

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
**THE CHILDREN'S AID SOCIETY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**711 THIRD AVENUE**

City or town, state or province, country, and ZIP or foreign postal code  
**NEW YORK, NY 10017**

**F** Name and address of principal officer: **PHOEBE BOYER**  
**711 THIRD AVENUE, NEW YORK, NY 10017**

**D** Employer identification number  
**13-5562191**

**E** Telephone number  
**(212) 949-4800**

**G** Gross receipts \$ **361,432,000.**

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

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

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

**J** Website: ▶ **WWW.CHILDRENSAIDNYC.ORG**

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

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

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities: **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, NYC NEIGHBORHOODS.**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27.</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27.</b>
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>2,062.</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>467.</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>512,557.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>207,767.</b>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	23,200,340.	18,150,000.
	<b>9</b> Program service revenue (Part VIII, line 2g)	92,042,000.	89,379,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,528,000.	7,448,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,902,223.	3,069,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,672,563.	118,046,000.

<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,393,057.	2,420,655.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,376,625.	93,252,000.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	115,500.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,968,000.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,535,381.	43,756,345.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,420,563.	139,429,000.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-6,748,000.	-21,383,000.	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	424,446,000.	412,396,000.
	<b>21</b> Total liabilities (Part X, line 26)	118,558,000.	120,101,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	305,888,000.	292,295,000.

## Part II Signature Block

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

**Sign Here**

Signature of officer: **MICHAEL GREENBERG** Date: \_\_\_\_\_

Type or print name and title: **CFO**

**Paid Preparer Use Only**

Print/Type preparer's name: **SCOTT THOMPSETT** Preparer's signature: *Scott Thompsett* Date: **4/20/2020** Check  if self-employed PTIN: **P00741490**

Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013** Phone no. **212-599-0100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

# 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](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE CHILDREN'S AID SOCIETY	13-5562191
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
711 THIRD AVENUE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
NEW YORK, NY 10017		

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

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

SARAH GILLMAN

• The books are in the care of ▶ 711 THIRD AVENUE NEW YORK NY 10017

Telephone No. ▶ 212 949-4800 Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning 07/01, 2018, and ending 06/30, 2019.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CHILDREN'S AID HELPS CHILDREN IN POVERTY TO SUCCEED AND THRIVE. WE DO THIS BY PROVIDING COMPREHENSIVE 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)

4b (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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governing body details).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRIS ABRONS CHAIR (THRU 09/18)	5.00 0.	X		X				0.	0.	0.
(2) RICHARD EDELMAN VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(3) AMY ENGEL SCHARF SEC./CHAIR (AS OF 09/2018)	5.00 0.	X		X				0.	0.	0.
(4) RUSSELL DIAMOND TREASURER	5.00 0.	X		X				0.	0.	0.
(5) SHEILA BAIRD ASST TREAS (THRU 09/18)/TRUSTEE	5.00 0.	X		X				0.	0.	0.
(6) LINDA KAO TRUSTEE/ASST TREAS (AS OF 09/18)	5.00 0.	X		X				0.	0.	0.
(7) MICHAEL ALVARADO TRUSTEE (THRU 02/2019)	5.00 0.	X						0.	0.	0.
(8) CARLENE BROOKS-ODEN TRUSTEE (AS OF 03/2019)	5.00 0.	X						0.	0.	0.
(9) ELLY CHRISTOPHERSEN TRUSTEE	5.00 0.	X						0.	0.	0.
(10) JAN S. CORREA TRUSTEE	5.00 0.	X						0.	0.	0.
(11) RUSSELL W. HORWITZ TRUSTEE	5.00 0.	X						0.	0.	0.
(12) ELLEN JEWETT TRUSTEE (AS OF 06/2019)	5.00 0.	X						0.	0.	0.
(13) ALAN E. KATZ TRUSTEE	5.00 0.	X						0.	0.	0.
(14) GREGORY KERR, MD TRUSTEE	5.00 0.	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CHRISTOPHER R. LAWRENCE TRUSTEE	5.00 0.	X					0.	0.	0.	
16) BETH LEVENTHAL TRUSTEE	5.00 0.	X					0.	0.	0.	
17) ARI LIBARIKIAN TRUSTEE	5.00 0.	X					0.	0.	0.	
18) JANINE E. LUKE TRUSTEE	5.00 0.	X					0.	0.	0.	
19) RICK MCNABB TRUSTEE	5.00 0.	X					0.	0.	0.	
20) VANESSA MELENDEZ TRUSTEE	5.00 0.	X					0.	0.	0.	
21) JAY NYDICK TRUSTEE (AS OF 09/2018)	5.00 0.	X					0.	0.	0.	
22) JILL OLSON TRUSTEE	5.00 0.	X					0.	0.	0.	
23) PENNYLANE ORTIZ TRUSTEE	5.00 0.	X					0.	0.	0.	
24) CHARLES PENNER TRUSTEE (THRU 06/2019)	5.00 0.	X					0.	0.	0.	
25) TOM REYNOLDS TRUSTEE	5.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,169,011.	0.	267,268.	
<b>d Total (add lines 1b and 1c)</b>							2,169,011.	0.	267,268.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **49**

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

**Section B. Independent Contractors**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) LAUREN RAZOOK ROTH ----- TRUSTEE	5.00 ----- 0.	X					0.	0.	0.	
( 27) BRAD SILVER ----- TRUSTEE (AS OF 09/2018)	5.00 ----- 0.	X					0.	0.	0.	
( 28) ANDREA K. WAHLQUIST ----- TRUSTEE	5.00 ----- 0.	X					0.	0.	0.	
( 29) PETER WALLACE ----- TRUSTEE	5.00 ----- 0.	X					0.	0.	0.	
( 30) PHOEBE BOYER ----- PRESIDENT/CEO	40.00 ----- 0.			X			415,823.	0.	42,080.	
( 31) DANIEL LEHMAN ----- CHIEF OPERATING OFFICER	40.00 ----- 0.			X			181,563.	0.	12,105.	
( 32) SARAH GILLMAN ----- CHIEF FINANCIAL OFFICER	40.00 ----- 0.			X			222,195.	0.	29,340.	
( 33) GEORGIA BOOTHE ----- VP CHILD WELFARE & FAMILY SVCS	40.00 ----- 0.				X		177,855.	0.	7,725.	
( 34) SANDRA ESCAMILLA ----- VP ADOLESCENCE	40.00 ----- 0.				X		185,051.	0.	26,037.	
( 35) LISA HANDWERKER, M.D. ----- CHIEF MEDICAL OFFICER	40.00 ----- 0.					X	210,259.	0.	49,029.	
( 36) ROBYN DIETZ ----- DIRECTOR TALENT MANAGEMENT/HR	40.00 ----- 0.					X	175,466.	0.	29,290.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

**Section B. Independent Contractors**

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

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

**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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) ALETHEA PRATT ----- CHIEF INFORMATION OFFICER	40.00 ----- 0.					X		171,866.	0.	15,964.
( 38 ) COURTENAYE JACKSON-CHASE ----- GENERAL COUNSEL	40.00 ----- 0.					X		218,326.	0.	26,749.
( 39 ) CAROLINE GALLAGHER ----- CHIEF DEV. OFF.	40.00 ----- 0.					X		210,607.	0.	28,949.
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<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

**Section B. Independent Contractors**

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

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

**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 **▶**

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	242,000.	242,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,178,655.	2,178,655.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,354,929.	412,544.	942,385.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	69,389,071.	58,494,456.	9,009,615.	1,885,000.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,608,810.	4,631,550.	799,040.	178,220.
<b>9</b> Other employee benefits . . . . .	10,020,190.	8,069,450.	1,659,960.	290,780.
<b>10</b> Payroll taxes . . . . .	6,879,000.	5,525,000.	1,138,000.	216,000.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	990,000.	641,000.	343,000.	6,000.
<b>c</b> Accounting . . . . .	372,000.		372,000.	
<b>d</b> Lobbying . . . . .	147,080.		147,080.	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	2,450,000.		2,450,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,367,920.	2,918,000.	1,079,920.	370,000.
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	3,051,000.	2,589,000.	382,000.	80,000.
<b>14</b> Information technology . . . . .	1,856,000.	961,000.	740,000.	155,000.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	9,428,000.	7,742,000.	1,410,000.	276,000.
<b>17</b> Travel . . . . .	1,258,000.	1,197,000.	56,000.	5,000.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	679,000.	356,000.	315,000.	8,000.
<b>20</b> Interest . . . . .	1,866,000.	1,866,000.		
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,353,000.	2,379,000.	974,000.	
<b>23</b> Insurance . . . . .	1,344,000.	1,188,000.	132,000.	24,000.
<b>24</b> 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.)				
<b>a</b> FOSTER BOARDING HOME	10,100,000.	10,099,000.	1,000.	
<b>b</b> FOOD	1,134,000.	1,080,000.	40,000.	14,000.
<b>c</b> MEMBERSHIP DUES	240,000.	217,000.	23,000.	
<b>d</b> REPAIRS AND MAINTENANCE	161,000.	146,000.	15,000.	
<b>e</b> All other expenses _____	959,345.	310,345.	189,000.	460,000.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	139,429,000.	113,243,000.	22,218,000.	3,968,000.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	3,466,500.	<b>1</b>	2,721,000.
	<b>2</b> Savings and temporary cash investments	16,334,500.	<b>2</b>	4,392,000.
	<b>3</b> Pledges and grants receivable, net	1,460,000.	<b>3</b>	1,563,000.
	<b>4</b> Accounts receivable, net	26,140,000.	<b>4</b>	29,738,000.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	2,036,000.	<b>9</b>	2,631,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 100,180,000.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 30,993,000.	67,004,000.	<b>10c</b> 69,187,000.
	<b>11</b> Investments - publicly traded securities	204,859,000.	<b>11</b>	216,191,000.
	<b>12</b> Investments - other securities. See Part IV, line 11	94,395,000.	<b>12</b>	72,879,000.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	8,751,000.	<b>15</b>	13,094,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	424,446,000.	<b>16</b>	412,396,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	67,100,000.	<b>17</b>	66,789,000.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	2,948,000.	<b>19</b>	2,661,000.
	<b>20</b> Tax-exempt bond liabilities	39,122,000.	<b>20</b>	38,378,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	6,456,000.	<b>23</b>	6,487,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	5,786,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25	118,558,000.	<b>26</b>	120,101,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	281,510,000.	<b>27</b>	269,599,000.
	<b>28</b> Temporarily restricted net assets	17,567,000.	<b>28</b>	15,884,500.
	<b>29</b> Permanently restricted net assets	6,811,000.	<b>29</b>	6,811,500.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	305,888,000.	<b>33</b>	292,295,000.	
<b>34</b> Total liabilities and net assets/fund balances	424,446,000.	<b>34</b>	412,396,000.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	118,046,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	139,429,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-21,383,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	305,888,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,446,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,344,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	292,295,000.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

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



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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (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			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> 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:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

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

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ATTACHMENT 1

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## 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	<u>1,157,752.</u>	<u>446,614.</u>	<u>1,636,275.</u>	<u>1,245,095.</u>	<u>1,799,000.</u>	<u>6,284,736.</u>

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization **THE CHILDREN'S AID SOCIETY**Employer identification number  
13-5562191**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 855,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 816,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE CHILDREN'S AID SOCIETY**

Employer identification number  
13-5562191

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 464,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 378,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

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

Name of organization THE CHILDREN'S AID SOCIETY

Employer identification number  
13-5562191

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described...; b If "Yes," enter the amount of any tax incurred...; c If "Yes," enter the amount of any tax incurred...; d If the filing organization incurred a section 4912 tax, did it file Form 4720...

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

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

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

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover...; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

**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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 %
b Permanent endowment 56.6000 %
c 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) 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)		
<b>Total.</b> (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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	3,178,000.
(3) SPLIT-INTEREST OBLIGATIONS	2,608,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,786,000.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**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

**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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

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

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space 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)					
<b>3a</b> Subtotal . . . . .					65,517,196.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					65,517,196.

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

Schedule F (Form 990) 2018

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V** **Supplemental Information**

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

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## SCHEDULE F, PART IV

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>a</b> Mail solicitations               | <input type="checkbox"/> <b>e</b> Solicitation of non-government grants |
| <input type="checkbox"/> <b>b</b> Internet and email solicitations | <input type="checkbox"/> <b>f</b> Solicitation of government grants     |
| <input type="checkbox"/> <b>c</b> Phone solicitations              | <input type="checkbox"/> <b>g</b> Special fundraising events            |
| <input type="checkbox"/> <b>d</b> In-person solicitations          |   |

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT	GOLF CLASSIC	(total number)	(add col. (a) through col. (c))
		(event type)	(event type)		
Revenue	<b>1</b> Gross receipts . . . . .	1,752,794.	268,206.		2,021,000.
	<b>2</b> Less: Contributions . . . . .	1,652,110.	187,890.		1,840,000.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	100,684.	80,316.		181,000.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	5,983.	1,767.		7,750.
	<b>6</b> Rent/facility costs . . . . .	204,198.	92,439.		296,637.
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	95,739.	7,001.		102,740.
	<b>9</b> Other direct expenses . . . . .	68,272.	13,601.		81,873.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				489,000.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-308,000.

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

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

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

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the 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).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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. 902 BROADWAY NEW YORK, NY 10010	13-2707665	501(C)(3)	25,127.				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	13-2925233	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)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CHILDREN'S AID SOCIETY

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-5562191

**Part I Questions Regarding Compensation**

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

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

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

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

**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.

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

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

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

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

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

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

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

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

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

**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.

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

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

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, LINE 4(B)

PRESIDENT & CEO, PHOEBE BOYER, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN; THE ORGANIZATION MADE A CONTRIBUTION OF \$18,500 TO THE PLAN ON HER BEHALF IN CALENDAR YEAR 2018. THIS PAYMENT IS REFLECTED IN SCHEDULE J, PART II, COLUMN (C).

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> BUILD NYC RESOURCE CORPORATION	45-4040561	12008EKC9	07/01/2015	37,205,000.	TO FINANCE CONSTRUCTION OF A BLDG		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .	1,275,000.			
<b>2</b> Amount of bonds legally defeased . . . . .				
<b>3</b> Total proceeds of issue . . . . .	37,205,000.			
<b>4</b> Gross proceeds in reserve funds . . . . .	93,663.			
<b>5</b> Capitalized interest from proceeds . . . . .	3,817,291.			
<b>6</b> Proceeds in refunding escrows . . . . .				
<b>7</b> Issuance costs from proceeds . . . . .	667,249.			
<b>8</b> Credit enhancement from proceeds . . . . .				
<b>9</b> Working capital expenditures from proceeds . . . . .				
<b>10</b> Capital expenditures from proceeds . . . . .	32,137,009.			
<b>11</b> Other spent proceeds . . . . .				
<b>12</b> Other unspent proceeds . . . . .				
<b>13</b> Year of substantial completion . . . . .	2018			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

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

Schedule K (Form 990) 2018

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

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



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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	194.	3,229,012.	STOCK MARKET QUOTE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X		382,453.	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1)			104,065.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

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0196302-00003

PAGE 58



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

SCHEDULE M, 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.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SPECIAL EVENT GOODS	X		104,065.	MARKET VALUE
TOTALS			<u>104,065.</u>	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CHILDREN'S AID SOCIETY

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-5562191

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	Employer identification number 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
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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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15

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 THE EXECUTIVE COMPENSATION WORKING GROUP.



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.

ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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	<u>565,012.</u>	<u>26,098,000.</u>	<u>20,337,874.</u>

ATTACHMENT 2FORM 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,

Name of the organization THE CHILDREN'S AID SOCIETY	Employer identification number 13-5562191
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ATTACHMENT 2 (CONT'D)FORM 990, PART VI, LINE 17 - STATES

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

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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MILBANK HOUSING DEVELOPMENT FUND CORP. 711 THIRD AVENUE NEW YORK, NY 10017 13-3421433	DISSOLVING	NY	501(C)(3)	LINE 10	CAS	X	
(2) THE UNITED CHARITIES 105 EAST 22ND STREET NEW YORK, NY 10010 13-5562368	DISSOLVING	NY	501(C)(3)	LINE 6	CAS	X	
(3) CHILDREN'S AID COLLEGE PREP CHARTER SCHL 1919 PROSPECT AVENUE 3RD FLOOR BRONX, NY 10460 90-0763840	SEE PART VII	NY	501(C)(3)	LINE 2	CAS	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CAMPBELL DEVON PRODUCTIONS INC 711 THIRD AVENUE NEW YORK, NY 10017 13-2567508	SEE PART VII	DE	N/A	S CORP	0.	31,558.	33.0000		X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 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)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

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

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## 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.