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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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
105 EAST 22ND STEET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10010

D Employer identification number
13-5562191

E Telephone number
(212) 949-4800

G Gross receipts $ 284,833,759

F Name and address of principal officer
RICHARD R BUERY JR
105 EAST 22ND STEET
NEWYORK,NY 10010

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CHILDRENSAIDSOCIETY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1855

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE CHILDREN'S AID SOCIETY HELPS NEW YORK CITY CHILDREN IN POVERTY TO SUCCEED AND THRIVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,761
6	Total number of volunteers (estimate if necessary)	6	735
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	534,433
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	32,754,179	36,739,102
	9	Program service revenue (Part VIII, line 2g)	62,476,667	60,104,695
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,633,251	42,378,997
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	684,919	537,826
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,549,016	139,760,620
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,698,790	3,547,925
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,491,407	73,989,390
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	55,599
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,964,131		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,797,564	32,698,904
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	110,987,761	110,291,818
	19	Revenue less expenses Subtract line 18 from line 12	561,255	29,468,802

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	292,097,486	303,789,232
	21	Total liabilities (Part X, line 26)	41,702,686	51,667,166
	22	Net assets or fund balances Subtract line 21 from line 20	250,394,800	252,122,066

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date 2013-03-20

▶ RICHARD R BUERY JR PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT R LYONS CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00227472
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MARKS PANETH & SHRON LLP 685 THIRD AVENUE NEW YORK, NY 10017			EIN ▶ 11-3518842 Phone no ▶ (212) 503-8800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE CHILDREN'S AID SOCIETY HELPS NEW YORK CITY CHILDREN IN POVERTY TO SUCCEED AND THRIVE WE DO THIS BY PROVIDING COMPREHENSIVE SUPPORTS TO CHILDREN AND THEIR FAMILIES IN TARGETED HIGH-NEEDS NEW YORK CITY NEIGHBORHOODS

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 46,297,187 including grants of $ 2,958,868) (Revenue $ 15,778,216)

ENGAGING CHILDREN IN COMMUNITY CENTERS AND COMMUNITY SCHOOLSBOLSTERING CHILDREN, FAMILIES, AND COMMUNITIES THROUGH MULTI-SERVICE CHILDREN'S CENTERS CHILDREN'S AID'S 10 COMMUNITY-BASED CENTERS, LOCATED ACROSS NEW YORK CITY, OFFER CRITICALLY ACCLAIMED AND AWARD-WINNING CHILDREN'S PROGRAMS FROM LITERACY TO DANCE TO SWIMMING TO CAREER WORKSHOPS AND MORE, THE CHILDREN'S CENTERS PROVIDE ACTIVITIES THAT SERVE CHILDREN'S EDUCATIONAL, SOCIAL, CULTURAL AND RECREATIONAL NEEDS THROUGH EARLY CHILDHOOD PROGRAMS INCLUDING EARLY HEAD START, HEAD START AND LICENSED CHILD CARE, THE AGENCY SUPPORTS THE DEVELOPMENTAL NEEDS OF 0-5 YEAR OLDS THE AFTER-SCHOOL, SATURDAY AND SUMMER PROGRAMS ENGAGE SCHOOL-AGE CHILDREN AND TEENS IN EDUCATIONAL

4b (Code) (Expenses $ 32,604,247 including grants of $ 249,506) (Revenue $ 30,858,110)

KEEPING FAMILIES SAFEADOPTION AND FOSTER CARE CHILDREN'S AID HAS, IN EVERY DAY OF ITS EXISTENCE, WORKED WITH ABANDONED AND ABUSED CHILDREN AS A CITY-CONTRACTED AGENCY, CHILDREN'S AID PROVIDES ADOPTION AND FOSTER CARE SERVICES TO MORE THAN 900 CHILDREN AND TEENS THE AGENCY OPERATES FOUR PROGRAMS FAMILY FOSTER CARE, MEDICAL FOSTER CARE (FOR CHILDREN WHO ARE DISABLED OR CHRONICALLY ILL AND REQUIRE EXTENSIVE MEDICAL CARE), THERAPEUTIC FOSTER CARE (FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE OR OTHER MENTAL HEALTH DIAGNOSES WHO NEED BEHAVIOR MODIFICATION SERVICES AND SUPPORT), AND TEEN FOSTER CARE (FOR YOUNG PEOPLE IN FOSTER CARE, THOSE WHO ARE PREPARING TO "AGE OUT" AND YOUNG ADULTS 18-24 WHO AGED OUT OF FOSTER CARE) THE FAMILY FOSTER CARE AND THERAPEUTIC FOSTER CARE PROGRAMS SERVE CHILDREN PRIMARILY FROM THE BRONX, MANHATTAN AND STATEN ISLAND, WHILE THE MEDICAL FOSTER CARE PROGRAM SERVES CHILDREN AND FAMILIES THROUGHOUT THE CITY HEALTH SERVICES ARE ROUTINELY PROVIDED TO FOSTER CARE CHILDREN SERVED BY CHILDREN'S AID AND BY OUR SISTER FOSTER CARE AGENCIES PREVENTIVE SERVICES AND FAMILY AND YOUTH INTERVENTION PROGRAMS (FYI) OUR WELL-TRAINED SOCIAL WORKERS PROVIDE COMPREHENSIVE FAMILY-FOCUSED, HOME/COMMUNITY-BASED THERAPEUTIC PREVENTIVE SERVICES TO ADOLESCENTS AND THEIR FAMILIES TO STRENGTHEN FAMILY FUNCTIONING AND REDUCE THE FACTORS THAT PLACE CHILDREN AT RISK, KEEPING CHILDREN OUT OF FOSTER CARE AND IN THEIR HOMES WHERE THEY BELONG

4c (Code) (Expenses $ 13,973,123 including grants of $ 28,742) (Revenue $ 8,610,238)

ENSURING ACCESS FOR ALL CHILDREN TO HIGH QUALITY HEALTHCAREHEALTH SERVICES CHILDREN'S AID PROVIDES OVER 56,000 MEDICAL, DENTAL, MENTAL HEALTH AND HEALTH EDUCATION VISITS THROUGH ITS MEDICAL, DENTAL AND MENTAL HEALTH CLINICS CHILDREN'S AID PROVIDES MEDICAL CARE THROUGH FIVE SCHOOL-BASED CLINICS AND THREE COMMUNITY CLINICS LOCATED IN WASHINGTON HEIGHTS, HARLEM, THE BRONX AND MIDTOWN MANHATTAN, WHICH ARE STAFFED BY CARING PEDIATRICIANS, NURSE PRACTITIONERS, NURSES AND HEALTH EDUCATORS CHILDREN RECEIVE FULL-SERVICE HEALTH CARE INCLUDING PHYSICAL EXAMINATIONS, GROWTH ASSESSMENTS, SCREENINGS (HEARING, VISION, SCOLIOSIS) AND TREATMENT OF ACUTE ILLNESSES SUCH AS ASTHMA FOR ADOLESCENTS, CHILDREN'S AID OFFERS SPECIALIZED CONFIDENTIAL HEALTH SERVICES INCLUDING HEALTH EDUCATION, PHYSICAL EXAMINATIONS FOR SCHOOL, SPORTS AND WORK, SEXUALLY TRANSMITTED DISEASE TESTING, GYNECOLOGICAL EXAMS, IMMUNIZATIONS AND HIV COUNSELING AND TESTING THE AGENCY PROVIDES DENTAL VISITS ACROSS SEVEN SCHOOL- AND CENTER-BASED CLINICS CHILDREN'S AID ALSO PROVIDES COMPREHENSIVE MENTAL HEALTH SERVICES IN SCHOOL- AND CENTER-BASED CLINICS, WHICH ARE COMPRISED OF PSYCHIATRISTS, PSYCHOLOGISTS, SOCIAL WORKERS, SPECIALIZED COUNSELORS AND CASEWORKERS WHO TREAT CHILDREN EXHIBITING HIGH RATES OF DEPRESSION AND ANXIETY, ADD/ADHD, ADJUSTMENT DISORDER, OPPOSITIONAL DISORDER, SEPARATION ANXIETY DISORDER AND NEUROTIC DEPRESSION

(Code) (Expenses $ 7,054,695 including grants of $ 308,591) (Revenue $ 4,858,131)

SUPPORTING OUR MOST VULNERABLE YOUTH AND HIGHEST NEED FAMILIESFAMILY SERVICES CHILDREN'S AID WORKS TO KEEP FAMILIES TOGETHER THROUGH AN ARRAY OF COMPREHENSIVE SERVICES, INCLUDING DOMESTIC VIOLENCE PREVENTION AND INTERVENTION SERVICES, COUNSELING SERVICES, HOMEMAKER SERVICES, HOME VISITS BY THERAPISTS AND SOCIAL WORKERS, SHELTER FOR HOMELESS FAMILIES WITH CHILDREN, HELP FOR FAMILIES IN FAMILY COURTS AND ADVOCACY AND ADVICE FOR CLIENTS, SO THEY MAY RECEIVE THE BENEFITS TO WHICH THEY ARE ENTITLED FAMILY SERVICES WERE PROVIDED TO APPROXIMATELY 1,100 CHILDREN AND ADULTS THIS YEAR JUVENILE JUSTICE AND TEEN PROGRAMS WE NEVER GIVE UP ON YOUNG PEOPLE, ESPECIALLY THOSE ON THE VERGE OF FALLING THROUGH THE CRACKS, AND WE HAVE HAD ENORMOUS SUCCESS WITH OUR JUVENILE JUSTICE PROGRAMS OUR UNIQUE COMMUNITY RE-ENTRY PROGRAMS HELP ADJUDICATED YOUTH RECONNECT WITH THEIR COMMUNITIES IN A SUPPORTED AND POSITIVE WAY WE OFFER A CAREER READINESS PROGRAM THAT CONNECTS YOUNG PEOPLE WITH SUPERVISORS WHO ALSO SERVE AS MENTORS, PROVIDING PATIENT BUT FIRM GUIDANCE OUR JUVENILE JUSTICE WORK DEMONSTRATES THAT PUBLIC DOLLARS ARE BETTER INVESTED IN PREVENTION AND STRENGTHENING YOUTH THAN LOCKING THEM UP IN COSTLY RESIDENTIAL FACILITIES WITH HIGH RATES OF RECIDIVISM

4d Other program services (Describe in Schedule O)

(Expenses $ 7,054,695 including grants of $ 308,591) (Revenue $ 4,858,131)

4e **Total program service expenses** ▶$ 99,929,252

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	278			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,761			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 34			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

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

☑ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DANIEL LEHMAN
105 EAST 22ND STREET
NEW YORK, NY 10010
(212) 949-4911

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,317,074	0	439,582

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 ▶36

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
ROSIN STEINHAGEN MENDEL 801 SECOND AVE 7TH FL NEW YORK, NY 10017	LEGAL SERVICES	755,004
MICHAEL A CARRERA LTD 444 EAST 82ND ST NEWYORK, NY 10028	ADOLESCENCE PREGNANCY PREVENTION PROGRAM	420,000
LONE CASCADE TWO GREENWICH PLAZA GREENWICH, CT 06830	INVESTMENT ADVISOR	278,926
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE NEW YORK, NY 10017	INVESTMENT ADVISOR	263,980
COMMUNITY SERVICE COUNCIL OF GREATER TUL 16 E 16 STREET SUITE 202 TULSA, OK 74119	ADOLESCENCE PREGNANCY PREVENTION PROGRAM	251,252

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶25

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	1,113,043				
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	12,615,747				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	23,010,312				
	g	Noncash contributions included in lines 1a-1f $ 278,416					
	h	**Total.** Add lines 1a-1f . . . . ▶		36,739,102			
Program Service Revenue			Business Code				
	2a	GOV'T FEES & CONTRACTS	624100	49,782,207	49,782,207		
	b	PROGRAM FEES	624100	10,322,488	10,322,488		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		60,104,695			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,964,881		-5,758	3,970,639
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	540,191 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	540,191 /				
	d	Net rental income or (loss) . . . . ▶		540,191		540,191	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	150,858,552 / 32,463,668				
	b	Less cost or other basis and sales expenses	141,835,221 / 3,072,883				
	c	Gain or (loss)	9,023,331 / 29,390,785				
	d	Net gain or (loss) . . . . ▶		38,414,116			38,414,116
	8a	Gross income from fundraising events (not including $ 1,113,043 of contributions reported on line 1c) See Part IV, line 18 . . . a	162,670				
	b	Less direct expenses . . . b	165,035				
	c	Net income or (loss) from fundraising events . . ▶		-2,365			-2,365
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . ▶		139,760,620	60,104,695	534,433	42,382,390

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,547,925	3,547,925		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,001,176	573,819	1,116,426	310,931
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	55,640,337	51,413,623	2,835,037	1,391,677
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,248,449	2,094,612	90,356	63,481
9	Other employee benefits	9,805,568	9,060,138	486,732	258,698
10	Payroll taxes	4,293,860	3,855,533	301,714	136,613
11	Fees for services (non-employees)				
a	Management				
b	Legal	880,732	779,083	101,649	
c	Accounting	201,990	48,201	153,789	
d	Lobbying	286,484		286,484	
e	Professional fundraising *See Part IV, line 17* . .	55,599			55,599
f	Investment management fees				
g	Other	5,516,831	4,442,655	956,165	118,011
12	Advertising and promotion				
13	Office expenses	3,065,892	2,989,123	44,581	32,188
14	Information technology	653,852	501,375	77,896	74,581
15	Royalties . .				
16	Occupancy	5,041,007	4,714,875	237,767	88,365
17	Travel	1,224,072	1,143,865	74,981	5,226
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	897,018	827,457	49,260	20,301
20	Interest	145,965		145,965	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,524,561	1,381,319	129,626	13,616
23	Insurance	745,297	685,670	43,819	15,808
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOSTER BOARDING HOME	9,631,326	9,631,326		
b	FOOD	1,022,618	985,055	30,321	7,242
c	TELECOMMUNICATIONS	657,001	585,683	51,041	20,277
d	OUTSIDE PRINTING	312,325	225,346	11,307	75,672
e					
f	All other expenses	891,933	442,569	173,519	275,845
25	**Total functional expenses.** Add lines 1 through 24f	110,291,818	99,929,252	7,398,435	2,964,131
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,572,892	1	2,662,562
	2	Savings and temporary cash investments		9,701,611	2	14,792,734
	3	Pledges and grants receivable, net		4,590,486	3	5,720,201
	4	Accounts receivable, net		14,515,265	4	13,139,300
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,777,831	9	1,856,947
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 44,060,546			
	b	Less accumulated depreciation	10b 21,445,673	20,160,384	10c	22,614,873
	11	Investments—publicly traded securities		201,714,829	11	207,454,365
	12	Investments—other securities See Part IV, line 11		31,865,938	12	34,420,708
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,198,250	15	1,127,542
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		292,097,486	16	303,789,232
Liabilities	17	Accounts payable and accrued expenses		35,565,265	17	46,944,122
	18	Grants payable			18	
	19	Deferred revenue		2,491,623	19	1,116,808
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,775,000	23	2,775,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		870,798	25	831,236
	26	**Total liabilities.** Add lines 17 through 25		41,702,686	26	51,667,166
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		229,028,698	27	228,909,131
	28	Temporarily restricted net assets		15,561,973	28	17,402,343
	29	Permanently restricted net assets		5,804,129	29	5,810,592
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		250,394,800	33	252,122,066
	34	Total liabilities and net assets/fund balances		292,097,486	34	303,789,232

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,760,620
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,291,818
3	Revenue less expenses Subtract line 2 from line 1	3	29,468,802
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	250,394,800
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,741,536
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	252,122,066

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ___ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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 11, check only one box)

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

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

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	86,186,583	84,177,750	29,591,350	84,730,195	86,518,944	371,204,822
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	86,186,583	84,177,750	29,591,350	84,730,195	86,518,944	371,204,822
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,177,951
6 **Public Support.** Subtract line 5 from line 4						370,026,871

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	86,186,583	84,177,750	29,591,350	84,730,195	86,518,944	371,204,822
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,531,202	4,652,629	4,591,685	3,917,058	4,505,072	22,197,646
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						393,402,468

12 Gross receipts from related activities, etc (See instructions) **12** 84,995,157

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14** 94 060 %

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15** 93 700 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493079000113

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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 funtion 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-

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		400
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		299,810
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		3,000
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			303,210
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶______

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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

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

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

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

		Amount
c Beginning balance	1c	183,115
d Additions during the year	1d	29
e Distributions during the year	1e	148,120
f Ending balance	1f	35,024

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	21,521,000	18,749,000	17,017,329	18,513,959	
b Contributions	7,867,463	1,683,091	1,867,000	2,115,957	
c Investment earnings or losses	229,601	3,669,551	2,639,000	-1,581,889	
d Grants or scholarships				1,298,630	
e Other expenditures for facilities and programs	10,273,064	2,580,642	2,282,000	732,068	
f Administrative expenses			492,329		
g End of year balance	19,345,000	21,521,000	18,749,000	17,017,329	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 69 000 %

b Permanent endowment ▶ 30 000 %

c Term endowment ▶ 1 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,484,330		2,484,330
b Buildings		25,282,966	15,950,294	9,332,672
c Leasehold improvements		4,074,968	2,097,823	1,977,145
d Equipment		5,149,570	3,397,556	1,752,014
e Other		7,068,712		7,068,712
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				22,614,873

Part VII Investments—Other Securities. 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) LONE PINON, LTD	13,016,032	F
(B) LONE CASCADE, L P	14,414,188	F
(C) LONE DRAGON PINE, L P	854,915	F
(D) JUBILEE TAX EXEMPT PARTNERS L P	6,020,008	F
(E) MILLENIUM PARTNERSHIP	78,524	F
(F) CAMPBELL DEVON	37,041	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	34,420,708	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED INCOME - COMPREHENSIVE OUT-PATIENT SERVICES	831,236
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	831,236

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	139,760,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,291,818
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,468,802
4	Net unrealized gains (losses) on investments	4	-9,711,322
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,030,214
9	Total adjustments (net) Add lines 4 - 8	9	-27,741,536
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,727,266

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	139,760,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	139,760,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	139,760,620

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	100,580,496
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	100,580,496
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	9,711,322		
c	Add lines **4a** and **4b**			4c	9,711,322
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	110,291,818

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	IN MARCH 2010 CAS BECAME THE ADMINISTRATOR FOR ONE OF OUR BEQUESTS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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 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, ENDOWMENT EARNINGS ARE CLASSIFIED AS TEMPORARILY RESTRICTED UNTIL APPROPRIATED FOR OPERATIONS BY THE BOARD OF TRUSTEES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CHILDREN'S AID HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2012 AND 2011 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS CHILDREN'S AID IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEAR ENDED JUNE 30, 2009 AND PRIOR YEARS
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -18,030,214
		PART XIII, LINE 2D UNREALIZED LOSS ON INVESTMENTS -9,711,322

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☑ Mail solicitations
b ☑ Internet and e-mail solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
SUSAN ULIN ASSOCIATES LTD 156 FIFTH AVENUE SUITE 1100 NEW YORK, NY 10010	ANNUAL GALA FUNDRAISER		No	1,189,481	55,599	873,141
Total				1,189,481	55,599	873,141

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 RHINELANDER EVENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	1,135,648	57,565		1,193,213
	2	Less Charitable contributions	984,228	46,315		1,030,543
	3	Gross income (line 1 minus line 2)	151,420	11,250		162,670
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	153,785	11,250		165,035
	10	Direct expense summary Add lines 4 through 9 in column (d)				(165,035)
	11	Net income summary Combine lines 3 and 10 in column (d).				-2,365

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

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities ______

a Is the organization licensed to operate 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 operate 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 operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	SUSAN ULIN ASSOCIATES, LTD SHALL RECEIVE A FIXED FEE OF $55,000 WHICH INCLUDES THE SERVICES OF THE CHAIRMAN OR PRESIDENT OF SUSAN ULIN ASSOCIATES, ALL DAY-TO-DAY SERVICES OF AN EXPERIENCED ACCOUNT EXECUTIVE AND ALL NORMAL OFFICE BACK UP, THE SERVICES OF OUR RESEARCHER, THE USE OF OUR EXTENSIVE LISTS, AND THE USE OF OUR OFFICE AS THE CHILDREN'S AID SOCIETY BENEFIT OFFICE IF ADDITIONAL STAFF TIME IS REQUIRED, THESE SERVICES WILL BE APPROVED BY THE CHILDREN'S AID SOCIETY AND BILLED AT THE RATE OF $35 PER HOUR PAYMENTS WILL BE SCHEDULED AS FOLLOWS $10,000 UPON SIGNING THIS CONTRACT, $5,000 ON MARCH 1, 2011, $7,500 ON MAY 1, 2011, AND $7,500 ON THE FIRST OF EACH MONTH FOR THE PERIOD BEGINNING JULY 1, 2011 THROUGH AND INCLUDING OCTOBER 1, 2011, AND $2,500 ON NOVEMBER 1, 2011 (SIGNING FEE PLUS 7 PAYMENTS) A FINANCE CHARGE OF 1 5% PER MONTH WILL BE ASSESSED ON OUTSTANDING BALANCES OVER 30 DAYS LATE ADDITIONAL EXPENSES REIMBURSED TO SUSAN ULIN ASSOCIATES FOR THE ADMINISTRATIVE SUPPORT OF THE EVENT, NOT EXPECTED TO EXCEED $3,500, INCLUDE COURIER SERVICES, TRANSPORTATION TO/FROM MEETINGS AND THE EVENT, PHOTOCOPYING, EXPRESS MAIL, AND MISCELLANEOUS SUPPLIES ALL EXPENSES ARE SUBJECT TO YOUR PRIOR APPROVAL AND WILL BE BILLED ON A MONTHLY BASIS ALL OTHER MAJOR EXPENSES (E G HOTEL, MUSIC, AUDIOLOGY, FLORAL SETTINGS, DESIGN, PRINTING AND LETTER SERVICE COSTS) WILL BE APPROVED BY THE CHILDREN'S AID SOCIETY AND BILLED DIRECTLY

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 GIVEN TO LOW-INCOME FAMILIES SUCH AS RENT ARREARS, FUNERAL EXPENSES, FURNITURE, BEDBUG EXTERMINATION, TRANSPORTATION, SCHOOL SUPPLIES, GRADUATION EXPENSES, AND OTHER BASIC NECESSITIES	955	842,851			
(2) BABY SITTING SERVICE FAMILIES ARE ASSISTED WITH BABY-SITTING SERVICES SO THAT PARENTS CAN ATTEND AGENCY MEETINGS AND THERAPY SESSIONS MEETINGS COULD, FOR EXAMPLE, REVOLVE AROUND PERMANENCY PLANNING FOR FOSTER CARE CHILDREN	26	37,480			
(3) SCHOLARSHIPS LOW-INCOME WORKING FAMILIES SELDOM HAVE THE EXTRA INCOME TO SUPERVISE THEIR CHILDREN AFTER SCHOOL AND DURING SUMMER VACATIONS OUR CITY & COUNTRY AND COMMUNITY SCHOOL DIVISIONS PROVIDE FREE AND LOW-COST AFTER-SCHOOL, WEEKEND AND SUMMER PROGRAMS, USING THAT TIME TO BUILD AN ADVANTAGE FOR CHILDREN'S FUTURE WE OFFER RECREATION, TUTORING, MENTORING, TECHNOLOGY, AND VIOLENCE PREVENTION TO FAMILIES AND CHILDREN THROUGHOUT MANHATTAN, THE BRONX, AND STATEN ISLAND IN ADDITION, WE ALSO OFFER SCHOOL AND COLLEGE SCHOLARSHIPS TO LOW-INCOME CHILDREN	1791	1,608,206			
(4) STIPENDS YOUTH ENGAGED IN THE AGENCY'S JOB READINESS, EMPLOYMENT PROGRAMS AND LIFE SKILLS CLASSES RECEIVE STIPENDS FOR THEIR WORK	1496	415,117			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

(A) Name		**(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) RICHARD R BUERY JR	(i)	363,137	0	21,085	35,459	6,940	426,621	0
	(ii)	0	0	0	0	0	0	0
(2) WILLIAM WEISBERG	(i)	226,731	0	568	21,586	22,761	271,646	0
	(ii)	0	0	0	0	0	0	0
(3) BETTY NOGAN-WOERNER	(i)	242,508	0	600	30,023	16,042	289,173	0
	(ii)	0	0	0	0	0	0	0
(4) PATRICIA GRAYSON	(i)	222,626	0	1,017	30,238	23,490	277,371	0
	(ii)	0	0	0	0	0	0	0
(5) JANE M QUINN	(i)	219,722	0	2,460	39,063	21,490	282,735	0
	(ii)	0	0	0	0	0	0	0
(6) JANE GOLDEN	(i)	158,929	0	468	12,960	11,645	184,002	0
	(ii)	0	0	0	0	0	0	0
(7) WAYNE GREEN MD	(i)	175,760	0	152	28,030	421	204,363	0
	(ii)	0	0	0	0	0	0	0
(8) LISA HANDWERKER	(i)	175,496	0	766	25,871	25,523	227,656	0
	(ii)	0	0	0	0	0	0	0
(9) PATRICIA ABANILLA	(i)	148,611	0	136	9,103	7,434	165,284	0
	(ii)	0	0	0	0	0	0	0
(10) JANE STEINBERG	(i)	138,653	0	789	25,154	2,647	167,243	0
	(ii)	0	0	0	0	0	0	0
(11) KATHLEEN DE MEIJ	(i)	135,261	0	284	13,412	24,874	173,831	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	RICHARD R BUERY, JR PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT EARNED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2011 WAS $23,975

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	26	278,416	FMV AT DATE OF GIFT
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE CHILDREN'S AID SOCIETY 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 THE CHILDREN'S AID PUBLIC WEBSITE BNY MELLON, UNDER THE INSTRUCTION OF CAS, WILL SELL THE SHARES UPON RECEIVING THE STOCK TRANSFER THE CHILDREN'S AID IS THEN NOTIFIED OF THE DATE OF RECEIPT, FAIR MARKET VALUE AT THE DATE OF RECEIPT, SALE DATE AND PROCEEDS FROM SALE OF EACH STOCK CONTRIBUTION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CHAIRMAN EMERITUS CHARLTON PHELPS IS THE MOTHER OF TRUSTEE MEREDITH PHELPS RUGG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	CHILDREN'S AID SOCIETY BY-LAWS HAVE BEEN AMENDED SINCE THE FILING OF THE LAST FORM 990 THE DESCRIPTION OF THE BY-LAW CHANGES ARE AS FOLLOWS 1) THE MAXIMUM NUMBER OF VOTING MEMBERS ON THE BOARD WAS REDUCED FROM 45 TO 38 2) THE LENGTH OF THE TERM OF TRUSTEES WAS AMENDED AS FOLLOWS A) NO TRUSTEE FIRST ELECTED TO THE BOARD OF TRUSTEES ON OR AFTER JANUARY 1, 2011 ("POST-2010 TRUSTEE") MAY BE ELECTED TO MORE THAN THREE CONSECUTIVE THREE (3) YEAR TERMS AS A TRUSTEE B) NO TRUSTEE FIRST ELECTED TO THE BOARD OF TRUSTEES PRIOR TO JANUARY 1, 2011 MAY BE ELECTED TO MORE THAN ONE ADDITIONAL THREE (3) YEAR TERM AS A TRUSTEE AFTER SUCH DATE, IF SUCH TRUSTEE HAS SERVED MORE THAN TWELVE (12) CONSECUTIVE YEARS AS A TRUSTEE PRIOR TO THE APPLICABLE ELECTION C) AFTER A ONE (1) YEAR HIATUS, ANY FORMER TRUSTEE WILL BE ELIGIBLE FOR REELECTION TO THE BOARD OF TRUSTEES AND SUCH FORMER TRUSTEE SHALL BE SUBJECT TO THE TERM LIMIT APPLICABLE TO POST-2010 TRUSTEES THE EXECUTIVE COMMITTEE'S PRINCIPLE ROLE WAS AMENDED TO INCLUDE THE FOLLOWING LANGUAGE A) THE EXECUTIVE COMMITTEE'S PRINCIPAL ROLE IS "TO ACT FOR THE BOARD WHEN THE BOARD ITSELF IS UNABLE TO ACT" B) ANY DECISION MADE BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AS SOON AS PRACTICAL FOR ITS REVIEW AND CONSIDERATION C) THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	CHILDREN'S AID SOCIETY (CAS) IS A NEW YORK NOT-FOR-PROFIT CORPORATION WITH MEMBERS CAS HAS ONE CLASS OF MEMBERS AND EACH MEMBER HAS ONE VOTE MEMBERS OF CAS HAVE THE RIGHT TO VOTE ON CANDIDATES FOR THE BOARD OF TRUSTEES AND ON SUCH OTHER MATTERS AS REQUIRED BY NEW YORK LAW MEMBERS OF CAS DO NOT HAVE THE RIGHT TO RECEIVE A SHARE OF CAS' PROFITS OR A SHARE OF CAS' NET ASSETS UPON DISSOLUTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF CAS VOTE TO ELECT MEMBERS OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	BEFORE THE FORM 990 WAS FILED, IT WAS REVIEWED BY THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD, RESPECTIVELY THE ENTIRE BOARD OF TRUSTEES WAS GIVEN AN OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CAS' 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 CAS DURING THE PRIOR FIVE YEARS ON AN ANNUAL BASIS, CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED TO TRUSTEES, OFFICERS AND KEY EMPLOYEES POTENTIAL CONFLICTS OF INTEREST INVOLVING TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE REPORTED TO THE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN MAY 2012, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED THE COMPENSATION OF CAS' FIVE HIGHEST PAID EMPLOYEES, NAMELY, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER, VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, VICE PRESIDENT AND DIRECTOR OF NATIONAL CENTER FOR COMMUNITY SCHOOLS, AND VICE PRESIDENT FOR DEVELOPMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CHILDREN'S AID MAKES AVAILABLE TO THE PUBLIC THROUGH THE PUBLIC WEBSITE THE FORM 990, ANNUAL REPORT, ORGANIZATION'S MISSION STATEMENT AND THE MOST RECENT BOARD OF TRUSTEES AND OFFICERS THE ABOVE DOCUMENTS ALONG WITH GOVERNING DOCUMENTS, YEAR-END FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THE ANNUAL REPORT IS WIDELY DISTRIBUTED UPON ISSUANCE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -9,711,322 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -18,030,214 TOTAL TO FORM 990, PART XI, LINE 5 -27,741,536

Identifier	Return Reference	Explanation
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XI, LINE 2C	HAS NOT BEEN CHANGED FROM PRIOR YEAR

Identifier	Return Reference	Explanation
THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	FORM 990, PART I, LINE 1	WE DO THIS BY PROVIDING COMPREHENSIVE SUPPORTS TO CHILDREN AND THEIR FAMILIES IN TARGETED HIGH-NEEDS NEW YORK CITY NEIGHBORHOODS TODAY CHILDREN'S AID SERVES 70,000 CHILDREN AT MORE THAN 40 LOCATIONS IN NEW YORK CITY AND WESTCHESTER COUNTY IN ALL OF OUR WORK, WE ARE DRIVEN BY A COMMITMENT TO ACHIEVE TRANSFORMATIVE CHANGE FOR THE CHILDREN WE SERVE TO DO SO, WE IDENTIFY CHILDREN AT RISK OF POOR LIFE OUTCOMES, AND PROVIDE THE COMPREHENSIVE SUPPORTS THEY NEED TO ACHIEVE THEIR FULL POTENTIAL WE RIGOROUSLY EVALUATE OUR PROGRAMS, AND ARE PROUD OF OUR 158 YEAR HISTORY OF INNOVATING NEW SOLUTIONS OUR CARING BEGINS EVEN BEFORE BIRTH, THROUGH PRENATAL COUNSELING AND ASSISTANCE, AND CONTINUES THROUGH THE HIGH SCHOOL YEARS WITH COLLEGE AND JOB PREPARATORY TRAINING PROGRAMS ALL ASPECTS OF A CHILD'S DEVELOPMENT ARE ADDRESSED AS HE OR SHE GROWS, FROM HEALTH CARE TO ACADEMICS TO SPORTS AND THE ARTS AND BECAUSE STABLE CHILDREN LIVE IN STABLE FAMILIES, A HOST OF SERVICES ARE AVAILABLE TO PARENTS, INCLUDING HOUSING ASSISTANCE, DOMESTIC VIOLENCE COUNSELING AND HEALTH CARE ACCESS CERTAIN PROGRAMS, INCLUDING OUR COMMUNITY SCHOOLS MODEL AND ADOLESCENT PREGNANCY PREVENTION PROGRAM HAVE BECOME MODELS FOR NATIONAL AND INTERNATIONAL ADAPTATION AND REPLICATION AS A LEADER IN THE FIELDS OF YOUTH DEVELOPMENT AND CHILD WELFARE, THE CHILDREN'S AID SOCIETY IS COMMITTED TO ENSURING THE PHYSICAL AND EMOTIONAL WELL-BEING OF UNDERSERVED CHILDREN AND THEIR FAMILIES IN NEW YORK CITY OUR INTEGRATED AND COMPREHENSIVE SERVICES RESPOND TO THE NEEDS OF CHILDREN FROM BIRTH THROUGH YOUNG ADULTHOOD AND HAVE LONG BEEN KNOWN FOR INNOVATION TODAY, OUR SERVICES SPAN MEDICAL AND DENTAL CARE, ADOPTION AND FOSTER CARE, COUNSELING, PREVENTIVE SERVICES, SUMMER CAMPS AND RESPITE CAMPS, EDUCATIONAL ENRICHMENT, LEADERSHIP DEVELOPMENT, THE ARTS, RECREATION, COLLEGE SCHOLARSHIPS AND JOB TRAINING PRIVATE SUPPORT AND INNOVATIVE PHILANTHROPY ALLOW CHILDREN'S AID TO BE THE RESEARCH AND DEVELOPMENT ARM IN THE FIELD, ALWAYS WITH AN EYE TOWARD CUTTING-EDGE PROGRAMS THAT WILL MOST EFFECTIVELY ENABLE CHILDREN TO STRIVE FOR AND REACH THEIR POTENTIAL

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A	ENRICHMENT, TECHNOLOGY, ARTS, RECREATION, LEADERSHIP DEVELOPMENT AND COLLEGE AND CAREER PR EPARATION CHILDREN'S AID BELIEVES THAT SELF-EXPRESSION AND CREATIVITY BUILDS INDIVIDUALIT Y AND SELF-CONFIDENCE, AND ULTIMATELY EXPANDS A YOUNG PERSON'S HORIZONS TWO OF THESE CENT ERS ARE DESIGNATED SPECIFICALLY FOR TEENAGERS, PROVIDING PEER EDUCATION AND LEADERSHIP PRO GRAMMING AS WELL AS CAREER READINESS, EDUCATIONAL SUPPORT AND LEGAL ADVOCACY, ESPECIALLY F OR YOUTH AGING OUT OF FOSTER CARE. COMBINED, THE COMMUNITY-BASED CENTERS SERVE APPROXIMATE LY 30,000 CHILDREN AND THEIR FAMILY MEMBERS COMPREHENSIVE MEDICAL, DENTAL AND MENTAL HEAL TH SERVICES ARE ALSO PROVIDED AT SEVERAL OF THESE LOCATIONS PUTTING THE DEVELOPMENT OF TH E WHOLE CHILD AT THE CENTER OF SCHOOLS, AND SCHOOLS AT THE CENTER OF COMMUNITIES THROUGH T HE COMMUNITY SCHOOLS MOVEMENT CHILDREN'S AID IS WIDELY KNOWN FOR ITS GROUND-BREAKING WORK INCLUDING REINVENTING PUBLIC EDUCATION THROUGH OUR COMMUNITY SCHOOL MODEL IN PARTNERSHIP WITH THE NYC DEPARTMENT OF EDUCATION, CHILDREN'S AID OPERATES 16 NEW YORK CITY COMMUNITY SCHOOLS WITH A GEOGRAPHIC FOCUS ON THE HIGH NEED COMMUNITIES OF WASHINGTON HEIGHTS, HARLEM AND THE SOUTH BRONX A COMMUNITY SCHOOL IS A PUBLIC SCHOOL THAT COMBINES THE BEST EDUCATI ONAL PRACTICES WITH A WIDE RANGE OF VITAL IN-HOUSE HEALTH AND SOCIAL SERVICES TO ENSURE TH AT CHILDREN ARE PHYSICALLY, EMOTIONALLY AND SOCIALLY PREPARED TO LEARN OPEN EARLY MORNING S, AFTERNOONS, WEEKENDS AND SUMMERS, THE COMMUNITY SCHOOL SERVES AS A TRUE CENTER OF NEIGH BORHOOD LIFE. IT IS MORE THAN SIMPLY A PLACE WHERE CHILDREN ATTEND CLASSES IN THIS FAMILI AR ENVIRONMENT, THEY CAN ALSO RECEIVE MEDICAL AND DENTAL CARE, SPEAK TO A COUNSELOR ABOUT A PROBLEM, STAY AFTER SCHOOL TO BUILD READING SKILLS, PLAY CHESS, WORK ON A COMPUTER, TAKE ART AND MUSIC LESSONS, GET HELP WITH HOMEWORK, PRACTICE SPORTS AND ATTEND SUMMER CAMP CO MMUNITY SCHOOLS OFFER SERVICES FOR CHILDREN AND PARENTS THAT INCLUDE. YOUTH DEVELOPMENT PR OGRAMS, INCLUDING ACADEMIC ENRICHMENT, SPORTS, ARTS AND COMMUNITY SERVICE, SUMMER CAMPS, M EDICAL, DENTAL AND MENTAL HEALTH SERVICES, EARLY CHILDHOOD EDUCATION, SOCIAL SERVICES, ADU LT EDUCATION, CHILD HEALTH INSURANCE ENROLLMENT, EARLY CHILDHOOD PROGRAMS, AND COMMUNITY D EVELOPMENT, INCLUDING EMPLOYMENT OF NEIGHBORHOOD RESIDENTS AND SPONSORSHIP OF COMMUNITY EV ENTS THESE PROGRAMS ARE AVAILABLE TO APPROXIMATELY 45,000 STUDENTS AND THEIR FAMILY MEMBE RS COMPREHENSIVE MEDICAL, DENTAL AND MENTAL HEALTH SERVICES ARE ALSO PROVIDED AT MOST OF THESE LOCATIONS WE RECOGNIZE THAT EDUCATION BEGINS AT BIRTH, NOT AGE 5, SO WE HAVE DEVELO PED PROGRAMS FOR CHILDREN FROM BIRTH-COACHING THOUGH AGE 5 RIGHT IN THE PUBLIC SCHOOLS IN ITIATED IN 1992, THE CHILDREN'S AID COMMUNITY SCHOOL MODEL HAS WON NATIONAL RECOGNITION AN D NUMEROUS AWARDS, ATTRACTING SIGNIFICANT INTEREST NATIONALLY AND INTERNATIONALLY THROUGH ITS NATIONAL CENTER FOR COMMUNITY SCHOOLS, THE AGENCY HAS PROVIDED TECHNICAL ASSISTANCE A ND HOSTED THOUSANDS OF INTERESTED EDUCATORS, CIVIC LEADERS, FUNDERS AND ELECTED OFFICIALS AT LEAST 40 COUNTRIES HAVE SENT DELEGATIONS TO SEE COMMUNITY SCHOOLS IN ACTION SEVERAL O F THESE COUNTRIES, MOST NOTABLY ENGLAND, THE NETHERLANDS AND SCOTLAND, HAVE ADOPTED COMMUN ITY SCHOOLS AS A NATIONAL REFORM STRATEGY PREVENTING TEEN PREGNANCY THE CHILDREN'S AID S OCIETY'S NATIONALLY RECOGNIZED ADOLESCENT SEXUALITY AND PREGNANCY PREVENTION PROGRAM WAS F OUND TO MEET TOP TIER EVIDENCE OF EFFECTIVENESS STANDARDS BY THE COALITION FOR EVIDENCE-BA SED POLICY OUR PREGNANCY PREVENTION PROGRAM USES A HOLISTIC APPROACH TO EMPOWER YOUTH, HE LP THEM DEVELOP A DESIRE FOR A PRODUCTIVE FUTURE, AND ASSIST THEM IN IMPROVING THEIR SEXUA L LITERACY AND UNDERSTANDING OF THE CONSEQUENCES OF SEXUAL ACTIVITY THE MODEL, WHICH HAS BEEN INDEPENDENTLY EVALUATED AND FOUND TO REDUCE TEEN PREGNANCY, CONSISTS OF SEVEN COMPONE NTS DAILY EDUCATIONAL SUPPORT, FAMILY LIFE/SEX EDUCATION, JOB CLUB, SELF-EXPRESSION THROU GH THE ARTS, LIFETIME SPORTS, COMPREHENSIVE, NO COST MEDICAL AND DENTAL CARE, AND COUNSELI NG THESE PROGRAM COMPONENTS ARE FULLY INTEGRATED INTO THE AFTER-SCHOOL ACTIVITIES OF CHIL DREN'S AID COMMUNITY CENTERS AND SCHOOLS AND OTHER LOCATIONS AROUND THE COUNTRY THE PROGR AM SERVES OVER 3,300 YOUNG PEOPLE IN 13 STATES AND THE DISTRICT OF COLUMBIA, WITH 1,600 SE RVED IN FOUR NEW YORK CITY SCHOOLS AND IS NOW BEING INTEGRATED INTO THE ACADEMIC SCHOOL DA Y, INDICATING THAT PRINCIPALS UNDERSTAND THEIR STUDENTS NEED MORE THAN PURE ACADEMICS TO S UCCEED AFRICAN AMERICAN MALE INITIATIVE. CHILDREN'S AID HAS BEEN GRAVELY CONCERNED ABOUT THE OUTCOMES FOR AFRICAN AMERICAN MALES IN SCHOOL, YOUNG BLACK MEN HAVE HIGHER RATES OF S USPENSION, EXPULSION, DROPOUT AND PLACEMENT IN SPECIAL EDUCATION THAN OTHER GROUPS IN ADU LTHOOD, AFRICAN AMERICAN MALES ARE MORE LIKELY TO BE UNEMPLOYED AND INCARCERATED OR ON PRO BATION THAN MEN OF OTHER RACIAL GROUPS IN FACT, AFRICAN AMERICANS MAKE UP 12 PERCENT OF T HE U S POPULATION BUT BLACK MALES REPRESENT NEARL

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A	Y HALF THE MALE PRISON POPULATION IN RESPONSE, CHILDREN'S AID HAS CREATED THE AFRICAN AME RICAN MALE INITIATIVE TO FURTHER EXAMINE THIS ISSUE AND SEEK SOLUTIONS AS PART OF OUR INI TIATIVE, WE LAUNCHED STEPS TO SUCCESS, WHICH SERVES AFRICAN-AMERICAN MALES STARTING IN SEC OND-, THIRD- AND FOURTH- GRADE BY PROVIDING THE FOLLOWING SERVICES A LIFE COACH WHO FUNCT IONS AS A MENTOR, INSPIRES BOYS TO HAVE DREAMS AND HELPS THEM DEVELOP WAYS TO FULFILL THEI R GOALS, A SATURDAY ACADEMY PROVIDES CULTURAL ENRICHMENT ACTIVITIES HIGHLIGHTING AFRICAN A MERICAN HISTORY AND TRADITIONS, INDIVIDUALIZED ACADEMIC SUPPORT, AND VOLUNTEERS, WHO ARE P OSITIVE ROLE MODELS CAMPS CHILDREN'S AID OPERATES TWO CO-ED SUMMER DAY CAMPS IN CHAPPAQU A, NY AND STATEN ISLAND, SERVING APPROXIMATELY 700 CHILDREN EACH CAMP IS SITUATED ON MORE THAN 40 ACRES OF LAND PROVIDING THE QUINTESSENTIAL, RURAL CAMP EXPERIENCE WITH SWIMMING P OOLS, BALL FIELDS, NATURE PROGRAMS, ARTS AND CRAFTS AND CARING CAMP COUNSELORS WHO PROVIDE THE CARE AND ATTENTION THAT PROMOTES HEALTHY GROWTH AND SOCIAL DEVELOPMENT THE CAMP IN C HAPPAQUA, NAMED WAGON ROAD, OFFERS A WIDE RANGE OF ACTIVITIES AND IS DESIGNED TO EMPHASIZE CREATIVITY, SKILL DEVELOPMENT AND SOCIAL LEARNING WAGON ROAD HAS TWO HEATED OUTDOOR SWIM MING POOLS, ATHLETIC FACILITIES FOR BASKETBALL, BASEBALL, SOCCER AND VOLLEYBALL AND AN ADV ENTURE ROPES COURSE IT ALSO HAS INDOOR FACILITIES FOR MUSIC, NATURE, COOKING AND DANCE, A S WELL AS SUMMER PROGRAM AREAS FOR DRAMA AND ARTS AND CRAFTS THERE ARE TWO RIDING RINGS F OR THE HORSEMANSHIP PROGRAM ADDITIONALLY, WAGON ROAD PROVIDES A YEAR-LONG RESPITE COMPONE NT TO APPROXIMATELY 115 DIFFERENT PHYSICALLY AND DEVELOPMENTALLY DISABLED CHILDREN BETWEEN THE AGES OF 7 AND 18 EACH RESPITE HAS THE CAPACITY OF 52 CHILDREN TIMES 8 RESPITES, FOR A TOTAL OF 416 RESPITE VISITS THE PURPOSE OF THE PROGRAM IS TWO-FOLD TO SUPPORT AND STRE NGTHEN THE FAMILIES, AND TO ENRICH THE LIVES OF THE CHILDREN RESPITE CAMPERS, MANY OF WHO M LIVE WITH SUCH ILLNESSES AS CEREBRAL PALSY, SPINAL BIFIDA, AUTISM, DOWNS SYNDROME AND NE UROLOGICAL IMPAIRMENTS CAN PARTICIPATE IN AS MANY AS FOUR WEEKENDS OF PROGRAMMING EACH YEA R THE SESSIONS RANGE FROM SHORT TWO-DAY WEEKEND PROGRAMS TO LONGER 6-DAY PROGRAMS THE WI LLIAM OSBORN DAY CAMP AT GOODHUE CENTER ON STATEN ISLAND PROVIDES CAMPING FOR CHILDREN AGE S 5-13 PROGRAMS ARE CREATIVE AND NURTURING AND HAVE A LASTING INFLUENCE THE CAMP HAS WOO DLANDS AND TRAILS, BASEBALL AND SOCCER FIELDS, TWO OUTDOOR BASKETBALL COURTS, A PLAYGROUND , A GYMNASIUM, A POND FOR FISHING AND BOATING, A GOLF RANGE AND A LEARNING CENTER FOR COMP UTERS AND SCIENCE DISCOVERY PROGRAM HIGHLIGHTS INCLUDE ARTS AND CRAFTS, DRAWING AND PAINT ING, TV AND RADIO PRODUCTION, NATURE STUDY AND SCIENCE, GARDENING, THEATER, SPORTS AND SWI M INSTRUCTION AND BOATING AND FISHING WORKING TO ALLEVIATE POVERTY EVERY DAY, CHILDREN'S AID IS ON THE FRONT LINES IN LOW-INCOME COMMUNITIES, WE SEE THE PROFOUND AND EMERGING NEE DS OF FAMILIES AND WORK TO ARTICULATE THESE NEEDS TO POLICY-MAKERS AND THE WIDER SOCIETY THROUGH OUR OFFICE OF CLIENT ADVOCACY, WE HELP FAMILIES WITH EMERGENCY MATERIAL NEEDS TO S TAVE OFF EVICTION OR OBTAIN FOOD AND CLOTHING WITH THIS KNOWLEDGE THAT COMES FROM OUR WOR K, CHILDREN'S AID ENDEAVORS TO EDUCATE THE PUBLIC ABOUT THE HUMAN COSTS OF POVERTY OUR ST RATEGY IS THREE-FOLD WE MAINTAIN A COMMITMENT TO TOP QUALITY YOUTH DEVELOPMENT AND CHILD WELFARE SERVICES, WE WORK WITH WHOLE COMMUNITIES TO BLANKET THEM WITH COMPREHENSIVE SERVIC ES, AND WE CREATE FAR-REACHING SYSTEMIC CHANGE BY BRINGING OUR HIGHLY EFFECTIVE PROGRAMS T HAT COMBAT INTRACTABLE PROBLEMS TO A BROADER REACH THROUGH ADAPTATION, REPLICATION AND POL ICY WORK

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, QUESTION 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 & 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 & INVESTMENT COMMITTEE AND THE CHAIR OF THE GOVERNANCE & NOMINATING COMMITTEE, AND FIVE (5) TO SEVEN (7) TRUSTEES WHO ARE NOT CHAIRS OF ANY STANDING COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE CHAIRMAN OF THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO APPOINT OR ENTER INTO A CONTRACTUAL AGREEMENT REGARDING A NEWLY APPOINTED CHIEF EXECUTIVE OFFICER WITHOUT THE VOTE OF THE BOARD, SUBMIT ANY ACTION TO THE MEMBERS OF THE CORPORATION FOR THEIR APPROVAL, FILL ANY VACANCIES ON THE BOARD OF TRUSTEES OR ANY COMMITTEE, AMEND, REPEAL OR ADOPT BYLAWS, AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH IS NOT BY ITS TERMS SO AMENDABLE OR REPEALABLE, MAKE DECISIONS REGARDING THE PURCHASE OR LEASING OF REAL ESTATE, OR MAKE DECISIONS REGARDING THE FIXING OF COMPENSATION, IF ANY, OF TRUSTEES IN ADDITION, THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR WORKING WITH THE GOVERNANCE & NOMINATING COMMITTEE TO RECOMMEND POLICIES AND PROCEDURES FOR DETERMINING EXECUTIVE COMPENSATION AND FOR SUCCESSION PLANNING, RETAINING COMPENSATION CONSULTANTS, CONDUCTING DUE DILIGENCE REGARDING COMPENSATION, AND MAKING RECOMMENDATIONS AS TO COMPENSATION TO THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 8A	MINUTES FROM THE FISCAL YEAR 2011 ANNUAL MEETING OF THE BOARD OF TRUSTEES WERE DOCUMENTED SOON AFTER THE MEETING BUT WERE NOT OFFICIALLY APPROVED UNTIL THE FOLLOWING YEAR'S ANNUAL MEETING MINUTES FROM ALL OTHER BOARD OF TRUSTEE MEETINGS ARE APPROVED ON A CONTEMPORANEOUS BASIS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE CHILDREN'S AID SOCIETY

Employer identification number
13-5562191

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

(a) Name, address, and EIN 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 105 EAST 22ND STREET NEW YORK, NY 10010 27-1491886	REAL ESTATE RENTAL SERVICES	NY	565,276	13,111,520	N/A

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 organization Yes	No
(1) MADISON AVENUE FUND FOR CHILDREN INC 105 EAST 22ND ST NEW YORK, NY 10010 13-3433266	TO RAISE FUNDS FOR CAS THROUGH AN ANNUAL EVENT	NY	501(C)(3)	170(B)(1)(A)(VI)	N/A		No
(2) MILBANK HOUSING DEVELOPMENT FUND CORP 105 EAST 22ND ST NEW YORK, NY 10010 13-3421433	PROVIDES HOUSING AND COUNSELING FOR HOMELESS FAMILIES	NY	501(C)(3)	509(A)(2)	N/A		No
(3) THE UNITED CHARITIES 105 EAST 22ND ST NEW YORK, NY 10010 13-5562368	PROVIDES OFFICES FOR CHARITABLE ORGANIZATIONS	NY	501(C)(3)	509(A)(1)	N/A		No
(4) CHILDREN'S AID COLLEGE PREP CHARTER SCHOOL 1919 PROSPECT AVENUE 3RD FLOOR BRONX, NY 10460 90-0763840	TO PREPARE ELEMENTARY STUDENTS TO SUCCEED IN FUTURE YEARS, COLLEGE AND LIFE	NY	501(C)(3)	170(B)(1)(A)(II)	N/A		No

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

(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) Disproprtionate 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	

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
(1) CAMPBELL DEVON PRODUCTIONS INC 105 EAST 22ND ST NEW YORK, NY 10010 13-2567508	COLLECT ROYALTIES AND DISTRIBUTE PROCEEDS TO CHARITABLE	DE		S			33 330 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n	Sharing of paid employees with related organization(s)	1n		No
o	Reimbursement paid to related organization(s) for expenses	1o		No
p	Reimbursement paid by related organization(s) for expenses	1p	Yes	
q	Other transfer of cash or property to related organization(s)	1q		No
r	Other transfer of cash or property from related organization(s)	1r		No

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 other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) THE UNITED CHARITIES	J	500,000	ACCORDING TO LEASE AGREEMENT
(2) MILBANK HOUSING DEVELOPMENT FUND CORP	P	1,053,000	DIRECT BILLING
(3) MILBANK HOUSING DEVELOPMENT FUND CORP	D	1,775,000	AMOUNTS DUE UNDER CONTRACT
(4) MADISON AVENUE FUND FOR CHILDREN INC	E	125,000	AMOUNT DUE UNDER AGREEMENT
(5) CHILDREN'S AID PREP CHARTER SCHOOL	D	109,000	AMOUNTS DUE UNDER CONTRACT
(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) Disproprtionate 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	

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	THE CHILDREN'S AID SOCIETY	[X] 13-5562191
	Number, street, and room or suite no. If a P O box, see instructions 105 EAST 22ND STEET	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10010	

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

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DANIEL LEHMAN 105 EAST 22ND STREET - NEW YORK, NY 10010

Telephone No ▶ 212-949-4911 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

4 I request an additional 3-month extension of time until MAY 15, 2013

5 For calendar year ______ , or other tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	**8a**	$ 0.
b	If this application is for Form 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 and any amount paid previously with Form 8868.	**8b**	$ 0.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**8c**	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶

Form **8868** (Rev 1-2012)

123842
01-06-12

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
PATRICIA ABANILLA PHSYCHIATRIST	40 00					X		148,747	0	16,537
JANE STEINBERG SENIOR FINANCIAL ANALYST	40 00					X		139,442	0	27,801
KATHLEEN DE MEIJ DIR OF ANNUAL GIVING & SPEC EVENTS	40 00					X		135,545	0	38,286

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RONALD H KAUFMANN TRUSTEE (NON-VOTING)	5 00	X						0	0	0
URSULA G LAMOTTE TRUSTEE	5 00	X						0	0	0
CHRISTOPHER LAWRENCE TRUSTEE	5 00	X						0	0	0
MARTHA BERMAN LIPP TRUSTEE	5 00	X						0	0	0
JANINE E LUKE TRUSTEE	5 00	X						0	0	0
SHARON MADISON TRUSTEE	5 00	X						0	0	0
MARTHA B MCCLANAHAN TRUSTEE (NON-VOTING)	5 00	X						0	0	0
DORIS MEISTER TRUSTEE	5 00	X						0	0	0
FELIX A ORBE TRUSTEE	5 00	X						0	0	0
CHARLES PENNER TRUSTEE	5 00	X						0	0	0
CALVIN RAMSEY TRUSTEE	5 00	X						0	0	0
MEREDITH PHELPS RUGG TRUSTEE	5 00	X						0	0	0
AMY E SCHARF TRUSTEE	5 00	X						0	0	0
ROSALIE K STAHL TRUSTEE	5 00	X						0	0	0
MRS MILTON STERN TRUSTEE (NON-VOTING)	5 00	X						0	0	0
ROBERT WOLF TRUSTEE	5 00	X						0	0	0
RICHARD R BUERY JR PRES & CEO, ASST SEC/TR	40 00			X				384,222	0	42,399
WILLIAM WEISBERG EXEC V P & COO	40 00			X				227,299	0	44,347
DANIEL LEHMAN V P & CFO	40 00			X				81,315	0	5,416
BETTY NOGAN-WOERNER V P & CFO (FORMER)	40 00			X				243,108	0	46,065
PATRICIA GRAYSON V P FOR DEVELOPMENT	40 00				X			223,643	0	53,728
JANE M QUINN V P & DIR OF NATIONAL CENTER	40 00				X			222,182	0	60,553
JANE GOLDEN V P FOR CHILD WELFARE POLICY	40 00				X			159,397	0	24,605
WAYNE GREEN MD CHIEF PHSYCHIATRIST	40 00					X		175,912	0	28,451
LISA HANDWERKER MEDICAL DIRECTOR	40 00					X		176,262	0	51,394

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MARK M EDMISTON CHAIR	5 00	X		X				0	0	0
IRIS ABRONS VICE CHAIR	5 00	X		X				0	0	0
ANNE JEFFRIES CITRIN VICE CHAIR	5 00	X		X				0	0	0
KEVIN J WATSON TREASURER	5 00	X		X				0	0	0
MARTHA BICKNELL KELLNER SECRETARY	5 00	X		X				0	0	0
EDGAR R KOERNER CHAIR EMERITUS	5 00	X		X				0	0	0
EDWARD M LAMONT CHAIR EMERITUS (NON-VOTING)	5 00	X		X				0	0	0
CHARLTON Y PHELPS CHAIR EMERITUS (NON-VOTING)	5 00	X		X				0	0	0
SHEILA BAIRD TRUSTEE (NON-VOTING)	5 00	X						0	0	0
OLIVIER BRANDICOURT TRUSTEE	5 00	X						0	0	0
SUSAN S BROWN TRUSTEE	5 00	X						0	0	0
ELLY CHRISTOPHERSEN TRUSTEE	5 00	X						0	0	0
SAMUEL M CONVISSOR TRUSTEE	5 00	X						0	0	0
JAN CORREA TRUSTEE	5 00	X						0	0	0
SUSAN COUPEY MD TRUSTEE	5 00	X						0	0	0
GLORIA M DABIRI TRUSTEE	5 00	X						0	0	0
BART J EAGLE TRUSTEE	5 00	X						0	0	0
RICHARD EDELMAN TRUSTEE	5 00	X						0	0	0
DESMOND G FITZGERALD TRUSTEE	5 00	X						0	0	0
MRS ROBERT M GARDINER TRUSTEE	5 00	X						0	0	0
ELIOT GREEN TRUSTEE	5 00	X						0	0	0
MARSHALL M GREEN TRUSTEE (NON-VOTING)	5 00	X						0	0	0
PETER P HANSON TRUSTEE	5 00	X						0	0	0
LOLITA K JACKSON TRUSTEE	5 00	X						0	0	0
LANE H KATZ TRUSTEE	5 00	X						0	0	0

Additional Data

Software ID:
Software Version:
EIN: 13-5562191
Name: THE CHILDREN'S AID SOCIETY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 7,054,695 including grants of $ 308,591) (Revenue $ 4,858,131)

SUPPORTING OUR MOST VULNERABLE YOUTH AND HIGHEST NEED FAMILIESFAMILY SERVICES CHILDREN'S AID WORKS TO KEEP FAMILIES TOGETHER THROUGH AN ARRAY OF COMPREHENSIVE SERVICES, INCLUDING DOMESTIC VIOLENCE PREVENTION AND INTERVENTION SERVICES, COUNSELING SERVICES, HOMEMAKER SERVICES, HOME VISITS BY THERAPISTS AND SOCIAL WORKERS, SHELTER FOR HOMELESS FAMILIES WITH CHILDREN, HELP FOR FAMILIES IN FAMILY COURTS AND ADVOCACY AND ADVICE FOR CLIENTS, SO THEY MAY RECEIVE THE BENEFITS TO WHICH THEY ARE ENTITLED FAMILY SERVICES WERE PROVIDED TO APPROXIMATELY 1,100 CHILDREN AND ADULTS THIS YEAR JUVENILE JUSTICE AND TEEN PROGRAMS WE NEVER GIVE UP ON YOUNG PEOPLE, ESPECIALLY THOSE ON THE VERGE OF FALLING THROUGH THE CRACKS, AND WE HAVE HAD ENORMOUS SUCCESS WITH OUR JUVENILE JUSTICE PROGRAMS OUR UNIQUE COMMUNITY RE-ENTRY PROGRAMS HELP ADJUDICATED YOUTH RECONNECT WITH THEIR COMMUNITIES IN A SUPPORTED AND POSITIVE WAY WE OFFER A CAREER READINESS PROGRAM THAT CONNECTS YOUNG PEOPLE WITH SUPERVISORS WHO ALSO SERVE AS MENTORS, PROVIDING PATIENT BUT FIRM GUIDANCE OUR JUVENILE JUSTICE WORK DEMONSTRATES THAT PUBLIC DOLLARS ARE BETTER INVESTED IN PREVENTION AND STRENGTHENING YOUTH THAN LOCKING THEM UP IN COSTLY RESIDENTIAL FACILITIES WITH HIGH RATES OF RECIDIVISM