_	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							irn	OMB No 1545-0687			
Form								1904	<b>ଝା</b> ଭଲ40			
For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2017									20 1 9	<u>-</u>   2018		
Department of the Treasury Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)									(/c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if											
	address changed								(Emp	(Employees' trust, see instructions)		
B Exe	empt under section THE CHILDREN'S AID SOCIETY											
X	501(C) <b>Q</b> 3)	Print	Number, street, and roor	n or suite no I	faPO	box, see instructions			13-5	13-5562191		
	408(e) 220(e)									lated busine	ess activity code	
	408A530(a)	Type   711 murph avenue								nstructions ,		
529(a) City or town, state or province, country, and ZIP or foreign postal code												
	k value of all assets		NEW YORK, NY						5259	90		
	at end of year  F Group exemption number (See instructions ) ▶											
	2,396,000.		eck organization type				501(c		401(a)		Other trust	
			inization's unrelated trad	les or busine	sses					y (or first) u		
	de or business her							complete Parts			, describe the	
	•		e end of the previous se	entence, cor	npiete	Parts i and ii, con	ipieie a S	chequie ivi for e	acri addilic	mai		
	de or business, th		corporation a subsidiar	rv in an affili	atod a	roup or a parent su	ibeidiani e	controlled group	2		Yes X No	
	= :		identifying number of the				ibsidial y C	ontrolled group	· · · · ·			
			CHAEL GREENBE		poratio		Telephon	e number ▶ 2	12-949	-4800		
			or Business Incom			(A) Incom		(B) Expe		T	(C) Net	
	Gross receipts or							·		1	1	
$\sim$	Less returns and allowa			c Balance ▶	1c						ļ	
$\sim$			ule A, line 7)	,	2							
ୟ² ୍ଦ³	•	•	2 from line 1c		3							
4 -	Capital gain net ii	ncome (a	ittach Schedule D)		4a	41	,204.				41,204.	
130°	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Fo	rm 4797)	4 b							
L	Capital loss dedu	ction for	trusts		4 c							
<b>⊟</b> 5	Income (loss) from a p	artnership o	r an S corporation (attach state	ment)	5	-52	,837.	ATCH :	<u>2</u>		-52,837.	
<b>2</b> 6	Rent income (Sch	edule C)			6_							
Z,	Unrelated debt-fit	nanced ir	come (Schedule E) .		7							
	Interest, annuities, roya	alties, and re	ents from a controlled organizati	ion (Schedule F)	8						<del></del>	
<b>1</b> 9	Investment income of a	a section 50	1(c)(7), (9), or (17) organizatio	on (Schedule G)	9							
10		•	ncome (Schedule I) .		10							
11	•		dule J)		11							
12			ctions, attach schedule)			_11	,633.				-11,633.	
13	Total. Combine li	nes 3 thr	Taken Elsewhere	(See inst	13			loductions \	/Eveent	for contr		
									(Except	IOI COITH	butions,	
14			t be directly connecting directors, and trustees						14	1	<del></del>	
3 <sup>14</sup> 2 15	<del>-</del> '			•					15			
, ,								/ \	16			
17	Rad debts	iteriarioc	(see instructions) See instructions for limit 4562)					~;;)	17	<del></del>		
<u>5</u> 18	Interest (attach s	chedule)	(see instructions)						18	1		
19	Taxes and license	s				//C	<i>\</i> //	00 /00/	19	1		
≥ 20	Charitable contril	outions (	See instructions for limit	tation rules)			8.		20			
≥ 20 ≥ 21	Depreciation (atta	ach Form	4562)			🔨 🏸 3	410	/\\\				
<b>∽</b> 22	Less depreciation	n claimed	on Schedule A and els	ewhere on re	eturn	$\mathbb{Z}$ $\mathcal{L}$ $\mathcal{L}$	a /	(A)	221	ь	_	
<u></u> 23	Depletion						/.ç,Ş	·/· · · · · ·	23		10,603.	
222 223 224	Contributions to	deferred	compensation plans .			<u>.</u>	.O/		24			
25	Employee benefit	program	s				<i>/</i>		25			
26	Excess exempt ex	rpenses (	Schedule I)						<u>  26</u>	<u> </u>	7,	
27			Schedule J)								- A A	
28			schedule)								19,037	
29			es 14 through 28								18,037.	
30			ole income before ne								-29,670.	
31			ng loss arising in tax ye								-29,670.	
32 For F			le income Subtract line Notice, see instructions		30.			<u> </u>	<u>.Q.\.   32</u>		-29,670. orm <b>990-T</b> (2018)	
FUT F	abelmoir reade	HOH ACC	woule, see matructions	•					. •	F	ли э <b>эс- і</b> (2018)	

Form	990-T (20						Page 2
Pai	rt III	<b>Total Unrelated Business Taxable Incom</b>	<u>e</u>	, ,			
33	Total o	of unrelated business taxable income computed from	om all unrelated trade	es or businesses (se	e		
	ınstruct	ions)			. 33	212,	654.
34	Amount	ts paid for disallowed fringes			. 34		
35		ion for net operating loss arising in tax years					
		ions),				3,	887.
36		of unrelated business taxable income before specific					
		33 and 34				208,	767.
37	Specific	deduction (Generally \$1,000, but see line 37 instructions	for excentions)	24			000.
38		ed business taxable income. Subtract line 37 from			•	·	
30		ee smaller of zero or line 36				207.	767.
Do		Tax Computation			1 40		
				114	▶ 39	43.	631.
39		zations Taxable as Corporations. Multiply line 38 by 21%	for tax computation				
40							
		ount on line 38 from Tax rate schedule or	,		1 1		
41	Proxy t	ax. See instructions			▶ 41		
42		tive minimum tax (trusts only)					
43	Tax on	Noncompliant Facility Income. See instructions		· · · · · · · · · · · · · · · · · //	43	4.2	<u> </u>
44		add lines 41, 42, and 43 to line 39 or 40, whichever applies	· · · · · · · · · · · · · · · · · · ·	<u> </u>	J 44	43,	631.
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach F	orm 1116) 45a	a			
b	Other c	redits (see instructions)	<u>45</u> 1	b			
С	Genera	I business credit Attach Form 3800 (see instructions)	450	c			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	450	d	_		
		redits. Add lines 45a through 45d			. 45e		
46	Subtrac	ct line 45e from <u>line 44</u>	<u></u> <u>.</u>	<u></u>	. 46	43,	631.
47	Other ta	xes Check if from Form 4255 Form 8611 Form	8697 Form 8866	Other (attach schedule	. 47		
48		x. Add lines 46 and 47 (see instructions)				43,	631.
49		et 965 tax liability paid from Form 965-A or Form 965-B, P					
		nts A 2017 overpayment credited to 2018			•		
		stimated tax payments					
		posited with Form 8868		c 140,50	0.		
		organizations Tax paid or withheld at source (see instruction					
		withholding (see instructions)	· · · · · · · · · · · · · · · · · · ·	<del>-  </del>			
f		or small employer health insurance premiums (attach Form					
		redits, adjustments, and payments Form 2439		·			
9		orm 4136 Other	Total ► 50g	<u>.  </u>			
51		ayments. Add lines 50a through 50g			.   1/51	140.	500.
52	-	ted tax penalty (see instructions) Check if Form 2220 is att		_	52		
					<b>5</b> 53 53		
53		e. If line 51 is less than the total of lines 48, 49, and 52, et				96	869.
54 0		yment. If line 51 is larger than the total of lines 48, 49, ar			· <del></del>		
		e amount of line 54 you want Credited to 2019 estimated tax		Refunded			
	rt VI	Statements Regarding Certain Activities			-	uthority Yes	No
56		time during the 2018 calendar year, did the organ		=		······································	110
		financial account (bank, securities, or other) in a	-				
		Form 114, Report of Foreign Bank and Financial	Accounts If "Yes," e	enter the name of tr	ie foreign	country	,
	here 🕨						X X
57	During	the tax year, did the organization receive a distribution fro	om, or was it the grantor	of, or transferor to, a fo	reign trust?		X
		' see instructions for other forms the organization may have					
58	Enter th	he amount of tax-exempt interest received or accrued during	ig the tax year ▶ \$				<u></u>
	l to	nder penalties of penjury, I declare that I have examined this return, in ue, correct, and complete Declaration of preparer (other than taxpayer) is bas	ncluding accompanying schedule ed on all information of which or	es and statements, and to the control of the contro	ne best of my	knowledge and be	elief, it is
Sig	n	/1 000-1	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•_	May the IR	S discuss this	return
Hei	re 🚩	Merky Suber 4/2	2/2020 / CF	0	with the p	reparer shown	
	s	ignature of officer Date	Title		(see instruction		No
		Print/Type preparer's name Preparer's	•	Date C	neck ıf	PTIN /	
Paid		SCOTT THOMPSETT 27 Show	PIUN	1 4 /20 /2020	elf-employed	P007414	90
	parer	Firm's name ▶ GRANT THORNTON LLP				36-605555	
USE	Only	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOO	R, NEW YORK, NY	10017-2013 P	none no 212	2-599-0100	0
ISA		·				Form <b>990-T</b>	

8X2741 1 000 4822MQ 700J

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

 $\blacktriangleright$ 

Page 4

Schedule F—Interest, Annu	inies, Royaities			ntrolled Org			ations (se	e matruction	(6116		
Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ed include	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
1)											
2)											
3)											
4)	<u> </u>										
Nonexempt Controlled Organiz						10	Port of column	a 0 that is	1 44	Deductions directly	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			connected with income in column 10		
1)	·									· · ·	
2)			_					<u>.                                    </u>			
3)				<u>.</u>							
4)							ld columns 5			id columns 6 and 11	
Fotals		tion 50	l(c)(7),	 (9), or (17	<b>►</b> ) Orga	Pa	er here and or rt I, line 8, colo on (see ins	ımn (A)		ler here and on page 1, rt I, line 8, column (B)	
1. Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asi (attach sch				5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)											
2)											
(3)										<del></del>	
4)	Enter here and									Enter here and on page 1	
Totals ► Schedule I – Exploited Exe	empt Activity In	come, O	ther Th	i		come	(see instr	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ed with tion of ated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 5 Gross income from activity that is not unrelated business income		6 Expe attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)					-	-					
2)			• •		-						
3)	1		•								
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,					Enter here and on page 1, Part II, line 26			
Totals	1	uotio==\		l			<del></del>			. 1	
Schedule J-Advertising Ir			Consol	idated Day	·ic						
Part I Income From Per	lodicals Report	ea on a	Consoi	luateu Bas	SIS			1		<del></del>	
1 Name of periodical	2 Gross advertising income	advertising advertising co		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				1							
(3)				1							
(4)				1					•		
			<u> </u>								
Totals (carry to Part II, line (5))										Form 990-T (2019	

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1、Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			<u>[</u>			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)				····		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	time devoted to business	4 Compensation attributable to unrelated business
(1)		%	_
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14		<b>&gt;</b>	

Form **990-T** (2018)

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ORDINARY LOSS FROM LP INVESTMENTS PORTFOLIO LOSS FROM LP INVESTMENTS -53,379. 542.

INCOME (LOSS) FROM PARTNERSHIPS

-52,837.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EXPENSES RELATED TO PORTFOLIO INCOME TAX PREPARATION FEES

5,759. 1,675.

PART II - LINE 28 - OTHER DEDUCTIONS

<u>7,434.</u>