Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Inspection

A F	or th	e 201	8 calendar year, or tax year begir	nning 07/	01 ,2018	3, and en	ding		06/	/30 ,20	19	
B c	heck if ap	oplicable:	C Name of organization THE CHILDREN'S AID SOO	CIETY				D Employer id	entifica	ation num	ber	
	Addre		Doing Business As	-				13-556	2191			
	chang	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suit	:e	E Telephone n				
	+	return	711 THIRD AVENUE					(212) 94	9 – 4	800		
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code				(222) 22				
	Amen		NEW YORK, NY 10017					G Gross receip	nts \$	361	432	,000.
	return Applio		F Name and address of principal officer:	PHOEBE BOYER				H(a) Is this a gro			Yes	X No
	_ pendi	ng	711 THIRD AVENUE, NEW					subordinates	s?	_	Yes	No
_	Tay ay	empt st	· I I		40.47(a)(4)		507	H(b) Are all subore			,	NO
÷			WWW.CHILDRENSAIDNYC.ORG) ◀ (insert no.)	4947(a)(1)	OI	527				Juoris)	
_				A a a a sinting Other N		I Va		H(c) Group exemation: 1855 M	-			NY
$\overline{}$				Association Other		L Yea	ar or iormat	10n: 1033 W	State	or regar do	micile:	
	art I		mmary		CHII D.	DENIC	אדר חבי	IDC CUTIC	ים ביאד	TNI DC	יסיונו	
•	1		y describe the organization's mission of SUCCEED AND THRIVE. WE I						. – – – -			
nce												
rna	_		CHILDREN AND THEIR FAMII									
Governance	2		k this box if the organization d	•	•				1 1			27
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			$\frac{27.}{27.}$
es 6			per of independent voting members of t						4			
Ϋ́			number of individuals employed in cale						5		۷,	062.
Activities &	6	Total	number of volunteers (estimate if necess	sary)					6		F10	467.
٩			unrelated business revenue from Part V						7a			2,557
	b	Net u	nrelated business taxable income from	Form 990-T, line 34	· · · · · ·				7b			7,767
								Prior Year			rent Y	
ē	8	Contri	ibutions and grants (Part VIII, line 1h)		COP	Y FOR	¬⊢—	23,200,34				,000
ēn			am service revenue (Part VIII, line 2g) _		PUBLIC II		M	92,042,00				,000
Revenue			tment income (Part VIII, column (A), line	es 3, 4, and 7d)			┙ ┝──	13,528,00				3,000
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				1,902,22				,000
	12		revenue - add lines 8 through 11 (must					30,672,56				,000
	13		s and similar amounts paid (Part IX, colu					2,393,05		2	,420	,655
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)					0.			0
es	15		es, other compensation, employee bene					91,376,62		93	, 252	2,000
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				115,50	30.			0
ď	b	Total	fundraising expenses (Part IX, column (I	O), line 25) \triangleright 3, 9	968,000). 	_					
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				43,535,38				,345
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	5)		. 1	.37,420,56				,000
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-6,748,00	JO.	-21	,383	,000
sor							Begin	ning of Current	Year	End	of Yea	ır
set	20	Total	assets (Part X, line 16)				. 4	124,446,00	00.	412	,396	,000
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)				. 1	18,558,00	00.		•	,000
SE F	22	Net as	ssets or fund balances. Subtract line 21	from line 20			. 3	305,888,00	00.	292	,295	,000
Pa	ırt II	Sig	gnature Block									
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than						f my k	nowledge	and be	∍lief, it is
True	e, corre	Ct, and	complete. Declaration of preparer (other than	onicer) is based on all inform	nation of wil	ich prepare	i ilas aliy ki	Towleage.				
٥.												
Sig			Signature of officer					Date				
He	re		MICHAEL GREENBERG		CFO							
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	TIN		
Paid		SCO'	TT THOMPSETT	Seth Stompett		4/2	0/202	0 self-employ	/ed]	P00743	1490	
	parer	Firm's	sname > GRANT THORNTON L	LP				Firm's EIN	36-6	505555	8	
use	Only	Firm's	s address > 757 THIRD AVENUE, 3RD F	LOOR NEW YORK, NY 1001	7-2013			Phone no.	212-	-599-0	100	
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions))			<u></u>		_ X Y	es	No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Forr	ո 990	(2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

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 subm	it original	(no copies needed).						
	ons required to file an income tax return othe		· , ,	0-C filers), partnerships.	RE	MICs.	and trust	s	
-	orm 7004 to request an extension of time to f		·			,			
	•			Enter filer's identifyin	g nu	mber, s	ee instruc	tions	
	Name of exempt organization or other filer, see in	structions.		Employer identification nu					
Гуре or					,				
orint	THE CHILDREN'S AID SOCIETY			13-5562193	1				
ile by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number (SS	 SN)				
lue date for iling your	711 THIRD AVENUE			, , , , , , ,	- /				
eturn. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
nstructions.	NEW YORK, NY 10017								
Entar the De	turn Code for the return that this application	in for /file	a apparata application f	or oach raturn)			0	1	
inter the Ke	eturn Code for the return that this application	is for (file	a separate application i	or each return)				_	
Application		Return	Application				Retu	rn	
s For		Code	Is For				Cod		
	Form 990-EZ	01	Form 990-T (corporat	tion)			07	_	
orm 990-BI		02	Form 1041-A				08		
orm 4720		03	Form 4720 (other that	n individual)			09		
Form 990-PF	•	04	Form 5227	ar marriadal)			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
	SARAH GILLMAN								
The book	s are in the care of > 711 THIRD AVENUE	E NEW YO	ORK NY 10017						
					_				
Telephone	e No. ▶ 212 949-4800		Fax No. ▶						
	anization does not have an office or place of l			ck this box			▶ [
	or a Group Return, enter the organizat <u>ion'</u> s for						his is	_	
	e group, check this box					and at			
	e names and EINs of all members the extensi		art or the group, encour						
	est an automatic 6-month extension of time un		05/15 202	20_, to file the exempt	ord	anizat	tion retu	m_	
-	organization named above. The extension is			,	3				
			,						
▶□	calendar year 20 or								
X	tax year beginning 07/0	1 . 20 18	3 . and ending	06/30 .	20 .	19 .			
, <u> </u>			,	,	_				
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final return	า				
	hange in accounting period	•							
	application is for Forms 990-BL, 990-PF, 990-P	90-T, 4720), or 6069, enter the	tentative tax, less any					
nonrefu	undable credits. See instructions.				3a	\$		0.	
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and		·			
estima	ted tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit	t.	3b	\$		0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS									
	onic Federal Tax Payment System). See instru			-	3с	\$		0.	
Caution: If you	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form			for payme	ent	
nstructions.	-		·						
	act and Paperwork Reduction Act Notice, see instr	uctions.			Form	1 886 8	8 (Rev. 1-2	2019)	

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Page 2

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHILDREN'S AID HELPS CHILDREN IN POVERTY TO SUCCEED AND THRIVE. WE DO
	THIS BY PROVIDING COMPREHENSIVE SUPPORT TO CHILDREN AND THEIR
	FAMILIES IN TARGETED, HIGH-NEEDS NEW YORK CITY NEIGHBORHOODS.
	(CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$44,946,000. including grants of \$922,015.) (Revenue \$41,739,073.)
	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-	(Carlas) (Espansion for the landing ground of fi
4D	(Code:) (Expenses \$25,572,000. including grants of \$825,205.) (Revenue \$14,334,259.)
	SCHOOL AGE
	THE SCHOOL AGE DIVISION FOCUSES ON AGES 5 - 13 (KINDERGARTEN
	THROUGH 8TH GRADE), AND PROMOTES PHYSICAL, SOCIAL, AND EMOTIONAL
	WELL-BEING AS KEY FACTORS FOR HIGH SCHOOL GRADUATION AND COLLEGE
	SUCCESS. SCHOOL AGE PROGRAMS OPERATE IN CHILDREN'S AID LOCATIONS
	AND IN FULL-SERVICE COMMUNITY SCHOOL PARTNERSHIPS, AND ENGAGE
	CHILDREN, FAMILIES, SCHOOLS AND COMMUNITIES THROUGH AN INTEGRATED
	FOCUS ON ACADEMICS, SERVICES, SUPPORTS, AND OPPORTUNITIES.
	(CONTINUED ON SCHEDULE O))
4c	(Code:) (Expenses \$ 16,627,000. including grants of \$ 108,423.) (Revenue \$ 12,967,794.)
. •	HEALTH AND WELLNESS
	THE HEALTH AND WELLNESS DIVISION PROVIDES HIGH-QUALITY SERVICES
	THAT REDUCE HEALTH DISPARITIES AMONG CHILDREN AND FAMILIES LIVING
	IN POVERTY, INCLUDING COMPREHENSIVE MEDICAL, MENTAL HEALTH, AND
	DENTAL SERVICES DELIVERED BY PEDIATRICIANS, NURSE PRACTITIONERS,
	SOCIAL WORKERS, PSYCHIATRISTS, DENTISTS, HEALTH EDUCATORS, MEDICAL
	ASSISTANTS, AND OTHER SUPPORT STAFF. SPECIALIZED PROGRAMS ALSO
	PROVIDE CARE COORDINATION AND EDUCATE CHILDREN AND FAMILIES ABOUT
	THE BENEFITS OF HEALTHY LIVING THROUGH DIET, NUTRITION, AND
	EXERCISE.
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1
	(Expenses \$ 26,098,000. including grants of \$ 565,012.) (Revenue \$ 20,337,874.)
4e	Total program service expenses ▶ 113,243,000.

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Form **990** (2018)

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			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		Σ
	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		2
	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		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		2
1	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		2
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7.7	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١.
	Schedule D, Parts XI and XII.	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		3.7	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	-
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	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		
	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		
	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		
	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	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Ŀ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
			. V	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	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		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	X	
24.5	employees? If "Yes," complete Schedule J	23	Λ	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		Х
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
D	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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	Х	
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	25.	X	
0.0	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		21
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form **990** (2018)

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Part	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. 2,062			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	Х	
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	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. 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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 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.			

THE CHILDREN'S AID SOCIETY 13-5562191 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.7 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 2.7 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 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 by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

Section C. Disclosure

ATTACHMENT List the states with which a copy of this Form 990 is required to be filed ▶_ 17

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

Another's website X Upon request Own website Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL GREENBERG 711 THIRD AVENUE NEW YORK, NY 10017 20

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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16a

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)IRIS ABRONS	5.00									
CHAIR (THRU 09/18)	0.	X		Х				0.	0.	0.
(2)RICHARD EDELMAN	5.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)AMY ENGEL SCHARF	5.00									
SEC./CHAIR (AS OF 09/2018)	0.	Х		Х				0.	0.	0.
(4)RUSSELL DIAMOND	5.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)SHEILA BAIRD	5.00									
ASST TREAS(THRU 09/18)/TRUSTEE	0.	Х		Х				0.	0.	0.
(6)LINDA KAO	5.00									
TRUSTEE/ASST TREAS(AS OF 09/18	0.	Х		Х				0.	0.	0.
(7)MICHAEL ALVARADO	5.00									
TRUSTEE (THRU 02/2019)	0.	X						0.	0.	0.
(8) CARLLENE BROOKS-ODEN	5.00									
TRUSTEE (AS OF 03/2019)	0.	X						0.	0.	0.
(9)ELLY CHRISTOPHERSEN	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)JAN S. CORREA	5.00									
TRUSTEE	0.	X						0.	0.	0.
(11)RUSSELL W. HORWITZ	5.00									
TRUSTEE	0.	X						0.	0.	0.
(12)ELLEN JEWETT	5.00									
TRUSTEE (AS OF 06/2019)	0.	Х						0.	0.	0.
(13)ALAN E. KATZ	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)GREGORY KERR, MD	5.00							_	_	_
TRUSTEE	0.	Х						0.	0.	0.
JSA										Form 990 (2018)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	iplo	yee	es,	and I	lıg	nest Compensat	ed Employees (d	continued)
(A)	(B)			(C	•			(D)	(E)	(F)
Name and title	Average hours per	(do r	not ch	Posi		e than c	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	,				is both		from	related	other
	hours for	office				or/trust	_	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	/idu:	tic	er	emp	est	ner	(W-2/1099-MISC)		organization and related
	line)	al tru	nal		oloye	e com				organizations
		ıste	trus		ě	pen				
		Ф	tee			Highest compensated employee				
15) CHRISTOPHER R. LAWRENCE	5.00					α.				
TRUSTEE	0.	Х						0.	0.	0.
16) BETH LEVENTHAL	5.00									
TRUSTEE	0.	Х						0.	0.	0.
17) ARI LIBARIKIAN	5.00									
TRUSTEE	0.	Х						0.	0.	0.
18) JANINE E. LUKE	5.00									
TRUSTEE	0.	X						0.	0.	0.
19) RICK MCNABB	5.00									
TRUSTEE	0.	X						0.	0.	0.
20) VANESSA MELENDEZ	5.00									
TRUSTEE	0.	Х						0.	0.	0.
21) JAY NYDICK	5.00									
TRUSTEE (AS OF 09/2018)	0.	X						0.	0.	0.
22) JILL OLSON	5.00									
TRUSTEE	0.	X						0.	0.	0.
23) PENNYLANE ORTIZ	5.00									
TRUSTEE	0.	X						0.	0.	0.
24) CHARLES PENNER	5.00									
TRUSTEE (THRU 06/2019)	0.	X						0.	0.	0.
25) TOM REYNOLDS	5.00	3.7								_
TRUSTEE	0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S	_							2,169,011. 2,169,011.	0.	267,268. 267,268.
d Total (add lines 1b and 1c)										207,200.
2 Total number of individuals (including but not reportable compensation from the organization		nose 49		a ac	OOV	e) wno	о ге	eceived more than	\$100,000 01	
		1,								Yes No
3 Did the organization list any former office	or directo	r or	tru	ıctor	^	kov. c	mn	lovos or highes	t componented	Tes No
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from the	
organization and related organizations gre	eater than	\$15	0,0	00?	If	"Yes	5,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Yo	es," comple	te Sch	nedu	iie J	tor	such	per	son		5 X

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 39

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w oi	Average hours per veek (list any hours for related	box, office		Posi	-			(D)	(E)	,	(F)	
5) LAUREN RAZOOK ROTH TRUSTEE 7) BRAD SILVER TRUSTEE (AS OF 09/2018) 3) ANDREA K. WAHLQUIST TRUSTEE 9) PETER WALLACE TRUSTEE 0) PHOEBE BOYER PRESIDENT/CEO 1) DANIEL LEHMAN CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	related		r and	s pe	more rson	e than one is both an tor/trustee)		Reportable compensation from the	Reportable compensation from related organizations	amo	mated ount of ther ensatio	n
TRUSTEE 7) BRAD SILVER TRUSTEE (AS OF 09/2018) 3) ANDREA K. WAHLQUIST TRUSTEE 9) PETER WALLACE TRUSTEE 1) PHOEBE BOYER PRESIDENT/CEO 1) DANIEL LEHMAN CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	organizations pelow dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgai and	n the nization related nizations	
TRUSTEE (AS OF 09/2018) 3) ANDREA K. WAHLQUIST TRUSTEE 9) PETER WALLACE TRUSTEE 1) PHOEBE BOYER PRESIDENT/CEO 1) DANIEL LEHMAN CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	5.00	Х						0.	0.			(
B) ANDREA K. WAHLQUIST TRUSTEE D) PETER WALLACE TRUSTEE D) PHOEBE BOYER PRESIDENT/CEO L) DANIEL LEHMAN CHIEF OPERATING OFFICER D) SARAH GILLMAN CHIEF FINANCIAL OFFICER B) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS L4) SANDRA ESCAMILLA	5.00											_
TRUSTEE 9) PETER WALLACE TRUSTEE 1) PHOEBE BOYER PRESIDENT/CEO 1) DANIEL LEHMAN CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	0.	X						0.	0.			(
P) PETER WALLACE TRUSTEE D) PHOEBE BOYER PRESIDENT/CEO L) DANIEL LEHMAN CHIEF OPERATING OFFICER SARAH GILLMAN CHIEF FINANCIAL OFFICER B) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	5.00											
TRUSTEE D) PHOEBE BOYER PRESIDENT/CEO L) DANIEL LEHMAN CHIEF OPERATING OFFICER E) SARAH GILLMAN CHIEF FINANCIAL OFFICER B) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	0.	Х						0.	0.			
D) PHOEBE BOYER PRESIDENT/CEO L) DANIEL LEHMAN CHIEF OPERATING OFFICER E) SARAH GILLMAN CHIEF FINANCIAL OFFICER B) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	5.00											
PRESIDENT/CEO 1) DANIEL LEHMAN CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	0.	X						0.	0.			
CHIEF OPERATING OFFICER SARAH GILLMAN CHIEF FINANCIAL OFFICER GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS A) SANDRA ESCAMILLA	40.00							415 000				_
CHIEF OPERATING OFFICER 2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	0.			Х				415,823.	0.		12,0	<u>ქ</u>
2) SARAH GILLMAN CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	40.00			3,				101 562		-	0 1	^
CHIEF FINANCIAL OFFICER 3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	40.00			Х				181,563.	0.		2,1	<u>J</u>
3) GEORGIA BOOTHE VP CHILD WELFARE & FAMILY SVCS 4) SANDRA ESCAMILLA	0.			Х				222 105	0.	,	29,3	1
VP CHILD WELFARE & FAMILY SVCS 1) SANDRA ESCAMILLA	40.00			Λ				222,195.	0.		19,3	_
4) SANDRA ESCAMILLA	0.				Х			177,855.	0.		7,7	2
	40.00				- 25			177,033.	Ŭ.		, , ,	_
	0.				Х			185,051.	0.	2	26,0	3
5) LISA HANDWERKER, M.D.	40.00							100,001.				_
CHIEF MEDICAL OFFICER	0.					X		210,259.	0.	4	19,0	2
5) ROBYN DIETZ	40.00							,			- , -	-
DIRECTOR TALENT MANAGEMENT/HR	0.					Х		175,466.	0.	2	29,2	9
b Sub-total							\blacktriangleright					_
c Total from continuation sheets to Part VII, Sec												_
d Total (add lines 1b and 1c)							<u> </u>					_
2 Total number of individuals (including but not lim reportable compensation from the organization		nose l 49		d at	OOV	e) who	o re	ceived more than	\$100,000 of			
										,	Yes	١
B Did the organization list any former officer, employee on line 1a? If "Yes," complete Schedule										3		
For any individual listed on line 1a, is the sui organization and related organizations great	ım of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from the			
individual										4	Х	
Did any person listed on line 1a receive or action for services rendered to the organization? If "Yes,										5		
Section B. Independent Contractors	,											_

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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Part VII Section A. Officers, Directors, Tru		y En	plo			and F	ugl	1	ea Employees (d	1
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) ALETHEA PRATT	40.00									
CHIEF INFORMATION OFFICER	0.					Х		171,866.	0.	15,96
38) COURTENAYE JACKSON-CHASE	40.00									
GENERAL COUNSEL	0.					Х		218,326.	0.	26,74
39) CAROLINE GALLAGHER	40.00									
CHIEF DEV. OFF.	0.					Х		210,607.	0.	28,94
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						* * *			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
Complete this table for your five highest com compensation from the organization. Report c year.										

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

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

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Part VIII Statement of Revenue

Total revenue Related or Unrelated exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues 1,840,000. Fundraising events d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, 16,310,000 and similar amounts not included above . | 1f 3,715,530. g Noncash contributions included in lines 1a-1f: \$ _ 18,150,000 Total. Add lines 1a-1f Program Service Revenue **Business Code** GOV'T FEES & CONTRACTS 611710 85,595,000 85,595,000 611710 2,764,000 2,764,000 PROGRAM FEES h 624100 HEALTH AND WELLNESS CLINICS 1,020,000 1,020,000 All other program service revenue 89,379,000 Total. Add lines 2a-2f . Investment income (including dividends, interest, 3,312,000 -11,633. 3,323,633. Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 1,759,000. 6a Gross rents **b** Less: rental expenses 1,759,000. c Rental income or (loss) 1,759,000 524,190. 1,234,810. d Net rental income or (loss) . _ (ii) Other (i) Securities 7a Gross amount from sales of 247,033,000. assets other than inventory **b** Less: cost or other basis 242,897,000. and sales expenses . . . 4,136,000. c Gain or (loss) 4,136,000 4,136,000. Gross income from fundraising Other Revenue 1,840,000. events (not including \$ ___ of contributions reported on line 1c). 181,000 See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events -308,000 -308,000 9a Gross income from gaming activities. See Part IV, line 19 a 0. **b** Less: direct expenses c Net income or (loss) from gaming activities _____ 10a Gross sales of inventory, returns and allowances Ω **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** MANAGEMENT FEE 900099 1,618,000 1,618,000. 11a b **d** All other revenue 1,618,000 e Total. Add lines 11a-11d Total revenue. See instructions. 118,046,000 89,379,000. 10,004,443.

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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).

000	Check if Schodule O contains a reasonable or note to any line in this Part IV								
<u></u>	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	242,000.	242,000.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,178,655.	2,178,655.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	1,354,929.	412,544.	942,385.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	69,389,071.	58,494,456.	9,009,615.	1,885,000.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	5,608,810.	4,631,550.	799,040.	178,220.				
9	Other employee benefits	10,020,190.	8,069,450.	1,659,960.	290,780.				
10	Payroll taxes	6,879,000.	5,525,000.	1,138,000.	216,000.				
	Fees for services (non-employees):	0							
а	Management	0.	641 000	242 000	<u> </u>				
b	Legal	990,000.	641,000.	343,000.	6,000.				
	Accounting	372,000.		372,000. 147,080.					
	Lobbying	147,080.		147,000.					
	Professional fundraising services. See Part IV, line 17.	2,450,000.		2,450,000.					
	Investment management fees	2,430,000.		2,430,000.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	4,367,920.	2,918,000.	1,079,920.	370,000.				
40	(A) amount, list line 11g expenses on Schedule O.)	0.	2,510,000.	1,075,520.	370,000.				
13	Advertising and promotion Office expenses	3,051,000.	2,589,000.	382,000.	80,000.				
14	Information technology	1,856,000.	961,000.	740,000.	155,000.				
15	Royalties.	0.			<u>-</u>				
16	Occupancy	9,428,000.	7,742,000.	1,410,000.	276,000.				
17	Travel	1,258,000.	1,197,000.	56,000.	5,000.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	679,000.	356,000.	315,000.	8,000.				
20	Interest	1,866,000.	1,866,000.						
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	3,353,000.	2,379,000.	974,000.					
23	Insurance	1,344,000.	1,188,000.	132,000.	24,000.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	10,100,000.	10 000 000	1 000					
_	FOOD FOOD	1,134,000.	10,099,000.	1,000.	14,000.				
-	MEMBERSHIP DUES	240,000.	217,000.	23,000.	14,000.				
_	REPAIRS AND MAINTENANCE	161,000.	146,000.	15,000.					
_	·	959,345.	310,345.	189,000.	460,000.				
	All other expenses	139,429,000.	113,243,000.	22,218,000.	3,968,000.				
_	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)	0.	119/219/0001	22/210/0001	3730070000.				
					Form 000 (2018)				

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Form 990 (2018) Page **11**

Part X Balance Sheet

ı e	ונא				
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	_	Ocal and interest because	3,466,500.	1	2,721,000.
	1	Cash - non-interest-bearing	16,334,500.	2	4,392,000.
	2	Savings and temporary cash investments	1,460,000.		1,563,000.
	3	Pledges and grants receivable, net	26,140,000.	3	29,738,000.
	4	Accounts receivable, net	20,140,000.	4	29,730,000.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	0.	_	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	2,036,000.	9	2,631,000.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 100, 180, 000.			
	b	Less: accumulated depreciation	67,004,000.	10c	69,187,000.
	11	Investments - publicly traded securities	204,859,000.	11	216,191,000.
	12	Investments - other securities. See Part IV, line 11	94,395,000.	12	72,879,000.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	8,751,000.	15	13,094,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	424,446,000.	16	412,396,000.
	17	Accounts payable and accrued expenses	17	66,789,000.	
	18	Grants payable	0.	18	0.
	19	Deferred revenue	2,948,000.	19	2,661,000.
	20	Tax-exempt bond liabilities	39,122,000.	20	38,378,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.		0.
=	23	Secured mortgages and notes payable to unrelated third parties	6,456,000.	23	6,487,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,932,000.	25	5,786,000.
	26	Total liabilities. Add lines 17 through 25	118,558,000.	26	120,101,000.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	281,510,000.	27	269,599,000.
3alë	28	Temporarily restricted net assets	17,567,000.	28	15,884,500.
ğ	29	Permanently restricted net assets	6,811,000.	29	6,811,500.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	305,888,000.	33	292,295,000.
_	34	Total liabilities and net assets/fund balances	424,446,000.	34	412,396,000.
			<u> </u>		Form QQ ((2018)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI			18,0		X
1	Total roverido (made oqual rate vini, odulini (ri), inio 12)					
2	(), , ,					
3	Revenue less expenses. Subtract line 2 from line 1	3		21,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	05,8		
5	Net unrealized gains (losses) on investments	5		4,4	46,0	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,3	44,0	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	92,2	95,0	00.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u></u>	X
					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," e	xplain	ıin			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n 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	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	J			•	,,,,,,,		
7	Χ	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·					
8		A community trust describe	-		-				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un on after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its	
11		An organization organized	•	•	•				
12		An organization organized	•	•					
		of one or more publicly su						, , , ,	
		Check the box in lines 12a t							
а		Type I. A supporting orga	•	•			• , ,		
		the supported organization				ajority of	the directors or truste	es of the	
		_ supporting organization. \	-						
b	L	Type II. A supporting org	•						
		control or management of		=	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must	•						
С		Type III functionally integ						ly integrated with,	
		its supported organization	. , .	•					
d					-				
		that is not functionally inte		•			•	an attentiveness	
		requirement (see instruct		-				L T	
е		_ Check this box if the orga						ı, rype iii	
f	En	functionally integrated, or ter the number of supported			porting (organizat	ion.		
,		ovide the following information							
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	(1)	ame of supported organization	(11) = 11	(described on lines 1-10	listed in yo	our governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(D)									
(E)									
(E)									
Ter									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,170,772.	35,165,855.	23,080,291.	23,200,340.	18,150,000.	131,767,258.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	32,170,772.	35,165,855.	23,080,291.	23,200,340.	18,150,000.	131,767,258.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
6	Public support. Subtract line 5 from line 4						131,767,258.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	32,170,772.	35,165,855.	23,080,291.	23,200,340.	18,150,000.	131,767,258.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,392,545.	5,028,341.	2,792,096.	5,973,000.	5,082,633.	27,268,615.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		75,487.	106,518.	153,574.	246,601.	582,180.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	1,157,752.	446,614.	1,636,275.	1,245,095.	1,799,000.	6,284,736.		
11	Total support. Add lines 7 through 10						165,902,789.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	406,377,492.		
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup		_						
14	Public support percentage for 2018 (lin		-			14	79.42%		
15	Public support percentage from 2017					15	82.33 %		
16a	331/3% support test - 2018. If the org	=							
	box and stop here. The organization qu	•		•					
b	331/3% support test - 2017. If the org								
	this box and stop here . The organization	•		_					
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					-	•		
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported		
	organization								
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances'	test, check th	nis box and st o	op here.		
	Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly		
	supported organization								
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see			
	instructions						▶ □		

Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	. ,	,,,	.,	. ,		
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Other income Do not include gain or						
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 five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
1-4	organization, check this box and stop here .	· ·	· ·		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		<u> </u>	mn (f))		. 15	%
16	Public support percentage from 2017 Schee					16	
	tion D. Computation of Investment						70
<u> 17</u>	Investment income percentage for 2018 (lin			13. column (f))		17	%
18	Investment income percentage for 2017 S					18	
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the orga	-	-	•			
D	line 18 is not more than 331/3%, check				· ·		
20	Private foundation. If the organization of		-	-			
				,,	,		

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
		1		
Sect	ion D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	5 1 1 1 0 1	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.			
Section A - Adjusted Net Income (A) Prior Year						
		(7.) 7.1101 7.001	(optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see			
instructions).			· · ·			

Schedule A (Form 990 or 990-EZ) 2018

PAGE 23

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions							
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Part V

4822MQ 700J V 18-8.2F 0196302-00003 PAGE 24 Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

					ATTACHMENT	1			
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL			
GROSS INCOME FROM FUNDRAISING	1,157,752.	326,614.	178,366.	288,095.	181,000.	2,131,827.			
MANAGEMENT FEE			1,457,909.	957,000.	1,618,000.	4,032,909.			
TOTALS	1,157,752.	446,614.	1,636,275.	1,245,095.	1,799,000.	6,284,736.			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

THE CHILDREN'S AID SOCIETY 13-5562191 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$816,757.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$.	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.)

Name of organization THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization THE CHILDREN'S AID SOCIETY Employer identification number 13-5562191 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

the	b) that total more than \$1,000 for the efollowing line entry. For organization on tributions of \$1,000 or less for the year.	is completing Part III ear. (Enter this infor	, enter the total mation once. So	of exclusively religious, charitable, etc
(a) No. from Part I	se duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of g		(d) Description of how gift is held
-		(e) Transfer o		
-	Transferee's name, address, and a		Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
-	Transferee's name, address, and a	(e) Transfer o		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
		(e) Transfer c	of gift	
- - -	Transferee's name, address, and a	ZIP + 4	Relation	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
-	Transferee's name, address, and a	(e) Transfer o		nship of transferor to transferee
-				

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

-	occitori oc r(c)(c) organizations	that have med i oim or oo (election al	idei 300tion 30 i(ii)). 00	implete i art ii 7t. Do not con	ipicto i art ii b.		
	, , , , -	that have NOT filed Form 5768 (electi	, ,		•		
Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy		
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Franksian ida	atification number		
	e of organization			' '	ntification number		
	CHILDREN'S AID SOCI		(: 504/-)	13-5562			
	-	organization is exempt under					
1	•	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for		
_	definition of "political campa						
2	Political campaign activity e	xpenditures (see instructions)					
	Volunteer hours for political	campaign activities (see instruction	ns)				
		organization is exempt under		- b h			
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5			
2		sise tax incurred by organization m					
3		a section 4955 tax, did it file Form					
					Yes No		
	If "Yes," describe in Part IV. t I-C Complete if the complete in the complete if the complete in the complete	organization is exempt under	soction 501(c) ov	reant saction 501/c\/2	`		
					<i>)</i> ·		
1		xpended by the filing organization					
2		ng organization's funds contributed es					
3		enditures. Add lines 1 and 2. En					
4 5	Did the filing organization file Form 1120-POL for this year?						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

Schedule C (Form 990 or 990-EZ) 2018

P	art II-A	Complete if the org	janizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ▶				affiliated group (and excess lobbying exp		ach affiliated group mem	ber's name,
В	Check ▶	if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
		Limits (The term "expendit		ying Expendence)	(a) Filing organization's totals	(b) Affiliated group totals
I 0	Total lob Total lob d Other exe Total exe	obying expenditures to interpretation by the bodying expenditures (and the bodying expenditures (and the bodying expenditures) and the bodying expenditures are proposed expenditures.	nfluence d lines 1 ures ures (ado	a legislative a and 1b) d lines 1c an	e body (direct lobbyi	ng)		
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:		
		\$500,000	, , ,		amount on line 1e.			
	Over \$50	0,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,0	000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,5	500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17	7,000,000		\$1,000,000				
	Subtract Subtract If there	ots nontaxable amount t line 1g from line 1a. If t line 1f from line 1c. If z is an amount other th g section 4911 tax for t	zero or le zero or le an zero his year?	ess, enter -0 ss, enter -0- on either I	ine 1h or line 1i, o	did the organizat		Yes No
	(S	ome organizations tha	t made a See	section 50 the separa	te instructions for I	t have to comple ines 2a through	2f.)	nns below.
_			Lobb	ying Exper	nditures During 4-Y	ear Averaging Pe	riod	
		ar year (or fiscal year peginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
28	a Lobbying	nontaxable amount						
		ceiling amount line 2a, column (e))						
_	Total lobb	bying expenditures						
_	d Grassroo	ts nontaxable amount						
_		ts ceiling amount line 2d, column (e))						
f	Grassroo	ts lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

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Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	I file	d For	m 576	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
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:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e ,	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X			20	,057
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				,228
h i	Other activities?	Х					, 795
j	Total. Add lines 1c through 1i					147,	,080
z 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						ı
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501			•	3		
Гаі	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3 ic	
	answered "Yes."	٠,٠ ١,٠	5) i u		,	0, 13	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
_	political expenses for which the section 527(f) tax was paid).	ants v	J1				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>		5			
Par	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın lint	\. Dort	II A liv	1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u grot	ıp iist), Part	II-A, III	ies i	anu
_ (00	o mondonorio, and rais in 5, into 1.7 mos, complete the part for any additional information.						
SEE	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

THE CHILDREN'S AID SOCIETY UTILIZES AN OUTSIDE CONSULTANT TO UNDERTAKE LOBBYING ACTIVITIES ON ITS BEHALF; SPECIFICALLY TO ENGAGE IN BUDGET AND LEGISLATIVE ADVOCACY THAT ALIGN WITH OUR PRIORITIES TO HELP SUPPORT OUR CHILDREN AND FAMILIES. AMOUNTS PAID TO THIRD PARTY EXTERNAL LOBBYING CONSULTANTS, AS REPORTED IN SCHEDULE C, PART II-B, LINE 1(I), AMOUNTS TO \$124,795. THE REMAINING COSTS IDENTIFIED IN SCHEDULE C REPRESENT INTERNAL SALARY COSTS ALLOCATED TO LOBBYING INITIATIVES.

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Held at the End of the Tax Year

2a

2b 2c

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number THE CHILDREN'S AID SOCIETY 13-5562191 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2

	nistoric structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year >
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
_	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a

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

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

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

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

organization's accounting for conservation easements.

easement on the last day of the tax year.

Schedule D (Form 990) 2018

▶ \$

Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a

Substitute of programinations (accession) and other records, check any of the following that are a significant use of its collection items (check all that apply):		Crganizations Maintaini	ng Collections of	Art Historical Tre	asures or (Other Similar Assets	(continue		ige Z
Collection terms (check all that apply):									ite
Public exhibition d	3			otrici records, crice	it any or the	Tollowing that are a s	igillioant c	13C OI	113
b Scholarly research or Uture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	2		ıy <i>)</i> .	d loan	or evchange r	orograms			
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						nograms			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?			rations	e Other					_
XIII.				and evolain how	they further t	ha organization's ever	nnt nurnas	o in F	Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	7	· · · · · · · · · · · · · · · · · · ·	nization's collections	and explain now	illey fulfiller t	ne organizations exer	iipt puipos		art
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part XIII	5		on solicit or receive o	lonations of art hist	orical treasure	as or other similar			
Part IV	3						Vas		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No Yes No No Mo Mo Mo Mo Mo Mo	Dэ			anieu as part of the	organizations	Collection:	163		140
990, Part X, line 21. a Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	ıa			s" on Form 990 F	Part IV line 9	or reported an amo	ount on Fo	rm	
1			anomorou i c		art 17, mio c	, or reported arrains	,		
Included on Form 990, Part X?	1a		ee. custodian or othe	er intermediary for o	ontributions o	or other assets not			
b If "Yes." explain the arrangement in Part XIII and complete the following table: C Beginning balance							Yes		No
to Beginning balance 16 16 16 16 16 16 16 1	b								
C Beginning balance 10	-	ii 100, Oxpiaii tiio arrangoment	irr are sun and comp	note the renewing tal		Amoi	ınt		
d Additions during the year	c	Beginning balance			10	711100	****		
E Distributions during the year f f f f f f f f f									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_								
Description of programs Description of program Description of program Description of program Description of program Description of programs Description of prog						todial account liability?	Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		=				Tel control of the co			
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization of property Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization of property Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization			THE GREAT CHOCK IN	oro ii tiro orpianation	ride been pre	viada diri are xiii : : :		•	
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Fact (d)	. u		ation answered "Ye	s" on Form 990. F	Part IV. line 1	10.			
1a Beginning of year balance 29,437,000 18,919,000 20,160,000 24,031,000 23,927,000		2 0 m p 1 0 0 0 m m 1 0 1 9 m m 2 0					k (e) Four	vears b	ack
Segiment	4.	Designing of year balance							
c Not investment earnings, gains, and losses. 8,576,000. 11,917,000. 832,000. -277,000. 336,000. d Grants or scholarships Cother expenditures for facilities and programs. 1,186,000. 2,553,000. 3,728,000. 5,265,000. 2,819,000. f Administrative expenses. 37,638,000. 29,437,000. 18,919,000. 20,160,000. 24,031,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 25.3000 % 55.6000 % Temporarily restricted endowment ▶ 18.1000 % Yes No No 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No Yes No (ii) related organizations 3a(i) X X 3a(i) X X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Post of other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Accumulated depreciation (d) Book value Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 5,782,000. 5,782,000. 5,782,000.									
and losses			011/0001		270007	2,0,2,000		, , ,	
d Grants or scholarships	С		8.576.000	11.917.000	832	000 -277.000) -	336.0	000
e Other expenditures for facilities and programs. 1,186,000. 2,553,000. 3,728,000. 5,265,000. 2,819,000. f Administrative expenses. 37,638,000. 29,437,000. 18,919,000. 20,160,000. 24,031,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			0,3,0,000.	11/71//0001	0327	2777000	<u></u>	3307	
and programs		-							
f Administrative expenses 37,638,000. 29,437,000. 18,919,000. 20,160,000. 24,031,000. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 25.3000 % Permanent endowment ▶ 56.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii)	е	-	1 186 000	2 553 000	3 728	000 5 265 000) 2 8	R19 (000
g End of year balance			1,100,000.	2,333,000.	3,720,	3,203,000	7. 2,0	,,,	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 25.3000 % b Permanent endowment ▶ 18.1000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f		37 638 000	29 437 000	10 010	000 20 160 000	24 (131 (000
a Board designated or quasi-endowment ▶ 25.3000 % b Permanent endowment ▶ 56.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value	•	•					7. 21,0	,,,	
b Permanent endowment ▶		Provide the estimated percentage	of the current year of	end balance (line 1g.	column (a)) h	ield as:			
Temporarily restricted endowment ▶ 18.1000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation (other) (b) Cost or other basis (c) Accumulated depreciation (other) (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (other) (c) Accumulated depreciation (d) Book value (a) Book value (b) Cost or other basis (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value (d) Book value (e) Book value (other) 5,782,000. 5,782,000. 5,782,000. 5,782,000. 5,782,000. 6 Leasehold improvements C Leasehold improvements C Leasehold improvements 11,311,000. 7,938,319. 3,372,681.									
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iv) related organizations (iv) rest on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) related organization and in in the organization is endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value Tomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land	D								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	C			1000/					
organization by: Yes No (i) unrelated organizations. 3a(i) X (ii) related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	22	. •	·		are hold and	administered for the			
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (other) 1a Land	Ja		the possession of the	ie organization that	are neid and	administered for the	٦	Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land. 5,782,000. 5,782,000. 5,782,000. 5,782,000. 5,782,000. 5,782,000. 5,782,000. 6 Buildings 70,736,000. 17,447,250. 53,288,750. C Leasehold improvements. 7,295,000. 7,938,319. 3,372,681.		•					-	+	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land								-	
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,782,000. 5,782,000. 5,782,000. b Buildings 70,736,000. 17,447,250. 53,288,750. c Leasehold improvements 7,295,000. 5,607,431. 1,687,569. d Equipment 11,311,000. 7,938,319. 3,372,681.	h	- · ·						-	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,782,000 5,782,000 5,782,000 b Buildings 70,736,000 17,447,250 53,288,750 c Leasehold improvements 7,295,000 5,607,431 1,687,569 d Equipment 11,311,000 7,938,319 3,372,681		* **	•	•			. 30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,782,000. 5,782,000. 5,782,000. b Buildings 70,736,000. 17,447,250. 53,288,750. c Leasehold improvements 7,295,000. 5,607,431. 1,687,569. d Equipment 11,311,000. 7,938,319. 3,372,681.				tion's endowment id	ius.				
tall Land (investment) (other) depreciation b Buildings 5,782,000. 5,782,000. c Leasehold improvements. 70,736,000. 17,447,250. 53,288,750. c Leasehold improvements. 7,295,000. 5,607,431. 1,687,569. d Equipment. 11,311,000. 7,938,319. 3,372,681.	га	Complete if the organize	ation answered "Ye	es" on Form 990,	Part IV, line	11a. See Form 990,	Part X, line	e 10.	
1a Land 5,782,000 5,782,000 b Buildings 70,736,000 17,447,250 53,288,750 c Leasehold improvements 7,295,000 5,607,431 1,687,569 d Equipment 11,311,000 7,938,319 3,372,681		Description of property					(d) Book val	lue	
b Buildings 70,736,000. 17,447,250. 53,288,750. c Leasehold improvements. 7,295,000. 5,607,431. 1,687,569. d Equipment. 11,311,000. 7,938,319. 3,372,681.	12	Land	,			depreciation	5.78	32.00	0.0
c Leasehold improvements. 7,295,000. 5,607,431. 1,687,569. d Equipment. 11,311,000. 7,938,319. 3,372,681.	ı d L					17.447.250			
d Equipment. 11,311,000. 7,938,319. 3,372,681.	D								
	ب ن								
- Cuici	u					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.))			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018			Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	ıe
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) OTHER INVESTMENTS		FMV	
(B) PRIVATE CAPITAL	12,016,000.	FMV	
(C) HEDGE FUNDS	44,702,000.	FMV	
(D) LIMITED PARTNERSHIP INTERESTS	7,881,000.	FMV	
(E) EMERGING MARKETS	4,492,000.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	69,091,000.		
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 valu	ie
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (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) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 99	0, Part X,
1. (a) Description of liability	(b) Book value	е	
(1) Federal income taxes			
(2) OTHER LIABILITIES	3,178,0	000.	
(3) SPLIT-INTEREST OBLIGATIONS	2,608,0	000.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,786,0	000.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 8E1270 1.000

Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
	Recoveries of prior year grants	
C C	Other (Describe in Part XIII.)	
d	Add lines 2a through 2d	2e
_	Subtract line 2e from line 1	3
3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	investment expenses not included on Form 556, Fart Vin, inc 75	
	Citier (Describe iii i dit Aiii.)	4c
_	Add lines 4a and 4b	5
5 Part		
ı aıt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	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.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	
SEE	PAGE 5	

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Schedule D (Form 990) 2018

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENTS CONSIST OF DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD DESIGNATED SPECIAL PURPOSE FUNDS. CHILDREN'S AID RECOGNIZES THAT NEW YORK STATE ADOPTED AS LAW THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("NYPMIFA") ON SEPTEMBER 17, 2010. NYPMIFA REPLACES THE PRIOR LAW WHICH WAS THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UMIFA"). NYPMIFA CREATES A REBUTTABLE PRESUMPTION OF IMPRUDENCE IF AN ORGANIZATION APPROPRIATES MORE THAN 7% OF A DONOR-RESTRICTED PERMANENT 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 UNRESTRICTED BY THE DONOR WILL BE REFLECTED AS TEMPORARILY RESTRICTED 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 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. CHILDREN'S AID'S POLICY IS THAT ENDOWMENT EARNINGS WILL BE APPROPRIATED FOR EXPENDITURES IN ACCORDANCE WITH THE DONOR'S STIPULATIONS. IN THE ABSENCE OF DONOR STIPULATIONS THE EARNINGS WILL BE APPROPRIATED FOR GENERAL PURPOSES.

SCHEDULE D, 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

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED 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 CODE SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE AGENCY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE AGENCY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018.

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► 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.

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

13-5562191 THE CHILDREN'S AID SOCIETY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14th	ο.		·	· ·	
1	For grantmakers. Does the orga	nization mainta	in records to s	ubstantiate the amount of	its grants and other	
	assistance, the grantees' eligibili				a used to award the	
	grants or assistance?				l	Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	cedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		59,789,995.
(2)	EUROPE	0.	0.	INVESTMENTS		5,727,201.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						65 513 106
3a b						65,517,196.
c	Totals (add lines 3a and 3b)					65.517.196.

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

Schedule F (Form 990) 2018

THE CHILDREN'S AID SOCIETY 13-5562191

Schedule F (Form 990) 2018

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	he IRS, or for which the gr	nt organizations listed above rantee or counsel has provide rganizations or entities	d a section 501(c)(3) equivalency letter	r		▶		,

THE CHILDREN'S AID SOCIETY 13-5562191

Schedule F (Form 990) 2018

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 Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)(15)

Schedule F (Form 990) 2018

4822MQ 700J

(16)

(17)

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

Part	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

 Schedule F (Form 990) 2018
 Page 5

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 F (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identification	on number
THE CHILDREN'S AID SOCIETY					13-5562191	
Form 990-EZ filers are not	,			l "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
a Mail solicitations	е	Solid	itation of i	non-government g	_j rants	
b Internet and email solicitations	f	Solid	itation of	government grant	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
 2a Did the organization have a written of or key employees listed in Form 990 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		55 (1)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Tatal						
3 List all states in which the organiza registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

	(* ***** **** == / = * **				9
Part II	Fundraising Events. Complete	te if the organization	answered "Yes" on	Form 990, Part IV,	line 18, or reported
	more than \$15,000 of fundr	aising event contributi	ons and gross incom	ne on Form 990-EZ	, lines 1 and 6b. List
	events with gross receipts gre	eater than \$5,000.			
		4.54			

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 BENEFIT	(b) Event #2 GOLF CLASSIC	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,752,794.	268,206.		2,021,000
R	2	Less: Contributions	1,652,110.	187,890.		1,840,000
		Gross income (line 1 minus line 2)	100,684.	80,316.		181,000
	4	Cash prizes				
	5	Noncash prizes	5,983.	1,767.		7,750
Direct Expenses	6	Rent/facility costs	204,198.	92,439.		296,637
t Expe	7	Food and beverages				
Direc	8	Entertainment	95,739.	7,001.		102,740
	9	Other direct expenses	68,272.	13,601.		81,873
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		489,000
	11	Net income summary. Subtract li	ne 10 from line 3, colu	umn (a)		-308,000
Pa	ſU	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Exper	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 lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b	l	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a b		Were any of the organization's gaminous of the organization of the organiza				Yes No

THE CHILDREN'S AID SOCIETY

Sched	lule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

13-5562191

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) ALVIN AILEY DANCE FOUNDATION 405 WEST 55TH STREET NEW YORK, NY 10019 13-2584273 501(C)(3) 79,945. GENERAL SUPPORT (2) PHIPPS NEIGHBORHOOD INC. 25,127. 902 BROADWAY NEW YORK, NY 10010 13-2707665 501(C)(3) GENERAL SUPPORT (3) GENERATION READY INC. 352 SEVENTH AVE STE 12A NEW YORK, NY 10001 13-3762096 6,500. GENERAL SUPPORT (4) LEARNING THROUGH AN EXPANDED ARTS PROGRAM 535 EIGHTH AVE STE 1100 NEW YORK, NY 10018 501(C)(3) 9,960 GENERAL SUPPORT (5) LULU & LEO FUND 1216 BROADWAY, 2ND FLOOR NEW YORK, NY 10001 46-1316048 501(C)(3) 12,550. GENERAL SUPPORT (6) HELEN KELLER INTERNATIONAL 1 DAG HAMMARKSKJOLD PLZ NEW YORK, NY 10017 13-5562162 501(C)(3) 43,975 GENERAL SUPPORT (7) SOCIAL EMOTIONAL WELLNESS ALLIANCE P.O BOX 610042 BAYSIDE, NY 11361-0042 81-3391376 501(C)(3) 8,550 GENERAL SUPPORT (8) STATEN ISLAND CHILDREN'S MUSEUM 1000 RICHMOND TER STATEN ISLAND, NY 10301 23-7379930 501(C)(3) 7.540 GENERAL SUPPORT (9) RAMAPO FOR CHILDREN P.O. BOX 266 RHINEBECK, NY 12572 13-5600422 501(C)(3) 25,750. GENERAL SUPPORT (10) STEP IN SCHOOL INC. 618 E. SOUTH ST STE 500 ORLANDO, FL 32801 27-2110092 501(C)(3) 10,400. GENERAL SUPPORT (11)(12)9. 1.

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

Schedule I (Form 990) (2018)

THE CHILDREN'S AID SOCIETY 13-5562191

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SPECIFIC ASSISTANCE	388.	709,410.			
2 SCHOLARSHIPS	67.	351,505.			
3 STIPENDS	181.	341,730.			
4 CHILDREN'S RECREATIONAL ACTIVITIES	347.	775,642.			
5 BABYSITTING	1.	368.			
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE USE OF GRANT FUNDS ARE MONITORED CLOSELY DURING THE YEAR BY THE DEPARTMENT ADMINISTERING THE ASSISTANCE. MONITORING CAN INCLUDE, AMONG OTHER THINGS, REGULAR HOME VISITS TO FAMILIES WHO MIGHT RECEIVE MONTHLY ASSISTANCE FOR FOSTER CARE CHILDREN; DIRECT PURCHASES OF MATERIALS SUCH AS BEDS, LINENS, TEXT BOOKS, CLOTHES OR FOOD; UTILITY PAYMENTS, RATHER THAN CASH ASSISTANCE TO FAMILIES; AND MONITORING OF CLASSES OR PROGRAMS WHEN SCHOLARSHIPS ARE PROVIDED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

Part	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)							
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
2	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b								
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		X				
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:							
а	The organization?	6a		Х				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2018

THE CHILDREN'S AID SOCIETY 13-5562191

Schedule J (Form 990) 2018 Page 2

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

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

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

(A) N		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PHOEBE BOYER **president/ceo**		415,823.	0.	0.	18,500.	23,580.	457,903.	0.
1 PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL LEHMAN	(i)	181,563.	0.	0.	4,776.	7,329.	193,668.	0.
2 ^{CHIEF} OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SARAH GILLMAN	(i)	222,195.	0.	0.	6,955.	22,385.	251,535.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGIA BOOTHE	(i)	177,855.	0.	0.	5,894.	1,831.	185,580.	0.
4 VP CHILD WELFARE & FAMILY SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA HANDWERKER, M.D.	(i)	210,259.	0.	0.	24,966.	24,063.	259,288.	0.
5 ^{CHIEF MEDICAL OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBYN DIETZ	(i)	175,466.	0.	0.	6,360.	22,930.	204,756.	0.
6DIRECTOR TALENT MANAGEMENT/HR	(ii)	0.	0.	0.	0.	0.	0.	0.
ALETHEA PRATT	(i)	171,866.	0.	0.	6,189.	9,775.	187,830.	0.
7 ^{CHIEF} INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
COURTENAYE JACKSON-CHAS	(i)	218,326.	0.	0.	4,469.	22,280.	245,075.	0.
8 ^{GENERAL COUNSEL}	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA ESCAMILLA	(i)	185,051.	0.	0.	3,859.	22,178.	211,088.	0.
9 ADOLESCENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROLINE GALLAGHER	(i)	210,607.	0.	0.	4,386.	24,563.	239,556.	0.
10 ^{CHIEF DEV. OFF.}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

THE CHILDREN'S AID SOCIETY 13-5562191

Schedule J (Form 990) 2018

Part III Supplemental Information

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

FORM 990, SCHEDULE J, LINE 4(B)

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

RETIREMENT PLAN; THE ORGANIZATION MADE A CONTRIBUTION OF \$18,500 TO THE

PLAN ON HER BEHALF IN CALENDAR YEAR 2018. THIS PAYMENT IS REFLECTED IN

SCHEDULE J, PART II, COLUMN (C).

Schedule J (Form 990) 2018

SCHEDULE K (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e) I	ssue price	(f) De	escription of p	urpose	(g) De	feased	(h) (beha issu	alf of	(i) Poo financi
									Yes	No	Yes	No	Yes
A BUILD NYC RESOURCE CORPORATION	45-4040561	12008EKC9	12008EKC9 07/01/20		7,205,000.	TO FINANCE (CONSTRUCTI	ON OF A BLDG		Х		Х	
_													.
В													
C													.
<u> </u>												\rightarrow	
D													
Part II Proceeds									ı				
					Α		В	С				D	
1 Amount of bonds retired				1,	275,000	•							
2 Amount of bonds legally defeased													
3 Total proceeds of issue				37,	205,000								
4 Gross proceeds in reserve funds					93,663								
5 Capitalized interest from proceeds				3,	817,291								
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds					667,249								
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				32,	137,009	09.							
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion				20	18								
·				Yes	No	Yes	No	Yes	No		Yes		No
14 Were the bonds issued as part of a refund	ing issue of tax	x-exempt bo	onds (or,										
if issued prior to 2018, a current refunding issue)	?				X								
15 Were the bonds issued as part of a refund													
issued prior to 2018, an advance refunding issue)	?				X								
16 Has the final allocation of proceeds been made?				X									
17 Does the organization maintain adequate b													
final allocation of proceeds?				X									

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

JSA

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Pa	rt III Private Business Use	BUILD NY	C RESOURC	E CORPO	RATION				
			Α	ı	В		С	<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						
2	Are there any lease arrangements that may result in private business use	of							
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in priva								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	de							
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use								
	bond-financed property?		X						
d	I If "Yes" to line 3c, does the organization routinely engage bond counsel or oth	er							
	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 entitle								
	other than a section 501(c)(3) organization or a state or local government	>	%		%		%		%
5	Enter the percentage of financed property used in a private business use as	а							
	result of unrelated trade or business activity carried on by your organization								
	another section 501(c)(3) organization, or a state or local government	>	%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issue	ed?	X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								1
	sections 1.141-12 and 1.145-2?								
9	· · · · · · · · · · · · · · · · · · ·								1
	nonqualified bonds of the issue are remediated in accordance with the								I
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							1
Pa	rt IV Arbitrage								
			Α	I	В	(С)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction as		No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		X						i

Schedule K (Form 990) 2018

13-5562191

Schedule K (Form 990) 2018

Part IV	Arbitrage (Continued)									
			Α		В		3	D		
4a Has	s the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hed	dge with respect to the bond issue?		Х							
b Na	me of provider									
c Ter	m of hedge									
d Wa	s the hedge superintegrated?									
	s the hedge terminated?									
	re gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
b Na	me of provider									
	m of GIC									
	s the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 We	re any gross proceeds invested beyond an available temporary period?		X							
7 Has										
rec	uirements of section 148?	X								
Part V	Procedures To Undertake Corrective Action	•	•							
		,	Α		В		3	D		
Has	s the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
	federal tax requirements are timely identified and corrected through the									
vol	untary closing agreement program if self-remediation isn't available under									
app	olicable regulations?	X								
Part VI	Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. S	ee instruct	ions				

JSA 8E1328 1.40822MQ 700J

Schedule K (Form 990) 2018 PAGE 56 Schedule K (Form 990) 2018 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

JSA 8E1511 1.000 Schedule K (Form 990) 2018 4822MQ 700J V 18-8.2F PAGE 57 0196302-00003

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

2018

OMB No. 1545-0047

► 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.

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	•
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		194.	3,229,012.	STOCK MARI	CET C	COU	ſΕ
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							—
19	Food inventory			382,453.	MARKET VA	TIE		
20	Drugs and medical supplies			302,133.	PHICEL VIII			
21 22	Taxidermy							
23	Historical artifacts							
23 24	Scientific specimens							
25	Other \triangleright (ATCH 1			104,065.				
26	Other ►()			,				
27	Other ►()							
28	Other ►()							
-	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for				
	which the organization completed I	-			29			
	γ	,	, , , , , , , , , , , , , , , , , , , ,			Y	'es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	ance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2**

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

SCHEDULE M, PART I, LINE 32B

CHILDREN'S AID HIRES BANK OF NEW YORK (BNY) MELLON CAPITAL MANAGEMENT TO SELL THE CONTRIBUTIONS THAT ARE RECEIVED IN THE FORM OF PUBLICLY TRADED SECURITIES. THE PROCESS BEGINS WITH THE DONOR INFORMING THEIR BROKER TO TRANSFER THEIR STOCK SHARES TO BNY MELLON USING THE INSTRUCTIONS THAT ARE MADE AVAILABLE ON CHILDREN'S AID'S PUBLIC WEBSITE. BNY MELLON, UNDER THE INSTRUCTION OF CHILDREN'S AID, WILL SELL THE SHARES UPON RECEIVING THE STOCK TRANSFER. CHILDREN'S AID IS THEN NOTIFIED OF THE DATE OF RECEIPT, FAIR MARKET VALUE AT THE DATE OF RECEIPT, SALE DATE, AND PROCEEDS FROM SALE OF EACH STOCK CONTRIBUTION.

Schedule M (Form 990) (2018)

Schedule M (Form 990) (2018) Page **2**

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION
(A) CHECK
(B) NUMBER OF (C) REVENUES (D) METHOD OF REPORTED

SPECIAL EVENT GOODS

X

104,065.

MARKET VALUE

TOTALS

104,065.

JSA Schedule M (Form 990) (2018)

8E1508 1.000 4822MQ 700J V 18-8.2F 0196302-00003 PAGE 60

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

13-5562191

Name of the organization
THE CHILDREN'S AID SOCIETY

FORM 990, PART III, LINE 1

CONTINUATION OF ORGANIZATION'S MISSION:

CHILDREN'S AID HELPS CHILDREN IN POVERTY TO SUCCEED AND THRIVE. WE DO

THIS BY PROVIDING COMPREHENSIVE SUPPORT TO CHILDREN AND THEIR FAMILIES IN

TARGETED, UNDER-RESOURCED NEW YORK CITY NEIGHBORHOODS.

WE BELIEVE ALL KIDS HAVE LIMITLESS POTENTIAL. BUT FOR THOSE GROWING UP SURROUNDED BY POVERTY, FAMILY INSTABILITY, AND PHYSICAL OR EMOTIONAL STRESS, LIFE IS TOO OFTEN ABOUT SURVIVAL, NOT POSSIBILITY. IT'S UNACCEPTABLE THAT IN NEW YORK, A CITY OF HISTORIC OPPORTUNITY, SO MANY OF OUR CHILDREN FACE SERIOUS BARRIERS TO REALIZING THEIR OWN PROMISE.

CHILDREN'S AID IS A PROFESSIONAL POWERHOUSE OF SOLUTIONS FOR YOUNG
PEOPLE. WE ARE TEACHERS AND SOCIAL WORKERS, COACHES AND HEALTH CARE
PROVIDERS. WE KNOW WHAT IT TAKES TO ENSURE CHILDREN GROW UP STRONG AND
HEALTHY, AND READY TO THRIVE IN SCHOOL AND LIFE: EXCELLENT EDUCATION AND
HEALTH CARE, SOCIAL-EMOTIONAL SUPPORT, AND STRONG, STABLE FAMILIES.

LINE 4A

CHILD WELFARE AND FAMILY SERVICES (CONTINUED)

THE NEXT GENERATION CENTER SUPPORTS TEENS AND YOUNG ADULTS, PARTICULARLY
THOSE AGING OUT OF FOSTER CARE, IN THEIR TRANSITION TO ADULTHOOD. THE
OFFICE OF CLIENT ADVOCACY HELPS STABILIZE LOW-INCOME FAMILIES THROUGH
LEGAL ADVOCACY, EMERGENCY MATERIAL ASSISTANCE, AND COLLEGE SAVERS, WHICH

Name of the organization

THE CHILDREN'S AID SOCIETY

13-5562191

ESTABLISHES SAVINGS ACCOUNTS AND PROVIDES INCENTIVES TOWARDS SAVING FOR COLLEGE.

LINE 4B

SCHOOL AGE (CONTINUED)

CORE SERVICES INCLUDE AFTER-SCHOOL PROGRAMS IN CHILDREN'S AID COMMUNITY CENTERS AND SCHOOLS, SUMMER CAMPS, AND ATHLETICS PROGRAMMING.

LINE 4D

EARLY CHILDHOOD

THE EARLY CHILDHOOD DIVISION PREPARES YOUNG CHILDREN (AGES 0-5) 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. CORE SERVICES INCLUDE HOME-BASED AND CENTER-BASED PROGRAMS THAT FEATURE RESEARCH-BASED CURRICULA, LOW CHILD-TO-TEACHER RATIOS, AND STRONG PARENT ENGAGEMENT.

ADOLESCENCE

THE ADOLESCENCE DIVISION WORKS WITH TEENS AND YOUNG ADULTS TO ENHANCE
YOUNG PEOPLE'S PHYSICAL, SOCIAL AND EMOTIONAL COMPETENCIES, IMPROVE THEIR
ACADEMIC PERFORMANCE, AND PREPARE THEM FOR SUCCESSFUL CAREERS AND
FINANCIAL INDEPENDENCE. CORE SERVICES INCLUDE: PREGNANCY PREVENTION
PROGRAMS, WHICH MEET THE TOP-TIER EVIDENCE OF EFFECTIVENESS STANDARDS BY
THE COALITION FOR EVIDENCE-BASED POLICY; THE COLLEGE ACCESS PROGRAM,
PROVIDING ASSISTANCE TO HELP YOUNG PEOPLE ENTER AND COMPLETE COLLEGE; THE
HOPE LEADERSHIP ACADEMY, WHICH DEVELOPS LEADERSHIP THROUGH A PEER

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

EDUCATION MODEL; AND TEEN EMPLOYMENT SERVICES SUCH AS AMERICORPS INTERNSHIPS, AND SUMMER YOUTH EMPLOYMENT PROGRAMS.

NATIONAL CENTER FOR COMMUNITY SCHOOLS

THE CENTER 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.

FORM 990, PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE'S PRINCIPAL ROLE IS TO ACT FOR THE BOARD WHEN THE BOARD ITSELF IS UNABLE TO ACT. THIS COMMITTEE ALSO SHALL NOMINATE THE CHAIR OF THE GOVERNANCE AND NOMINATING COMMITTEE AND MAKE RECOMMENDATIONS TO THE BOARD AS TO EXECUTIVE COMPENSATION. ANY DECISION MADE BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AS SOON AS PRACTICAL. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OFFICERS, THE CHAIR OF THE FINANCE COMMITTEE, CHAIR OF THE INVESTMENT COMMITTEE, AND THE CHAIR OF THE GOVERNANCE AND NOMINATING COMMITTEE, AND FIVE (5) TO SEVEN (7)

TRUSTEES WHO ARE NOT CHAIRS OF ANY COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF
THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD, EXCEPT THAT THE
EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO APPOINT OR ENTER INTO A

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

IN ADDITION, THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING POLICIES AND PROCEDURES FOR DETERMINING EXECUTIVE COMPENSATION AND FOR SUCCESSION PLANNING, RETAINING COMPENSATION CONSULTANTS, CONDUCTING DUE DILIGENCE REGARDING COMPENSATION, AND ANNUALLY MAKING RECOMMENDATIONS AS TO COMPENSATION TO THE BOARD.

FORM 990, PART VI, SECTION A, LINE 6

THE CHILDREN'S AID SOCIETY IS A NEW YORK NOT-FOR-PROFIT CORPORATION

COMPRISED OF THE FOLLOWING MEMBERS:

- (1) INDIVIDUALS WHO WERE MEMBERS ON THE DATE THE BYLAWS WERE ADOPTED;
- (2) SUCH OTHER INDIVIDUALS AS THE BOARD OF TRUSTEES MAY FROM TIME TO TIME
 IN ITS DISCRETION DESIGNATE AS MEMBERS BY RESOLUTION; AND

(3) INDIVIDUALS WHO MAKE CONTRIBUTIONS TO THE CORPORATION IN EXCESS OF SUCH SUMS AS THE BOARD MAY SPECIFY FROM TIME TO TIME.

FORM 990, PART VI, SECTION A, LINE 7A

THE MEMBERS ARE AUTHORIZED TO ELECT THE BOARD OF TRUSTEES AS DESIGNATED

WITHIN THE BYLAWS OF THE CHILDREN'S AID SOCIETY. THE MEMBERS ARE ALSO

EMPOWERED TO FILL TRUSTEE VACANCIES AS NEEDED.

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

THE DISCUSSIONS AND ACTIONS THAT OCCUR DURING BOARD AND BOARD COMMITTEE

MEETINGS ARE DOCUMENTED CONTEMPORANEOUSLY AND THE OFFICIAL MINUTES OF

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

MEETING WHERE QUORUM IS PRESENT.

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

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

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

990 WAS PRESENTED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE FOR

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

FULL BOARD. EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE

INFORMATION CONTAINED IN THE FORM 990 PRIOR TO ITS FILING WITH THE

INTERNAL REVENUE SERVICE.

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

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

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

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

0196302-00003

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 EXECUTIVE COMMITTEE OF THE BOARD OF

TRUSTEES. THE EXECUTIVE COMMITTEE DETERMINES WHETHER A CONFLICT OF

INTEREST EXISTS AND EVALUATES CONFLICT OF INTEREST TRANSACTIONS. THE

EXECUTIVE 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.

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS EVERY FEW YEARS
THE RECOMMENDATIONS OF THE COMPENSATION WORKING GROUP FOR THE
REMUNERATION OF CHILDREN'S AID'S PRESIDENT AND CHIEF EXECUTIVE OFFICER.
THE REVIEW WAS BASED ON INFORMATION PROVIDED BY AN OUTSIDE ADVISOR TO
ASSESS THE COMPLIANCE AND COMPETITIVENESS OF THE ANNUAL COMPENSATION OF
THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THIS REVIEW WAS LAST
UNDERTAKEN IN 2018. IN 2017 ADDITIONAL SENIOR LEADERSHIP POSITIONS HAD
THEIR REMUNERATION BENCHMARKED. THIS COMPENSATION INFORMATION FOR OTHER
SENIOR LEADERSHIP WAS REVIEWED AND PRESENTED BY THE CEO AND THE DIRECTOR
OF TALENT MANAGEMENT AND HUMAN RESOURCES TO THE BOARD OF TRUSTEES WHO
REVIEWED AND APPROVED THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

PENSION RELATED CHANGES: 3,778,000

ADJUSTMENT TO OBLIGATION UNDER SPLIT-INTEREST AGREEMENTS: (434,000)

TOTAL: 3,344,000

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.

FORM 990.	PART TTT.	LINE 4D -	OTHER	PROGRAM	SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
EARLY CHILDHOOD	31,118.	16,551,000.	14,133,617.
ADOLESCENCE	533,256.	8,491,000.	5,406,872.
NATIONAL CENTER FOR COMMUNITY SCHOOLS	638.	1,056,000.	797,385.
TOTALS =	565,012.	26,098,000.	20,337,874.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, AE, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

Schedule O (Form 990 or 990-EZ) 2018

JSA

Page 2

Name of the organization	Employer identification number
THE CHILDREN'S AID SOCIETY	13-5562191
· ·	ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

 \mathtt{MN} , \mathtt{MO} , \mathtt{MT} , \mathtt{NE} , \mathtt{NV} , \mathtt{NH} , \mathtt{NJ} , \mathtt{NM} , \mathtt{NY} , \mathtt{NC} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} , \mathtt{PR} ,

RI, SC, TN, TX, UT, VT, VA, WA, WI, WY

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CDW DIRECT LLC PO BOX 75723 CHICAGO, IL 60675-5723	TECHNOLOGY SERVICES	990,946.
PREMIER POOL RENOVATIONS 5185 CAMPUS DR STE 202 PLYMOUTH MEETING, PA 19462	CONSTRUCTION SVCS.	802,080.
TRASK LTD 232 MADISON AVE, RM 600 NEW YORK, NY 10016	CONSTRUCTION SVCS.	717,895.
FAZIO CONSTRUCTION GROUP LLC 9 EAST HIGH ROAD PORT WASHINGTON, NY 11050	CONSTRUCTION SVCS.	673,578.
ROSIN STEINHAGEN MENDEL 288 E. 45TH ST. STE 900 NEW YORK, NY 10017	LEGAL SERVICES	433,382.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number 13-5562191

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

(a Name, address, and EIN (if ap		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 910 EAST 172ND STREET LLC	27-1491886					
711 THIRD AVENUE	NEW YORK, NY 10017	REAL ESTATE	NY	997,000.	11,283,000.	CAS
(2) 1218 SOUTHERN BLVD LLC	46-5337940					
711 THIRD AVENUE	NEW YORK, NY 10017	REAL ESTATE	NY	7,000.	1,750,000.	CAS
(3) NEXT GENERATION CENTER CAT	ERING LLC 81-2375033					
711 THIRD AVENUE	NEW YORK, NY 10017	CATERING	NY	0.	0.	CAS
(4) 1232 SOUTHERN BLVD LLC	46-5333550					
711 THIRD AVENUE	NEW YORK, NY 10017	REAL ESTATE	NY	2,297,000.	48,933,000.	CAS
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) MILBANK HOUSING DEVELOPMENT FUND CORP. 13-3421433 711 THIRD AVENUE NEW YORK, NY 10017	DISSOLVING	NY	501(C)(3)	LINE 10	CAS	Х	
(2) THE UNITED CHARITIES 13-5562368 105 EAST 22ND STREET NEW YORK, NY 10010	DISSOLVING	NY	501(C)(3)	LINE 6	CAS	Х	
(3) CHILDREN'S AID COLLEGE PREP CHARTER SCHL 90-0763840 1919 PROSPECT AVENUE 3RD FLOOR BRONX, NY 10460	SEE PART VII	NY	501(C)(3)	LINE 2	CAS	Х	
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(b) mary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (d) Direct controlling entity entity (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (f) Share of total income year assets		Direct controlling entity Predominant income (related, unrelated, excluded from tax under		are of total Share of end-of-		(h) Disproportionate allocations? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Gene man	(j) eral or naging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)	_											
(6)	_											
(7)	_											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	ti) ction b)(13) rolled tity?
(4) GAMPANA PRIMA PROPRETANO TAG								Yes	No
(1) CAMPBELL DEVON PRODUCTIONS INC 13-2567508 711 THIRD AVENUE NEW YORK, NY 10017	SEE PART VII	DE	N/A	S CORP	0.	31,558.	33.0000		Х
(2)									
(3)	_								
(4)	_								
<u>(5)</u>									
(6)									
<u>(7)</u>	_								—

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

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		X
	Gift, grant, or capital contribution to related organization(s)		X	
	Gift, grant, or capital contribution from related organization(s)			Х
	Loans or loan guarantees to or for related organization(s)		Х	
			_	X
-	Loans or loan guarantees by related organization(s)			
	Dividende form valeted assessination(a)	1f		x
	Dividends from related organization(s)	• ⊢	+	X
	Sale of assets to related organization(s)		1	X
h	Purchase of assets from related organization(s)		_	X
i	Exchange of assets with related organization(s)	<u> 1i</u>	_	
j	Lease of facilities, equipment, or other assets to related organization(s)	. 1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)			X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	
	Sharing of paid employees with related organization(s)			Х
Ŭ	onaling of paid ontployees with folded organization(b)			
_	Reimbursement paid to related organization(s) for expenses	1р		Х
-	Reimbursement paid by related organization(s) for expenses		Х	
Ч	Relinbursement paid by related organization(s) for expenses	19		
		1r		x
r	Other transfer of cash or property to related organization(s)			X
<u>s</u>	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 the		ıs.	
	(a) (b) (c) Name of related organization Transaction Amount involved Metho	(d) od of det	ermini	ng
		ount in		3

	if the answer to any of the above is Tes, see the instructions for information on who must complete t	riis iirie, iricidaling cove	red relationships and trans-	action tillesholds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL	N,Q	733,958.	FMV
(2)	CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL	L	883,789.	FMV
(3)	CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL	D	659,387.	FMV
(4)	CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL	J	600,000.	FMV
(5)				
(6)				1 1 2 (5 20) 22(2

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		 (g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No		Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

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Part VII Supplemental Information

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

PRIMARY ACTIVITY

SCHEDULE R, PART II, COLUMN B

CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL: PREPARE STUDENTS FOR SUCCESS IN MIDDLE SCHOOL, HIGH SCHOOL, COLLEGE AND LIFE VIA A RIGOROUS INSTRUCTIONAL EXPERIENCE ADDRESSING THEIR PHYSICAL, SOCIAL AND EMOTIONAL NEEDS.

SCHEDULE R, PART IV, COLUMN B

CAMPBELL DEVON PRODUCTIONS, INC: COLLECT ROYALTIES AND DISTRIBUTE PROCEEDS TO CHARITABLE ORGANIZATIONS.