
		Form 990, Part IV, line 4, or Fo			
	5	nave filed Form 5768 (election ur	( )/		
	5	nave NOT filed Form 5768 (electi			•
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	(See separate	instructions) or Form 99	J-EZ, Part V, line 35c (Proxy
,, ,		ions: Complete Part III.			
Name of organization	), or (o) organizat			Em	ployer identification number
3	THE CHILDRI	EN'S AID SOCIETY			13-5562191
Part I-A Compl		anization is exempt und	er section 501(c)	or is a section 527 of	
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
2 Political campaign	activity expendit	ures	1 0	▶	• \$
		gn activities			
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)(	(3).	
		incurred by the organization unc			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," describe in		anization is exempt und	r section $501(c)$	except section 501	(~)(3)
		•		-	(C)(S). • \$
		I by the filing organization for sec ization's funds contributed to ot			· ⊅
			-		• \$
		. Add lines 1 and 2. Enter here a			Ψ
				·	· \$
		1120-POL for this year?			
		ployer identification number (Ell			
made payments. Fo	or each organiza	tion listed, enter the amount paid	d from the filing organi	zation's funds. Also enter	the amount of political
contributions receiv	ved that were pro	omptly and directly delivered to a	a separate political org	anization, such as a separ	ate segregated fund or a
political action com	nmittee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
<b>(a)</b> Name	е	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter -0	
				iunus. Il none, enter-c	delivered to a separate
					political organization.
					If none, enter -0
			1	1	

**Political Campaign and Lobbying Activities** 

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

132041 11-03-21

SCHEDULE C

(Form 990)

			ID SOCIETY			5562191	Page <b>2</b>
Part II-A Complete if the org section 501(h)).	anization	is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection unde	ər
	tion belongs	to an affi	liated group (and list i	n Part IV each affiliated g	aroup member's nam	e address Fl	N
expenses, and shar						ic, address, Ei	· •,
		, ,	nd "limited control" pr	ovisions apply			
	ts on Lobby				<b>(a)</b> Filing organization's	(b) Affiliated	
(The term "expend	ditures" mea	ins amou	ints paid or incurred	.)	totals		-
1a Total lobbying expenditures to influ	uence public	opinion (	grassroots lobbying)				
b Total lobbying expenditures to influ	uence a legis	lative boo	ly (direct lobbying)				
c Total lobbying expenditures (add li	nes 1a and 1	b)					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	s (add lines <sup>·</sup>	c and 1d	)				
f Lobbying nontaxable amount. Ente	er the amour	t from the	e following table in bo	th columns.			
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:			
Not over \$500,000		20% of	the amount on line 1e	).			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exe	cess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000		\$1,000,	000.				
<ul> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than ze reporting section 4911 tax for this</li> <li>(Some organizations the section of the section</li></ul>	ro on either I year? 4	ne 1h or Year Ave	line 1i, did the organiz eraging Period Unde			Yes	No
		•	ate instructions for I	<b>,</b>			
	Lobby	ng Expe	nditures During 4-Ye	ear Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	18	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> ⊺o	tal
2a Lobbying nontaxable amount							
<b>b</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						lule C (Eorm 9	

Schedule C (Form 990) 2021

132042 11-03-21

## 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	(a)		(b)	
	e lobbying activity.	Yes	No	Amour	nt	
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:	x				
	Volunteers?	X				
с	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		x			
d	Mailings to members, legislators, or the public?		X			
	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	v	3.	2,615.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	X	0	4 200	
i		X			4,300.	
J	Total. Add lines 1c through 1i		v	11	6,915.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? <b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5) or sec	tion		
	501(c)(6).		0,, 01 000			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Were substantially all (90% or more) dues received nondeductible by members?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(	5), or sec		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 politi					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с						
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?		4			
_5	Taxable amount of lobbying and political expenditures. See instructions		5			
Pai	t IV Supplemental Information					
Prov	ide 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 a	nd 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAR	II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	CHILDREN'S AID SOCIETY UTILIZES AN OUTSIDE CONSULTANT TO UNDERTAKE					
LOBI	YING ACTIVITIES ON ITS BEHALF; SPECIFICALLY TO ENGAGE IN BUDGET AND					
LEG	SLATIVE ADVOCACY THAT ALIGN WITH OUR PRIORITIES TO HELP SUPPORT OUR					
CHII	DREN AND FAMILIES. AMOUNTS PAID TO THIRD PARTY EXTERNAL LOBBYING					
CONS	ULTANTS, INCLUDED IN SCHEDULE C, PART II-B, LINE 1(I), AMOUNTS TO					
			Cabady	le C (Earm 90		

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Schedule C (Form 990) 2021

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Part IV Supplemental Information (continued)

\$84,300. THE REMAINING COSTS IDENTIFIED IN SCHEDULE C REPRESENT

INTERNAL SALARY COSTS ALLOCATED TO LOBBYING INITIATIVES.

Schedule C (Form 990) 2021

132044 11-03-21

		Supplemental	Einanaial Sta	atomonto		1	OMB No. 15	545-0047
	<b>HEDULE D</b> n 990)	Supplemental ► Complete if the orgar Part IV, line 6, 7, 8, 9, 10, <sup>-</sup>	nization answered "Yes	" on Form 990,			202	21
	tment of the Treasury	► A	ttach to Form 990.				Open to	
	al Revenue Service	Go to www.irs.gov/Form990	) for instructions and th	ne latest information.			Inspecti	
Nam	e of the organization	DN THE CHILDREN'S AID SOCIETY			Emp	-	entification -5562191	
Pa	rt I Organiza	ations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	coun			
		n answered "Yes" on Form 990, Part IV, line					inploto il ti	
			(a) Donor advised	l funds (	b) Fund	ds and o	ther accou	nts
1	Total number at er	nd of year						
2		f contributions to (during year)						
3								
4		end of year						
5		on inform all donors and donor advisors in w	riting that the assets held	d in donor advised fund	ls			
	are the organizatio	n's property, subject to the organization's ex	xclusive legal control?			[	Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor adv	visors in writing that grar	nt funds can be used o	nly			
	for charitable purp	oses and not for the benefit of the donor or o	donor advisor, or for any	other purpose conferr	ing	_		
_	impermissible priva					<u></u>	Yes	No
Pa	rt II Conserva	ation Easements. Complete if the orga	anization answered "Yes'	" on Form 990, Part IV,	line 7.			
2	Protection o Preservation Complete lines 2a	of land for public use (for example, recreation f natural habitat of open space through 2d if the organization held a qualifie		Preservation of a histo Preservation of a certi tion in the form of a con	fied his	toric stru	ucture ement on th	ne last
	day of the tax year					Held at t	he End of th	e lax tear
a		onservation easements			2a			
b	•				2b			
C L		vation easements on a certified historic struc			2c			
d		vation easements included in (c) acquired aft			2d			
3		al Register vation easements modified, transferred, relea			<u> </u>	during th		
5	vear ►	valion easements modified, transferred, relea	ased, extinguished, or ter	Initiated by the organi	Zation	Juning th	C lan	
4	· · ·	where property subject to conservation ease	ment is located					
5		tion have a written policy regarding the perio		on, handling of				
-	•	orcement of the conservation easements it h				Г	Yes	No
6		r hours devoted to monitoring, inspecting, ha	andling of violations. and	d enforcing conservatio	n easer	ments di	urina the ve	
		3, 1 3,	5	5			5 ,	
7	Amount of expens	es incurred in monitoring, inspecting, handlir	ng of violations, and enfo	orcing conservation eas	sement	s during	the year	
8		vation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)	(i)			
-		(4)(B)(ii)?	•			Γ	Yes	No No
9		be how the organization reports conservation						
		l include, if applicable, the text of the footno		•			)	

	balan	ce sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organ	ization's accounting for conservation easements.
Par	t 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

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sc	chedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$	
а	Revenue included on Form 990, Part VIII, line 1		\$_	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovic	le	
	(ii) Assets included in Form 990, Part X		\$_	
			Ψ.	

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		EN'S AID SOCIETY				562191	Pa	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Asse	ets <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use of it	S		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е						
с	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's exe	empt purpose in Pa	art XIII.		
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma		,	,	-	Yes		No
Pa	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Par		to in the organizatio			,		
19	Is the organization an agent, trustee, custodi		any for contributions	or other assets not	tincluded			
iu	on Form 990, Part X?				-	Yes		No
h	If "Yes," explain the arrangement in Part XIII				L	165		
U		and complete the lon	owing table.			Amoun	+	
_	De sienie a belen ee					Amoun		
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance				<b>[ 1f ]</b>			1
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Pa	<b>t V Endowment Funds.</b> Complete i				1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	. ,	-	
1a	Beginning of year balance	9,908,000.	7,854,000.	8,199,000.	8,145,000	D. 7,	877,0	)00.
b	Contributions	2,000.	63,000.					
С	Net investment earnings, gains, and losses	-857,000.	2,293,000.	23,000.	191,000	٥.	405,0	000.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	351,000.	302,000.	368,000.	137,000	D.	137,0	000.
f	Administrative expenses							
g	End of year balance	8,702,000.	9,908,000.	7,854,000.	8,199,000	D. 8,	145,0	000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.0000	%					
b	Permanent endowment > 79.0300	%	_					
с	Term endowment  20.9700	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	tion that are held ar	d administered for t	he organization			
	by:	5			5	]	Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations							х
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule B?			3b		
4	Describe in Part XIII the intended uses of the							
Pa	t VI Land, Buildings, and Equipm		inent lunus.					
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part X	line 10			
		(a) Cost or of			Accumulated	(d) Dee		
	Description of property	basis (investr	. ,		epreciation	<b>(d)</b> Boo	k value	)
	Lond		· ·	. ,	oprodution	F	656 0	000
	Land			,656,000. ,071,000.	22 760 742		656,0	
	Buildings				22,769,743.	T00,	301,2	
	Leasehold improvements			,613,000.	6,866,817.		746,1	
	Equipment			,984,000.	7,145,715.		838,2	
	Other			,372,000.	444,725.		927,2	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	K. column (B), line 10	<u>)c.)</u>			469,0	
					Schedu	ule D (Forn	n 990) i	2021

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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	92,227,000.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	42,483,000.	END-OF-YEAR MARKET VALUE
(C) PRIVATE CAPITAL	37,739,000.	END-OF-YEAR MARKET VALUE
(D) EMERGING MARKETS EQUITY FUND	12,174,000.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIP INTERESTS	6,309,000.	END-OF-YEAR MARKET VALUE
(F) OTHER ALTERNATIVE INVESTMENTS	5,739,000.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	196,671,000.	

#### 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	28,160,000.
(2) SPLIT-INTEREST AGREEMENT INVESTMENTS	1,614,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	29,774,000.
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 OBLIGATIONS	28,399,000.
(3)	OPERATING LEASE LIABILITIES	28,160,000.
(4)	SPLIT-INTEREST OBLIGATIONS	1,286,000.
(5)	OTHER LIABILITIES	173,000.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	58,018,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

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13-5562191

Schedule D (Form 990) 2021

Scheo	ule D (Form 990) 2021 THE CHILDREN'S AID SOCIETY		13-5562191 Page 4
Part	XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII.)		
	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Par	XII Reconciliation of Expenses per Audited Financial State	ements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 18.</i> )		5
Par	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X, line 2; Part XI,
PART	V, LINE 4:		
CHILI	REN'S AID RECOGNIZES THAT NEW YORK STATE ADOPTED AS LAW TH	IE NEW YORK	

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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

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Schedule D (Form 990) 2021

### 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.

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

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

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Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

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, 2022

AND 2021.

Schedule D (Form 990) 2021

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<b>3 a</b> Subtotal	0	0		88,586,185
<ul> <li>b Total from continuation sheets to Part I</li> </ul>	ı	0		0
c Totals (add lines 3a and 3b)	0	0		88,586,185

SCHEDULE F	Statement of Activities Outside the United States
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Statement of Activities Outside the United States	╞

contractors in the region recipients located in the region) of service(s) in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 3

THE CHILDREN'S AID SOCIETY

Department of the Treasury

Internal Revenue Service Name of the organization

#### General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(by type) (such as, fundraising, pro-

gram services, investments, grants to

3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) I

employees, agents, and

independent

offices

in the region

	Inspection				
Employer	identification	number			

13-5562191

(e) If activity listed in (d)

is a program service,

describe specific type

2021	
Open to Public	

No

(f) Total

expenditures

for and

investments

in the region

88,586,185.

OMB No. 1545-0047

132072 12-20-21

Part II

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

(c) Region

1

(d) Purpose of

grant

(e) Amount

(f) Manner of

of cash grant cash disbursement

exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee of	ecognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	<b>&gt;</b>	

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(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

132073 12-20-21

#### Schedule F (Form 990) 2021 THE CHILDREN'S AID SOCIETY

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	ssistance (b) Region (c) Number of recipients		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Schedule F (Form 990) 2021

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Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

### 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.

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	entification number
	THE CHILDRE	EN'S AID SOCIETY					13-556219	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	<b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total         3       List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	Lutions	or has been notified	l it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedule	e G (Form 990) 2021

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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
			GALA	GOLF CLASSIC		(add col. <b>(a)</b> through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	2,163,871.	468,942.		2,632,813.
:	2	Less: Contributions	2,084,311.	251,646.		2,335,957.
;	3	Gross income (line 1 minus line 2)	79,560.	217,296.		296,856.
	4	Cash prizes				
	5	Noncash prizes	2,665.	8,094.		10,759.
benses	6	Rent/facility costs	5,000.	162,634.		167,634.
Direct Expenses	7	Food and beverages	143,234.	47,216.		190,450.
	8	Entertainment	20,000.			20,000.
	9	Other direct expenses	181,100.	114,477.		295,577.
1	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b></b>	684,420.
1	11	Net income summary. Subtract line 10 from	ine 3, column (d)		►	-387,564.

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.

Revenue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
xbens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)		<b>&gt;</b>	
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act If "No," explain:	ivities in each of these s	states?		Yes No
	Were any of the organization's gaming licenses rev			/ear?	Yes No
b	If "Yes," explain:				

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Sch	edule G (Form 990) 2021	THE CHILDREN'S AID	SOCIETY	13-556219	91	Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?		Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust,	or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No
13	Indicate the percentage of gaming	g activity conducted in:				
а	The organization's facility			13a		%
						%
14	Enter the name and address of th	e person who prepares the	organization's gaming/special events books and records	s:		
	Name					
15a	Address  Does the organization have a con		whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam	ing revenue received by the	e organization 🕨 💲 and the amo	unt		
	of gaming revenue retained by the					
с	If "Yes," enter name and address					
		· •				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	\$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а	Is the organization required under	r state law to make charitab	le distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	🗌 No
b	Enter the amount of distributions	required under state law to	be distributed to other exempt organizations or spent in	ı the		
	organization's own exempt activit					
Pa			anations required by Part I, line 2b, columns (iii) and (v);	and Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	ny additional information. See instructions.			
1320	33 10-21-21			Schedule G	(Form	990) 2021
			45			

nrt IV		13 3302191 Pa
	Supplemental Information (continued)	
	(continued)	
		Schedule G (Form
11-18-21		

2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part ID       Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any receiping that received more than \$50,000. Part I can be duplicated if additional space is needed.       (f) Method for valuation answered 'Yes' on Form 990, Part IV, line 21, for any receiping that received more than \$50,000. Part I can be duplicated if additional space is needed.       (f) Method for valuation or government '' valuation (opch, FMV, appraisal, other)       (g) Description of noncesh assistance       (h) Purpose of grant or assistance         ARETE EDUCATION INC       557 GRAND CONCOURSE, SUITE 3       80-0789207       \$01(C)(3)       15,000.       0.       BENERAL SUPPORT         BOYS AND GIRLS CLUB OF HARLEM       50-0789207       \$01(C)(3)       13,300.       0.       BENERAL SUPPORT         BOYS AND GIRLS CLUB OF MERCE       13-3102951       \$01(C)(3)       17,100.       0.       BENERAL SUPPORT         BOYS AND GIRLS CLUB OF MORENO       BOSHAUE ANTEC BOULEVARD       S01(C)(3)       17,100.       0.       BENERAL SUPPORT         BOYS AND GIRLS CLUB OF MORENOLU       3450 DEKALE AVENUE       BENERAL SUPPORT       BENERAL SUPPORT       BENERAL SUPPORT         BOYS AND GIRLS CLUB OF MORENOLU       3450 DEKALE AVENUE       BENERAL SUPPORT       BENERAL SUPPORT       BENERAL SUPPO	SCHEDULE I (Form 990)		Grants and Other overnments, ar					OMB No. 1545-0047
International bolics         Cold outworking.gov/Form990 for the latest information.         Imposer latest information.           Name of the organization         THE CRILDREN'S ATD SOCIETY         Employer identification number is 556/251.           Part L         Central Information on Grants and Assistance         Imposer identification number is 556/251.           1         Deschering information on Grants and Assistance the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance is montroling the use of grant funds in the United States.         Imposer identification answered "Vest" on Form 990, Part IV, line 21, for any information and concepts of grant funds in the United States.           Part L         Grants and Other Assistance to Domestic Organization and Base is needed.         (f) Method of criteria used of arganization answered "Vest" on Form 990, Part IV, line 21, for any information or gravemment           1(a) Name and address of organization in answered "Vest" on Form 990, Part IV, line 21, for any information or gravemment         (b) EIN         (c) Pin C section (criteria used in difficulting space is needed.           1(a) Name and address of organization         (b) EIN         (c) EIC section (criteria used in difficulting space is needed.         (f) Method of criteria used in difficulting space is needed.           1(a) Name and address of organization answered "Vest" on Form 990, Part IV, line 21, for any indication answered "Vest" on Form 990, Part IV, line 21, for any indication answered "Vest" on Form 990, Part IV, line 21, for any indication answered "Vest" on		Comp	lete if the organizatio	on answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22.		2021
Name of the organization       Employer identification number         Part1       General Information on Grants and Assistance       Image: Status of the organization maintain records to substantiat the amount of the grants or assistance, the grant set eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance to grant family status and Domestic Grants and Domestic Grant								-
PHIL       CHILDRAR'S ALD SOCIEVY       13-5552191         Partil       General Information on Grants and Assistance       Image: Comparison of Comparison of Comparison on Carabiand Assistance       Image: Comparison of Comparison of Comparison of Comparison on Carabiand Assistance       Image: Comparison of Comparison of Comparison on Carabiand Assistance       Image: Comparison of Comparison on Carabiand Assistance       Image: Comparison of Comparison on Carabiand Assistance       Image: Comparison on Carabiand Assistance	Internal Revenue Service		Go to www.i	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
1       Desiste organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance?       Image: Constraint of the grants or assistance of the grant of the grant of the grants or assistance of the grant of the grant of the grants or assistance of the grant of	5	N'S AID SOCIETY						
Image: content used to award the grants or assistance?       Image: content used to award the grant submitting 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 duplicable if additional space is needed.         I(a) Name and address of organization or government       (b) EIN       (c) IRC section       (d) Amount of cash grant       (d) Amount of valuation by formation or assistance       (d) Description of noncash assistance <t< td=""><td>Part I General Information on Grants</td><td>s and Assistance</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Part I General Information on Grants	s and Assistance						
2       Describe in Part IV the organizations are observed required to the solution of the united States.         Part II       Grants and Other Assistance to Donestic Organizations and Donestic Governments. Complete that received more than \$5000. Part II can be duplicated if additional space is meeded.       (1) Method of cash space is the organization of cash space is the organization of cash space is the organization of government       (a) Amount of cash space is the organization of	1 Does the organization maintain record	Is to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part III       Grants and Other Assistance to Domenetic Organization and Domestic Organization assesses to Governments. Complete if the organization assesses to development that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Method of valuation (book, FMV, appriad).       (g) Description of or assistance       (h) Purpose of grant or assistance         1(a) Name and address of organization or government       (b) EIN       (c) IRO section (reprised).       (d) Amount of cash grant (book).       (g) Description of or assistance       (h) Purpose of grant (book).         AREFE EDUCATION INC       557 GRAND CONCOURSET, SUITE 3       80–0789207 501(C)(3)       15,000.       0.       DENERAL SUPPORT         BOYS AND GILLS CLUB OF HARLEM       50–0789207 501(C)(3)       15,000.       0.       DENERAL SUPPORT         S21 WEST 145TH STREET       13–3102951 501(C)(3)       13,300.       0.       DENERAL SUPPORT         NEW YORK, NY 10051       11–1966067 501(C)(3)       17,100.       0.       DENERAL SUPPORT         BOYS AND GILLS CLUB OF METRO       20–8017249 501(C)(3)       38,000.       0.       DENERAL SUPPORT         BOYS AND GILLS CLUB OF MOSHOLU       38,000.       0.       DENERAL SUPPORT       DENERAL SUPPORT         BOYS AND GILLS CLUB OF MOSHOLU       38,000. </td <td>criteria used to award the grants or as</td> <td>sistance?</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X Yes No</td>	criteria used to award the grants or as	sistance?						X Yes No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         I (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash       (f) Method of moncash       (g) Description of noncash assistance       (h) Purpose of grant or assistance         ARETE EDUCATION INC 557 GRAND CONCOURSE, SUITE 3 BRONX, NY 10451       80-0789207       501(C) (3)       15,000.       0.       peneral.       sector         BOYS AND GIRLS CLUB OF HARLEM 522 WEST 145TH STREET       80-0789207       501(C) (3)       13,300.       0.       peneral.       sector         NEW YORK, NY 10031       13-3102951       501(C) (3)       13,300.       0.       peneral.       sector         BOYS AND GIRLS CLUB OF METRO 110-04 ATLANTIC EOULEVARD 80UTH RICEMOND RILL, NY 11419       11-1966067       501(C) (3)       17,100.       0.       peneral.       sector         BOYS AND GIRLS CLUB OF MOSHOLU 3450 DEKALB AVENUE BENERAL SUPPORT       general.       support       general.       support         BOYS AND GIRLS CLUB OF MOSHOLU 3450 DEKALB AVENUE BENERAL SUPPORT       general.       support       general.       support         COUNSELING IN SCHOLD - 117 N. 124TH STREET, 4TH FLOOR - NEW YORK, NY 10027       90-0763840       501(C) (3)       500,000.       0.       general. <td>2 Describe in Part IV the organization's</td> <td>procedures for monit</td> <td>toring the use of grant</td> <td>funds in the United</td> <td>States.</td> <td></td> <td></td> <td></td>	2 Describe in Part IV the organization's	procedures for monit	toring the use of grant	funds in the United	States.			
Tel Nemice and audiess of organization or government       (b) Entry       (c) Entry       (c) Fire Section (c) and c) cash grant       (c) Fire Section assistance       (c) Fire Section of assistance       (c) Fi		•				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
557 GRAND CONCOURSE, SUITE 3       80-0789207       501(C)(3)       15,000.       0.       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF HARLEM       21 WEST 145TH STREET       13-3102951       501(C)(3)       13,300.       0.       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF METRO       13-3102951       501(C)(3)       13,300.       0.       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF METRO       10-04 ATLANTIC BOULEVARD       0.       SENERAL SUPPORT       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF METRO       11-1966067       501(C)(3)       17,100.       0.       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF MOSHOLU       3450 DEKALB AVENUE       20-8017249       501(C)(3)       38,000.       0.       SENERAL SUPPORT         BOYS AND GIRLS CLUB OF MOSHOLU       3450 DEKALB AVENUE       90-0763840       501(C)(3)       38,000.       0.       SENERAL SUPPORT         CHLDREN'S AID COLLEGE PREP       CHARTER SCHOOL - 117 W. 124TH       STREET, 4TH FLOOR - NEW YORK, NY 10027       90-0763840       501(C)(3)       500,000.       0.       SENERAL SUPPORT         COUNSELING IN SCHOOLS       505 EIGHTH AVENUE, SUITE 124A06       13-3637647       501(C)(3)       10,000.       0.       SENERAL SUPPORT         2       Enter total number of section 501(c)(3) and government organizations listed in t		(b) EIN			noncash	valuation (book, FMV, appraisal,		
521 WEST 145TH STREET NEW YORK, NY 10031       13-3102951       501(C)(3)       13,300.       0.       GENERAL SUPPORT         BOYS AND GIRLS CLUB OF METRO 110-04 ATLANTIC BOULEVARD SOUTH RICHMOND HILL, NY 11419       11-1966067       501(C)(3)       17,100.       0.       GENERAL SUPPORT         BOYS AND GIRLS CLUB OF MOSHOLU 3450 DEKALB AVENUE BRONX, NY 10467       20-8017249       501(C)(3)       17,100.       0.       GENERAL SUPPORT         CHLDREN'S AID COLLEGE PREP CHARTER SCHOOL - 117 W. 124TH STREET, 4TH FLOOR - NEW YORK, NY 10027       90-0763840       501(C)(3)       500,000.       0.       GENERAL SUPPORT         COUNSELING IN SCHOOLS 505 EIGHTH AVENUE, SUITE 124A06 NEW YORK, NY 10018       13-3637647       501(C)(3)       10,000.       0.       GENERAL SUPPORT         2       Eighth Avenue, Suite 124406 NEW YORK, NY 10018       13-3637647       501(C)(3)       10,000.       0.       GENERAL SUPPORT	557 GRAND CONCOURSE, SUITE 3	80-0789207	501(C)(3)	15,000.	0.			GENERAL SUPPORT
110-04 ATLANTIC BOULEVARD       11-1966067 501(C)(3)       17,100.       0.       GENERAL SUPPORT         BOYS AND GIRLS CLUB OF MOSHOLU       3450 DEKALB AVENUE       20-8017249 501(C)(3)       38,000.       0.       GENERAL SUPPORT         BRONX, NY 10467       20-8017249 501(C)(3)       38,000.       0.       GENERAL SUPPORT         CHILDREN'S AID COLLEGE PREP       20-8017249 501(C)(3)       38,000.       0.       GENERAL SUPPORT         CHARTER SCHOOL - 117 W. 124TH       90-0763840 501(C)(3)       500,000.       0.       GENERAL SUPPORT         COUNSELING IN SCHOOLS       501(C)(3)       500,000.       0.       GENERAL SUPPORT         S05 EIGHTH AVENUE, SUITE 124A06       13-3637647 501(C)(3)       10,000.       0.       GENERAL SUPPORT         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table      13.	521 WEST 145TH STREET	13-3102951	501(C)(3)	13,300.	0.			GENERAL SUPPORT
3450 DEKALB AVENUE       20-8017249       501(C)(3)       38,000.       0.       GENERAL SUPPORT         GRNX, NY 10467       20-8017249       501(C)(3)       38,000.       0.       GENERAL SUPPORT         CHILDREN'S AID COLLEGE PREP       CHARTER SCHOOL - 117 W. 124TH       STREET, 4TH FLOOR - NEW YORK, NY       90-0763840       501(C)(3)       500,000.       0.       GENERAL SUPPORT         10027       90-0763840       501(C)(3)       500,000.       0.       GENERAL SUPPORT         COUNSELING IN SCHOOLS       501(C)(3)       501(C)(3)       10,000.       0.       GENERAL SUPPORT         S05 EIGHTH AVENUE, SUITE 124A06       13-3637647       501(C)(3)       10,000.       0.       GENERAL SUPPORT         A       Prior total number of section 501(c)(3) and government organizations listed in the line 1 table       13.       13.	110-04 ATLANTIC BOULEVARD	11-1966067	501(C)(3)	17,100.	0.			GENERAL SUPPORT
CHARTER SCHOOL - 117 W. 124TH       90-0763840       501(C)(3)       500,000.       0.       GENERAL SUPPORT         10027       90-0763840       501(C)(3)       500,000.       0.       GENERAL SUPPORT         COUNSELING IN SCHOOLS       505       EIGHTH AVENUE, SUITE 124A06       13-3637647       501(C)(3)       10,000.       0.       GENERAL SUPPORT         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       13.       13.       13.	3450 DEKALB AVENUE	20-8017249	501(C)(3)	38,000.	0.			GENERAL SUPPORT
505 EIGHTH AVENUE, SUITE 124A06       13-3637647       501(C)(3)       10,000.       0.       GENERAL SUPPORT         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       13.       13.	CHARTER SCHOOL - 117 W. 124TH STREET, 4TH FLOOR - NEW YORK, NY	90-0763840	501(C)(3)	500,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	505 EIGHTH AVENUE, SUITE 124A06	13-3637647	501(C)(3)	10,000.	0.			GENERAL SUPPORT
				,			•	13.
		, 0	0					······

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIPPS BAY BOYS & GIRLS CLUB INC							
.930 RANDALL AVENUE BRONX, NY 10473	13-1623850	501(C)(3)	41,800.	0.			GENERAL SUPPORT
MADISON SQUARE BOYS & GIRLS 250 BRADHURST AVENUE NEW YORK, NY 10039	13-5596792	501(0)(2)	7,600.	0.			GENERAL SUPPORT
NEW VISION FOR PUBLIC SCHOOLS 205 EAST 42ND STREET, 4TH FLOOR	15 5556752	501(0)(3)	,,000.				
NEW YORK, NY 10017	13-3538961	501(C)(3)	35,000.	0.			GENERAL SUPPORT
NEW YORK EDGE 58-12 QUEENS BOULEVARD, SUITE 1 NOODSIDE, NY 11377	11-3112635	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PARTNERSHIP WITH CHILDREN 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007	13-5596751		10,000.	0.			GENERAL SUPPORT
THE EDUCATIONAL ALLIANCE INC 97 EAST BROADWAY							
NEW YORK, NY 10002	13-5562210	501(C)(3)	13,300.	0.			GENERAL SUPPORT
VARIETY BOYS & GIRLS OF QUEENS 21-12 30TH ROAD	11 601155	F01 (G) (2)					
ONG ISLAND CITY, NY 11102	11-6014770	DU1(C)(3)	11,400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) 2021

Page 2

 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.
 Part III can be duplicated if additional space is needed.
 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
ADDATETA NAGTADINAD	450	1 472 410			
SPECIFIC ASSISTANCE	452	1,473,419.	0.		
SCHOLARSHIPS	73	283,966.	0.		
PER DIEM PARTICIPATION STIPENDS	910	374,820.	٥.		
CHILDREN'S RECREATIONAL ACTIVITIES	165	860,698.	0.		
		,			
Part IV Supplemental Information. Provide the information rec	  uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE USE OF GRANT FUNDS ARE MONITORED CLOSELY DURIN	G THE YEAR BY	тне			
DEPARTMENT ADMINISTERING THE ASSISTANCE. MONITORIN	G CAN INCLUDE	, AMONG			
OTHER THINGS, REGULAR HOME VISITS TO FAMILIES WHO	MIGHT RECEIVE	MONTHLY			
ASSISTANCE FOR FOSTER CARE CHILDREN; DIRECT PURCHA	SES OF MATERI	ALS SUCH AS			
BEDS, LINENS, TEXT BOOKS, CLOTHES OR FOOD; UTILITY	PAYMENTS, RA	THER THAN			
CASH ASSISTANCE TO FAMILIES; AND MONITORING OF CLA	SSES OR PROGR	AMS WHEN			
SCHOLARSHIPS ARE PROVIDED.					
·					

SC	HEDULE J	Comper	nsation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Direc	ctors, Trustees, Key Employees, and Highest		20	91	. <u> </u>
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		20		I
	tment of the Treasury		Attach to Form 990.		Open to		ic
	al Revenue Service ne of the organizatior		990 for instructions and the latest information.	Employer is	Inspe		mbor
Indii	le of the organization	' THE CHILDREN'S AID SOCIET	v	Employer id	62191	minui	nper
Pa	rt I Question	s Regarding Compensation		15 55	02191		
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided ar	ny of the following to or for a person listed on Form	990.		100	
			elevant information regarding these items.				
	First-class or c		Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal re				
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S			
	Discretionary s	spending account	Personal services (such as maid, chauffe	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization	on follow a written policy regarding payment or				
			above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organization	n require substantiation prior to reimbursir	ng or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		2		
3			to establish the compensation of the organization's				
			any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but e					
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
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 re		Section A, line ra, with respect to the himg				
а	-	e payment or change-of-control payment?	,		4a		x
b		eive payment from a supplemental nonqu					x
		eive payment from an equity-based comp					x
-			applicable amounts for each item in Part III.				
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, c	lid the organization pay or accrue any compensatio	'n			
	contingent on the re						
а	The organization?				. 5a		X
							X
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6			lid the organization pay or accrue any compensatio	'n			
	contingent on the n	-					
							X
b					. 6b		X
		r 6b, describe in Part III.					
7			lid the organization provide any nonfixed payments				
					7		X
8			crued pursuant to a contract that was subject to the	ie			v
~					8		X
9		d the organization also follow the rebutta			_		
			<i>.</i>		. 9		
LHA	For Paperwork Research Active Paperwork R	eduction Act Notice, see the Instruction	is for Form 990.	Schedu	ıle J (Forn	n 990)	2021

132111 11-02-21

13-5562191

#### 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.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHOEBE BOYER	(i)	495,077.	0.	0.	34,002.	22,653.	551,732.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL SHACKNAI	(i)	277,035.	0.	0.	12,401.	21,944.	311,380.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROLINE GALLAGHER	(i)	267,156.	0.	0.	11,934.	24,048.	303,138.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA ESCAMILLA	(i)	258,113.	0.	0.	7,948.	23,660.	289,721.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) MICHAEL GREENBERG	(i)	269,396.	0.	0.	10,827.	8,272.	288,495.	٥.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GEORGIA BOOTHE	(i)	263,223.	0.	0.	13,040.	2,207.	278,470.	٥.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) COURTENAYE JACKSON-CHASE	(i)	239,610.	0.	0.	7,255.	9,094.	255,959.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBYN DIETZ	(i)	216,996.	0.	0.	11,311.	21,349.	249,656.	٥.
DIRECTOR TALENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ALI TAN	(i)	208,643.	0.	0.	10,698.	23,762.	243,103.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALETHEA PRATT	(i)	215,444.	0.	0.	11,007.	8,461.	234,912.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### 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.

Schedule J (Form 990) 2021

Name of the organization THE CHILDREN'S AID SOCIETY	-	-	identificati 62191	ion nun	nber
Part I Bond Issues					
	<b>(g)</b> Def	feased	<b>(h)</b> On beha of issuer		ooleo
	Yes	No	Yes No	Yes	No
A BUILD NYC RESOURCE CORPORATION 45-4040561 12008EKC9 07/23/15 40,696,638.BLVD		х	x		x
B BUILD NYC RESOURCE CORPORATION         45-4040561         12008EQN9         08/01/19         38,684,456.STREET		x	x		x
c					
D D					
Part II Proceeds			il	1	
A B C			D		
1 Amount of bonds retired					
2 Amount of bonds legally defeased					
<b>3</b> Total proceeds of issue					
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					
Yes No Yes No Yes No	No		Yes	No	
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					

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.

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

Schedule K (Form 990) 2021

OMB No. 1545-0047

2021

Open to Public Inspection

SCHEDULE K

Department of the Treasury Internal Revenue Service

(Form 990)

#### Schedule K (Form 990) 2021 THE CHILDREN'S AID SOCIETY

1	3	_	5	5	6	2	1	9	1	
---	---	---	---	---	---	---	---	---	---	--

Page **2** 

Part III Private Business Use			10 0	502191				Page
		A		В		C	[	<u> </u>
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
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				
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?		х		x				
<b>b</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?		х		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						1		1
other than a section 501(c)(3) organization or a state or local government		%		%		%		C
<ul> <li>5 Enter the percentage of financed property used in a private business use as a</li> </ul>		,,,		/0		/0		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		Ģ
6 Total of lines 4 and 5		%		%		%		
<ul> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		x		x		/0		,
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or						1		
disposed of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		70		70		2
sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	x		х					
requirements under Regulations sections 1.141-12 and 1.145-2?	Δ		Δ					<u>i</u>
Part IV Arbitrage		•		_				)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	A No	Yes	B No	Yes	C No	L Yes	No No
Penalty in Lieu of Arbitrage Rebate?	103	X	100	X	103		100	110
2 If "No" to line 1, did the following apply?						I		L
		x		x				
·		X		X				
b Exception to rebate?	x		X					
c No rebate due?	A		А					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed		x		x				
3 Is the bond issue a variable rate issue?		A		~			adula K (Ear	L

#### Schedule K (Form 990) 2021 THE CHILDREN'S AID SOCIETY

Part IV Arbitrage (continued)		4		В		2	r r	כ
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		x		X				
<b>b</b> Name of provider				1				
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>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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?	Х		х					
Part V Procedures To Undertake Corrective Action								
		4		В		2	Γ	2
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		Х					
art VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
HEDULE K, PART IV, LINE 2C FOR BOND A								
E CHILDREN'S AID SOCIETY COMMISSIONED AN ARBITRAGE REBATE CALCULATION								
I ITS SERIES 2015 BUILD NYC RESOURCE CORPORATION TAX-EXEMPT REVENUE								
ND IN JULY OF 2020. THE REBATE REPORT CONFIRMED THAT THE BOND								
SSUANCE HAS NO EXCESS EARNINGS AND THAT NO ARBITRAGE REBATE IS DUE ON								
HE SERIES 2015 BOND.								
CHEDULE K, PART IV, LINE 2C FOR BOND B								
HE CHILDREN'S AID SOCIETY COMMISSIONED AN ARBITRAGE REBATE CALCULATION								
I ITS SERIES 2019 BUILD NYC RESOURCE CORPORATION TAX-EXEMPT REVENUE								
OND IN DECEMBER OF 2021. THE REBATE REPORT CONFIRMED THAT THE BOND								
SUANCE HAS NO EXCESS EARNINGS AND THAT NO ARBITRAGE REBATE IS DUE ON								
bounded mind no except bundings and inni no indifficiel Repuire is bor on								

13-5562191

Schedule K (Form 990) 2021

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

ſ 1 L ΖU **Open to Public** Inspection

Employer identification number

Name of the	organization
-------------	--------------

THE	CHILDREN'	S	ATD	SOCIETY

	THE CHILDREN'S AID	SOCIETY				13-	556219	1	
Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	) Method of oncash contri		•	s
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	Х	17	578,311.	MARKE	T 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 $\ldots$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	X		340,508.	MARKE	T VALUE			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other  ( GIFT CARDS )	X	0	59,099.	MARKE	T VALUE			
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by				•	hat it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for				
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	-		•	tions?		31	X	<u> </u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				_	
	contributions?						32a	X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,				

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

Schedule M (Form 990) 2021

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describe in Part II.

Schedule M (Form 990) 2021 THE CHILDREN'S AID SOCIETY

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.

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 M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-5562191

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

THE CHILDREN'S AID SOCIETY

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.

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 AND EMERGENCY MATERIAL ASSISTANCE. THE

NEXT GENERATION CENTER SUPPORTS TEENS AND YOUNG ADULTS, PARTICULARLY

THOSE AGING OUT OF FOSTER CARE, IN THEIR TRANSITION TO ADULTHOOD.

EXAMPLES OF OUR SUCCESS INCLUDE THAT 98% OF FAMILIES WHO RECEIVED ONE

OF OUR FAMILY CRISIS INTERVENTIONS AVOIDED FOSTER CARE PLACEMENTS IN

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

Schedule O (Form 990) 2021

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Name of the organization		Employer identification number
THE CHILDREN'S AID SOCIETY		13-5562191
FISCAL YEAR 2022. FURTHER, 203 CHILDREN WERE PERMANEN	TLY REUNIFIED WITH	
THEIR BIRTH PARENTS OR MOVED INTO PERMANENT FOSTER, K	INSHIP FOSTER, AND	
ADOPTIVE HOMES.		
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLI	SHMENTS:	
YOUTH (CONTINUED)		
CORE SERVICES INCLUDE OUT-OF-SCHOOL TIME PROGRAMS IN	CHILDREN'S AID	
COMMUNITY CENTERS AND SCHOOLS, SUMMER CAMPS, ATHLETIC	PROGRAMMING, AND	
THROUGH THE NATIONAL CENTER FOR COMMUNITY SCHOOLS, WH	ICH PROVIDES	
TECHNICAL ASSISTANCE TO DEVELOP THE COMMUNITY SCHOOL	MODEL NATIONALLY	
AND INTERNATIONALLY.		
OUR OLDER YOUTH SERVICES INCLUDE THE CARRERA-ADOLESCE	NT 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 A	SSISTANCE TO HELP	
YOUNG PEOPLE ENTER AND COMPLETE COLLEGE, THE HOPE LEAD	DERSHIP ACADEMY,	
WHICH PROVIDES WRAP-AROUND SUPPORTS AND DEVELOPS LEAD	ERSHIP THROUGH A	
PEER EDUCATION MODEL, AND TEEN EMPLOYMENT SERVICES, S	JCH AS SUMMER	
YOUTH EMPLOYMENT PROGRAM AND CORPORATE INTERNSHIPS. W	E PROVIDE OUR	
SCHOLARS WITH COLLEGE PREP AND POST-SECONDARY SUPPORT	. PARENTS AND	
CAREGIVERS ARE ENGAGED EVERY STEP OF THE WAY BECAUSE	WE KNOW THEY ARE	
KEY TO A STUDENT'S SUCCESS. 97% OF YOUTH IN OUR TARGE	TED PROGRAMS WHO	
APPLIED TO COLLEGE WERE ACCEPTED TO AT LEAST ONE SCHOOL	DL.	
WE SUPPORT YOUTH THROUGH PROGRAMS AT EIGHTEEN COMMUNI	TY SCHOOLS, FIVE	
COMMUNITY CENTERS, OUR WAGON ROAD RESPITE CAMP IN CHA	PPAQUA, NEW YORK	
AND A RANGE OF COLLEGE AND CAREER SERVICES FOR YOUTH 2	AGED 18 TO 22.	
132212 11-11-21	50	Schedule O (Form 990) 20

17340307 153424 0196302-00003

59 2021.05060 THE CHILDREN'S AID SOCIET 01963021

Name of the organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
	15-5502191
THE YOUTH DIVISION ALSO PROVIDES MANAGEMENT AND TECHNICAL SUPPORT TO	
THE CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL, A K-8 CHARTER SCHOOL	
WITH APPROXIMATELY 600 ENROLLED SCHOLARS.	
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	
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.	
AN EXAMPLE OF THE DIVISION'S SPECIFIC IMPACT IS THAT 93% OF CHILDREN	
AGES 3-7 RECEIVING MEDICAL CARE IN OUR COMMUNITY HEALTH CENTERS HAD A	
WELL-CHILD VISIT. OVERALL 50,000 MEDICAL, DENTAL, SEXUAL, AND MENTAL	
HEALTH APPOINTMENTS WERE PROVIDED TO CHILDREN AND YOUTH. OUR HEALTH AND	
WELLNESS DIVISION PROVIDED 30,382 NUTRITIONAL FOOD BOXES TO CHILDREN	
AND THEIR FAMILIES AS PART OF OR OUR GO-HEALTHY KIDS AND GO CHEFS	
PROGRAM LAST YEAR.	
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	
132212 11-11-21 60	Schedule O (Form 990) 202

Schedule O (Form 990) 2021	Page
Name of the organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
AND CENTER-BASED PROGRAMS THAT FEATURE RESEARCH-BASED CURRICULA, LOW	
CHILD-TO-TEACHER RATIOS, AND STRONG PARENT ENGAGEMENT.	
OUR EARLY CHILDHOOD DIVISION HAS TEN EARLY CHILDHOOD SITES SERVING	
NEARLY 900 CHILDREN. AN EXAMPLE OF OUR IMPACT IS THAT 91% OF CHILDREN	
IN OUR EARLY CHILDHOOD PROGRAM MET OR EXCEEDED THE COGNITION SCHOOL	
READINESS GOAL BY THE END OF THE SCHOOL YEAR.	
EXPENSES \$ 14,193,000. INCL GRANTS OF \$ 21,277. REVENUE \$ 16,616,424.	
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.	
EXPENSES \$ 2,127,000. INCLUDING GRANTS OF \$ 109,080. REVENUE \$ 444,641.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE'S PRINCIPAL ROLE IS TO ACT FOR THE BOARD WHEN THE	

 $17340307 \ 153424 \ 0196302 - 00003$ 

Schedule O (Form 990) 2021

Page **2** 

Name of the organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
BOARD ITSELF IS UNABLE TO ACT. THIS COMMITTEE SHALL ALSO NOMINATE THE CHAIR	
OF THE GOVERNANCE & NOMINATING COMMITTEE AND MAKE RECOMMENDATIONS TO THE	
BOARD AS TO EXECUTIVE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE	
OFFICER.	
THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OFFICERS OF THE BOARD, THE	
CHAIR OF THE GOVERNANCE & NOMINATING COMMITTEE, AND THREE (3) TO FIVE (5)	
OTHER TRUSTEES ("AT LARGE MEMBERS"). 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 BETWEEN REGULAR OR SPECIAL MEETINGS OF THE BOARD; EXCEPT THAT THE	
EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO:	
I. APPOINT OR ENTER INTO A CONTRACTUAL AGREEMENT REGARDING A NEWLY	
APPOINTED PRESIDENT AND CHIEF EXECUTIVE OFFICER WITHOUT APPROVAL BY A	
MAJORITY OF THE BOARD;	
II. FILL ANY VACANCIES ON THE BOARD OR ANY COMMITTEE;	
III. AMEND, REPEAL OR ADOPT BYLAWS;	
IV. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH IS NOT BY	
ITS TERMS SO AMENDABLE OR REPEALABLE;	
V. 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;	
VI. MAKE DECISIONS REGARDING THE FIXING OF COMPENSATION, IF ANY, OF	
TRUSTEES;	
VII. ELECT OR REMOVE OFFICERS OR TRUSTEES;	
VIII. APPROVE A MERGER, ACQUISITION, OR PLAN OF DISSOLUTION; OR	
IX. APPROVE AMENDMENTS TO THE CERTIFICATE OF INCORPORATION.	

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UPON	THE RECOMMENDATION OF THE PRESIDENT AND CEO; RECOMMENDING POLICIES AND
PROCE	EDURES FOR DETERMINING EXECUTIVE COMPENSATION FOR THE PRESIDENT AND
CHIEF	F EXECUTIVE OFFICER AND FOR SUCCESSION PLANNING; RETAINING COMPENSATION
CONSU	JLTANTS; CONDUCTING DUE DILIGENCE REGARDING EXECUTIVE COMPENSATION FOR
THE F	PRESIDENT AND CHIEF EXECUTIVE OFFICER; AND ANNUALLY MAKING
RECOM	IMENDATIONS AS TO EXECUTIVE COMPENSATION FOR THE PRESIDENT AND CHIEF
EXECU	JTIVE OFFICER TO THE BOARD. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER
MAY N	NOT BE PRESENT AT NOR PARTICIPATE IN DELIBERATIONS OR VOTES REGARDING
HIS C	DR HER COMPENSATION.
FORM	990, PART VI, SECTION A, LINE 8A:
THE I	DISCUSSIONS AND ACTIONS THAT OCCUR DURING BOARD AND BOARD COMMITTEE
MEETJ	INGS ARE DOCUMENTED CONTEMPORANEOUSLY AND THE OFFICIAL MINUTES OF THOSE
MEETJ	INGS ARE APPROVED AT THE NEXT REGULAR BOARD OR BOARD COMMITTEE MEETING
WHERF	E QUORUM IS PRESENT.
FORM	990, PART VI, SECTION B, LINE 11B:
THE F	FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN
CONJU	JNCTION WITH THE ORGANIZATION'S MANAGEMENT. A COPY OF THE DRAFT FORM
990 V	VAS PRESENTED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE FOR DISCUSSION
AND C	COMMENT. ONCE APPROVED A COPY IS THEN CIRCULATED TO THE FULL BOARD.
	BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE INFORMATION
	AINED IN THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE
SERVI	11-11-21 Schedule O (Form 990) 2021

THE CHILDREN'S AID SOCIETY

IN ADDITION, THE EXECUTIVE COMMITTEE SHALL (OR SHALL APPOINT AN

APPROPRIATELY COMPOSED WORKING GROUP OF NON-INTERESTED TRUSTEES TO) BE

RESPONSIBLE FOR: RATIFYING THE COMPENSATION OF THE CHIEF FINANCIAL OFFICER

Page 2 Employer identification number 13-5562191

Name of the organization

THE CHILDREN'S AID SOCIETY

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

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

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Name of the organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
	15 5502191
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. THE LAST COMPENSATION SURVEY WAS CONDUCTED IN NOVEMBER OF 2021.	
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	
INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATED CHANGES 16,232,000.	
ADJUSTMENT TO OBLIGATION UNDER SPLIT-INTEREST AGREEMENTS -435,000.	
TOTAL TO FORM 990, PART XI, LINE 9 15,797,000.	
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.	

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## **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.

#### Name of the organization

Department of the Treasury Internal Revenue Service

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.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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	1,462,000.	9,988,000.	CHILDREN'S AID SOCIETY
1218 SOUTHERN BLVD LLC - 46-5337940					
117 W 124TH STREET					
NEW YORK, NY 10027	REAL ESTATE	NEW YORK	0.	1,750,000.	CHILDREN'S AID SOCIETY
1232 SOUTHERN BLVD LLC - 46-5333550					
117 W 124TH STREET					
NEW YORK, NY 10027	REAL ESTATE	NEW YORK	2,117,000.	44,460,000.	CHILDREN'S AID SOCIETY
	-				

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 Part II organizations during the tax year.

						-		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	

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

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**Open to Public** 

SCHEDULE R	
(= 000)	

(Form 990)



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

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

(a)	(b)	(c)	(d)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h)	(i Sec	<b>i)</b> tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity (C cc				Percentage ownership	(i Sect 512(b contro enti	o)(13) olled ity?
		country)		or trusty		233613			No

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

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	<u> </u>	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
	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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

#### Schedule R (Form 990) 2021 THE CHILDREN'S AID SOCIETY

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	۱	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	( <b>U</b> ) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of		) nor-	Code V-LIBI	(J) General (	
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	<sup>3)</sup> total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No	
											+

Schedule R (Form 990) 2021

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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