

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  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

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

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 105 EAST 22ND STREET

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

**D** Employer identification number  
 13-5562191

**E** Telephone number  
 (212) 949-4911

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Web site: www.childrensaidsociety.org

**J** Organization type (check only one)  501(c)(3) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 515,092,264

**H and I** are not applicable to section 527 organizations

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

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Direct public support	<b>1a</b>	18,945,129	
	<b>b</b>	Indirect public support	<b>1b</b>	1,607,176	
	<b>c</b>	Government contributions (grants)	<b>1c</b>	9,596,546	
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ 27,904,851 noncash \$ 2,244,000 )		<b>1d</b>	30,148,851
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	46,585,149
	<b>3</b>	Membership dues and assessments		<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>	26,598
	<b>5</b>	Dividends and interest from securities		<b>5</b>	4,819,605
	<b>6a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	
<b>7</b>	Other investment income (describe _____)		<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other
			433,088,426	<b>8a</b>	
	<b>b</b>	Less cost or other basis and sales expenses	417,493,557	<b>8b</b>	
	<b>c</b>	Gain or (loss) (attach schedule)	15,594,869	<b>8c</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	15,594,869	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ 329,358 of contributions reported on line 1a) _____	<b>9a</b>	423,635	
	<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	353,985	
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	69,650
<b>10a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>		
	<b>b</b>	Less cost of goods sold	<b>10b</b>		
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)		<b>11</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>	97,244,722	
Expenses	<b>13</b>	Program services (from line 44, column (B))		<b>13</b>	80,458,559
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b>	6,828,250
	<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b>	2,238,426
	<b>16</b>	Payments to affiliates (attach schedule)		<b>16</b>	
	<b>17</b>	Total expenses (add lines 16 and 44, column (A))		<b>17</b>	89,525,235
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>	7,719,487
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	287,367,171
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>20</b>	-2,123,404
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>	292,963,254

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b>	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	<b>23</b>	9,936,782	9,936,782		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>	2,572,770	2,572,770		
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	46,988,543	43,928,387	1,203,609	
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>	763,275	757,710	5,565	
<b>28</b>	Other employee benefits . . . . .	<b>28</b>	4,769,309	4,352,202	238,680	
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	4,341,812	3,976,103	254,834	
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>	166,203	54,203	112,000	
<b>32</b>	Legal fees . . . . .	<b>32</b>	691,806	408,740	283,066	
<b>33</b>	Supplies . . . . .	<b>33</b>	2,329,554	2,243,491	63,975	
<b>34</b>	Telephone . . . . .	<b>34</b>	681,467	671,634	9,833	
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	197,016	85,209	6,548	
<b>36</b>	Occupancy . . . . .	<b>36</b>	3,679,430	3,457,238	158,448	
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>				
<b>38</b>	Printing and publications . . . . .	<b>38</b>	350,970	138,804	88,038	
<b>39</b>	Travel . . . . .	<b>39</b>	929,704	862,522	51,174	
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	666,004	541,839	74,495	
<b>41</b>	Interest . . . . .	<b>41</b>				
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	1,257,589	1,090,358	161,505	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	89,525,235	80,458,559	6,828,250	2,238,426

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► THE CHILDREN'S AID SOCIETY IS DEDICATED TO PROVIDING UNDERSERVED CHILDREN AND THEIR FAMILIES IN NEW YORK CITY WITH A NETWORK OF INTEGRATED AND COMPREHENSIVE SERVICES THAT ENSURE THEIR PHYSICAL AND EMOTIONAL WELL-BEING. THE CHILDREN'S AID SOCIETY SERVES CHILDREN, FROM BIRTH THROUGH YOUNG ADULTHOOD, AND THEIR FAMILIES WITH AFTER-SCHOOL EDUCATIONAL ENRICHMENT, ARTS AND RECREATION, EARLY CHILDHOOD EDUCATION AND CHILD CARE, YOUTH DEVELOPMENT PROGRAMMING, COLLEGE PREPARATION, SUMMER AND RESPITE CAMPS, MEDICAL AND DENTAL CARE, MENTAL HEALTH CARE, FOSTER CARE AND ADOPTION, PREVENTIVE AND HOMEMAKER SERVICES, AND EMERGENCY ASSISTANCE. THESE PROGRAMS AND SERVICES ARE CARRIED OUT THROUGH THE AGENCY'S NEIGHBORHOOD CENTERS, COMMUNITY SCHOOLS, FAMILY CENTERS AND HEALTH CLINICS, AS WELL AS IN FAMILY COURTS AND IN FAMILIES' HOMES.

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** See Additional Data Table

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ►

80,458,559

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		64,617	<b>45</b>	65,474	
	<b>46</b> Savings and temporary cash investments . . . . .		3,749,333	<b>46</b>	2,708,782	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	9,375,396			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	613,479	7,760,212	<b>47c</b>	8,761,917
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	10,088,209			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		14,184,625	<b>48c</b>	10,088,209
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			3,896,904	<b>53</b>	6,280,313
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		258,945,077	<b>54</b>	267,263,235
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	32,027,845				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	18,169,083	12,355,302	<b>57c</b>	13,858,762	
<b>58</b> Other assets (describe ) . . . . .			680,480	<b>58</b>	777,667	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			301,636,550	<b>59</b>	309,804,359	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		12,089,475	<b>60</b>	13,736,657	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		2,179,904	<b>62</b>	3,104,448	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .				<b>64b</b>	
	<b>65</b> Other liabilities (describe ) . . . . .				<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			14,269,379	<b>66</b>	16,841,105	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		245,526,432	<b>67</b>	252,158,868	
	<b>68</b> Temporarily restricted . . . . .		37,604,060	<b>68</b>	36,567,707	
	<b>69</b> Permanently restricted . . . . .		4,236,679	<b>69</b>	4,236,679	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .			287,367,171	<b>73</b>	292,963,254
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			301,636,550	<b>74</b>	309,804,359

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	95,475,303
<b>b</b>	Amounts included on line <b>a</b> but not on line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-2,123,404
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-2,123,404
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	97,598,707
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	-353,985
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-2,123,404
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	97,244,722

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	89,879,220
<b>b</b>	Amounts included on line <b>a</b> but not on line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	353,985
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	353,985
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	89,525,235
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	89,525,235

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>43</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
philip coltoff 2 fifth avenue new york, NY 10010	0	62,500	0	7,675

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	Yes
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	Yes
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization <input checked="" type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions ) . . . . . <b>81a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

**Part VI Other Information** *(continued)*

	Yes	No
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<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	Yes	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	<b>85b</b>		
<b>c</b> Dues assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		No
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____			
<b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> NY,NJ,AR,CO,GA,KY,LA,MD,MI,MN,NM,PA,TN,VA			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>		2,498
<b>91a</b> The books are in care of <input type="checkbox"/> ORGANIZATION Telephone no <input type="checkbox"/> (212) 949-4911 105 EAST 22ND STREET Located at <input type="checkbox"/> NEW YORK, NY ZIP + 4 <input type="checkbox"/> 10010			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>		No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> _____	<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> PROGRAM FEES					8,278,401
<b>b</b> Gov't fees & contract					38,306,748
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	26,598	
<b>96</b> Dividends and interest from securities . . . . .			14	4,819,605	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	15,594,869	
<b>101</b> Net income or (loss) from special events . . . . .			01	69,650	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				20,510,722	46,585,149
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					67,095,871

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROGRAM FEES AND DUES HEALTH, RECREATION, PRESCHOOL, AFTER SCHOOL AND EDUCATION SERVICES ARE PROVIDED IN THE COMMUNITY CAMPS ARE OPERATED FOR SERIOUSLY HANDICAPPED CHILDREN DURING THE FALL, WINTER AND SPRING MONTH'S
93B	FEES FROM GOVERNMENT AGENCIES NEW YORK CITY & NEW YORK STATE REIMBURSE THE AGENCY FOR FOSTER BOARDING HOME & GROUP HOME SERVICES PROGRAMS IN ORDER TO REDUCE CRIME, DRUG ABUSE & VIOLENCE, TRUANCY, TEEM PREGNANCY, & TO IMPROVE THE QUALITY OF LIFE FOR YOUTH IN THE COMMUNITY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: \*\*\*\*\* Date: 2007-05-14

Type or print name and title: c warren moles chief executive officer

**Paid Preparer's Use Only**

Preparer's signature: ANDREW SILVERSTEIN CPA Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DORFMAN ABRAMS MUSIC LLC  
21-00 ROUTE 208 SOUTH  
FAIR LAWN, NJ 07410

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no: (201) 796-9100



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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CHILDREN'S AID SOCIETY

Employer identification number

13-5562191

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANE M QUINN 105 E 22ND STREET new york, NY 10010	ASST EXEC DIR 50 00	206,137	58,388	0
DR LISA HANDWERKER 105 E 22ND STREET new york, NY 10010	MEDICAL DIRECTOR 50 00	166,438	30,315	0
lorna morgan 105 E 22ND STREET new york, NY 10010	DIR OF operat 50 00	129,825	38,692	0
OFELIA DE CARLOS 105 E 22ND STREET new york, NY 10010	COMPTROLLER 50 00	131,282	38,963	0
patricia grayson 105 E 22ND STREET new york, NY 10010	asst exec dir 50 00	205,854	43,567	0
Total number of other employees paid over \$50,000 ▶	202			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MICHAel Carrera 444 EAST 82ND STREET NEW YORK, NY 10028	health services	372,560
ROSIN REINIGER 630 THIRD AVENUE NEW YORK, NY 10017	LEGAL SERVICES	348,179
WAyne Hugo Green 600 SOUTH MOUNTAIN ROAD NEW CITY, NY 10956	HEALTH SERVICES	156,730
SONNENSCHN LAW FIRM 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	LEGAL SERVICES	134,662
DORFMAN ABRAMS MUSIC 21-00 ROUTE 208 SOUTH FAIR LAWN, NJ 07442	AUDIT SERVICES	115,150
Total number of others receiving over \$50,000 for professional services ▶	8	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>19,429</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <input checked="" type="checkbox"/>			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>		No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>		No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>		No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>		No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>		No

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (see page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	60,988,507	58,767,150	60,147,310	79,620,325	259,523,292
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	7,617,798	7,820,055	7,139,208	7,906,733	30,483,794
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,718,151	4,053,287	5,265,289	4,566,728	17,603,455
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	72,324,456	70,640,492	72,551,807	92,093,786	307,610,541
<b>24</b> Line 23 minus line 17	64,706,658	62,820,437	65,412,599	84,187,053	277,126,747
<b>25</b> Enter 1% of line 23	723,245	706,405	725,518	920,938	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					5,542,535
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					277,126,747
<b>d</b> Add Amounts from column (e) for lines 18 17,603,455 19 0 22 26b 0					17,603,455
<b>e</b> Public support (line 26c minus line 26d total)					259,523,292
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					9364 79 %
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) (2003) (2002) (2001)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) (2003) (2002) (2001)					
<b>c</b> Add Amounts from column (e) for lines 15 16 17 20 21					
<b>d</b> Add Line 27a total and line 27b total					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000   \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**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 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount				
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))				
<b>47</b>	Total lobbying expenditures				
<b>48</b>	Grassroots nontaxable amount				
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))				
<b>50</b>	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
<b>c</b> Media advertisements		No	0
<b>d</b> Mailings to members, legislators, or the public		No	0
<b>e</b> Publications, or published or broadcast statements		No	0
<b>f</b> Grants to other organizations for lobbying purposes		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		19,429
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
<b>i</b> Total lobbying expenditures (Add lines c through h.)			19,429

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 4562

(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment
Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Includes THE CHILDREN'S AID SOCIETY and Form 990 Page 2.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 3 main columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Includes rows 7-13 for listed property and calculations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

Table with 4 rows for Part II: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 Grouping assets.

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i for various property types.

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 6 columns: 20a Class life, 20b 12-year, 20c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal(noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2005 tax year				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f) See the instructions for where to report				<b>44</b>	



**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
MILBANK DEVELOPMENT HOUSING FUND INC	X	
MADISON AVENUE FUND FOR CHILDREN INC	X	
CAMPBELL-DEVON LLC		X
UNITED CHARITIES CORP	X	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MELVIN R SEIDEN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
VIRGINIA M SERMIER 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
JOHN W SPURDLE JR 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
ROSALIE K STAHL 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
JEAN L STERN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
MRS MILTON STERN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
KEVIN J WATSON 105 EAST 22ND STREET NEW YORK, NY 10010	tRuSTEE 5 00	0	0	0
ROBERT WOLF 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARTHA BICKNELL KELLNER 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
URUSLA G LAMOTTE 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
MARTHA BERMAN LIPP 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
SHARON MADISON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
RICHARD H MANGUM 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
FAITH MASSINGALE 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
MARTHA B MCLANAHAN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
FELIX A ORBE 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
CALVIN RAMSEY 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
MEREDITH PHELPS RUGG 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARK M EDMISTON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
DESMOND G FITZGERALD 105 EAST 22ND STREET NEW YORK, NY 10010	trustEE 5 00	0	0	0
MRS ROBERT M GARDINER 105 EAST 22ND STREET NEW YORK, NY 10010	trusTEE 5 00	0	0	0
MARSHALL M GREEN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
ELIOT P GREEN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
MAEVE GYENES 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
PETER P HANSON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
LOLITA K JACKSON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
LANE H KATZ 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
RONALD H KAUFMANN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
iris abrons 105 EAST 22ND STREET NEW YORK, NY 10010	secretary 5 00	0	0	0
sheila baird 105 EAST 22ND STREET NEW YORK, NY 10010	treasurer 5 00	0	0	0
MARC BROXMEYER 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
ELLY CHRISTPHERSON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
ANNE JEFFRIES CITRIN 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
JAN CORREA 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
SUSAN M COUPEY MD 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
GLORIA M DABIRI 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
JUDITH K DIMON 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0
BART J EAGLE 105 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 5 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
PHILIP COLTOFF 105 EAST 22ND STREET NEW YORK, NY 10010	partial year 50 00	195,623	1,405,529	0
C WARREN MOSES 105 EAST 22ND STREET NEW YORK, NY 10010	ceopartial year-assoc ed 50 00	339,128	69,251	0
BETTY NOGAN-woerner 105 EAST 22ND STREET NEW YORK, NY 10010	CHIEF FINANCIAL OFFICER 50 00	223,042	37,258	0
william weisberg 105 EAST 22ND STREET NEW YORK, NY 10010	executive director 50 00	199,232	33,532	0
edwarD M LAMONT 105 EAST 22ND STREET NEW YORK, NY 10010	chairman eMERITUS 5 00	0	0	0
charlton Y Phelps 105 EAST 22ND STREET NEW YORK, NY 10010	chairman eMERITUS 5 00	0	0	0
edGAR R KOERNER 105 EAST 22ND STREET NEW YORK, NY 10010	chaIRMAN 5 00	0	0	0
angELA DIAZ MD 105 EAST 22ND STREET NEW YORK, NY 10010	prESIDENT 5 00	0	0	0
samuel m convissor 105 EAST 22ND STREET NEW YORK, NY 10010	vicE PRESIDENT 5 00	0	0	0
davID F STEIN 105 EAST 22ND STREET NEW YORK, NY 10010	vicE PRESIDENT 5 00	0	0	0

**Form 990, Part III - Program Service Accomplishments:**

<p><b>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</b></p>	<p><b>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</b></p>
<p><b>a</b> CHILDREN'S CENTERS CHILDREN'S AID'S 14 COMMUNITY-BASED CENTERS, LOCATED ACROSS NEW YORK CITY, OFFER CRITICALLY ACCLAIMED AND AWARD-WINNING CHILDREN'S PROGRAMS FROM LITERACY TO DANCE TO SWIMMING AND 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 ENRICHMENT, TECHNOLOGY, ARTS, RECREATION, LEADERSHIP DEVELOPMENT, AND COLLEGE AND CAREER PREPARATION CHILDREN'S AID BELIEVES THAT SELF-EXPRESSION AND CREATIVITY BUILDS INDIVIDUALITY AND SELF CONFIDENCE, AND ULTIMATELY EXPANDS A YOUNG PERSON'S HORIZONS TWO CENTERS ARE DESIGNATED SPECIFICALLY FOR TEENAGERS, PROVIDING PEER EDUCATION AND LEADERSHIP PROGRAMMING AS WELL AS CAREER READINESS, EDUCATIONAL SUPPORT AND LEGAL ADVOCACY, ESPECIALLY FOR YOUTH AGING OUT OF FOSTER CARE COMBINED, THE CHILDREN'S CENTERS SERVE APPROXIMATELY 42,000 CHILDREN AND THEIR FAMILY MEMBERS COMPREHENSIVE MEDICAL, DENTAL AND MENTAL HEALTH SERVICES ARE ALSO PROVIDED AT SEVERAL OF THESE LOCATIONS</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>22,636,203</p>
<p><b>b</b> ADOPTION AND FOSTER CARE AS A CITY-CONTRACTED AGENCY, CHILDREN'S AID PROVIDES ADOPTION AND FOSTER CARE SERVICES TO APPROXIMATELY 540 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 WHO ARE EMOTIONALLY UNSTABLE AND NEED COUNSELING AND BEHAVIORAL SUPPORT), AND INDEPENDENT LIVING (FOR YOUTH AGING OUT OF THE SYSTEM) THE FAMILY FOSTER CARE PROGRAM SERVES CHILDREN PRIMARILY FROM THE SOUTH BRONX, WHILE THE MEDICAL AND THERAPEUTIC PROGRAMS SERVE CHILDREN AND FAMILIES THROUGHOUT THE CITY HEALTH SERVICES ARE ROUTINELY PROVIDED TO FOSTER CARE CHILDREN SERVED BY CHILDREN'S AID AS WELL AS SEVERAL OTHER FOSTER CARE AGENCIES THAT CONTRACT WITH CHILDREN'S AID</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>15,262,207</p>
<p><b>c</b> FAMILY, CHILD AND COMMUNITY SERVICES CHILDREN'S AID WORKS TO KEEP FAMILIES TOGETHER, THROUGH COMPREHENSIVE PREVENTIVE SERVICES, INCLUDING COUNSELING SERVICES, HOMEMAKER SERVICES, HOME VISITS BY THERAPISTS AND SOCIAL WORKERS, SHELTER FOR HOMELESS FAMILIES WITH CHILDREN, COUNSELING AND SERVICES FOR CHILDREN AND FAMILIES EXPERIENCING DOMESTIC VIOLENCE AND ABUSE, HELP FOR FAMILIES IN FAMILY COURTS AND YOUTH IN THE JUVENILE JUSTICE SYSTEM, AND ADVOCACY AND ADVICE FOR CLIENTS SO THEY MAY RECEIVE THE BENEFITS TO WHICH THEY ARE ENTITLED OUR UNIQUE JUVENILE JUSTICE PROGRAMS, WHICH HELP ADJUDICATED YOUTH RECONNECT WITH THEIR COMMUNITIES IN A SUPPORTED AND POSITIVE WAY, HAVE SIGNIFICANTLY REDUCED RECIDIVISM AND HELPED DETER YOUTH FROM REPEATING RISKY BEHAVIOR FAMILY, CHILD AND COMMUNITY SERVICES WERE PROVIDED TO APPROXIMATELY 3,815 CHILDREN AND ADULTS THIS YEAR</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>12,562,974</p>
<p><b>d</b> HEALTH SERVICES 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 THE CLINICS ACCOMMODATE APPROXIMATELY 34,200 MEDICAL VISITS AND 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 APPROXIMATELY 8,300 DENTAL VISITS ACROSS SEVEN SCHOOL AND CENTER-BASED CLINICS THE AGENCY ALSO OPERATES A MOBILE DENTAL VAN, WHICH SCHEDULES APPROXIMATELY 2,400 VISITS AT HEAD START PROGRAMS PRIMARILY IN UPPER MANHATTAN CHILDREN'S AID ALSO PROVIDES COMPREHENSIVE MENTAL HEALTH SERVICES IN SCHOOL AND CENTER-BASED CLINICS ACCOMMODATING OVER 14,600 VISITS THE CLINICS 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</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>10,776,176</p>
<p><b>e</b> WORLD TRADE CENTER RELIEF CHILDREN'S AID CONTINUES TO PROVIDE EMERGENCY ASSISTANCE, CASE MANAGEMENT, LONG-TERM FINANCIAL ASSISTANCE, AND MENTAL HEALTH SERVICES TO FAMILIES WHO LOST A LOVED ONE OR WERE AFFECTED BY THE ATTACKS OF 9/11 APPROXIMATELY 60 FAMILIES WERE SERVED THROUGH WORLD TRADE CENTER RELIEF PROGRAMS THIS YEAR</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,104,267</p>
<p><b>f</b> COMMUNITY SCHOOLS IN PARTNERSHIP WITH THE NYC DEPARTMENT OF EDUCATION, CHILDREN'S AID OPERATES 21 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 EDUCATIONAL PRACTICES WITH A WIDE RANGE OF VITAL IN-HOUSE HEALTH AND SOCIAL SERVICES TO ENSURE THAT CHILDREN ARE PHYSICALLY, EMOTIONALLY AND SOCIALLY PREPARED TO LEARN OPEN EARLY MORNINGS, AFTERNOONS, WEEKENDS AND SUMMERS, THE COMMUNITY SCHOOL SERVES AS A TRUE CENTER OF NEIGHBORHOOD LIFE IT IS MORE THAN SIMPLY A PLACE WHERE CHILDREN ATTEND CLASSES IN THIS FAMILIAR 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 COMMUNITY SCHOOLS OFFER SERVICES FOR CHILDREN AND PARENTS THAT INCLUDE YOUTH DEVELOPMENT PROGRAMS, INCLUDING ACADEMIC ENRICHMENT, SPORTS, ARTS AND COMMUNITY SERVICE, SUMMER CAMPS, MEDICAL, DENTAL AND MENTAL HEALTH SERVICES, SOCIAL SERVICES, ADULT EDUCATION, CHILD HEALTH INSURANCE ENROLLMENT, EARLY CHILDHOOD PROGRAMS, AND COMMUNITY DEVELOPMENT, INCLUDING EMPLOYMENT OF NEIGHBORHOOD RESIDENTS AND SPONSORSHIP OF COMMUNITY EVENTS THESE PROGRAMS ARE AVAILABLE TO APPROXIMATELY 42,000 STUDENTS AND THEIR FAMILY MEMBERS COMPREHENSIVE MEDICAL, DENTAL AND MENTAL HEALTH SERVICES ARE ALSO PROVIDED AT MOST OF THESE LOCATIONS INITIATED IN 1992, THE CHILDREN'S AID COMMUNITY SCHOOL MODEL HAS WON NATIONAL RECOGNITION AND NUMEROUS AWARDS, ATTRACTING SIGNIFICANT INTEREST NATIONALLY AND INTERNATIONALLY THROUGH ITS NATIONAL TECHNICAL ASSISTANCE CENTER FOR COMMUNITY SCHOOLS, THE AGENCY HAS 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 OF THESE COUNTRIES, MOST NOTABLY ENGLAND, THE NETHERLANDS AND SCOTLAND, HAVE ADOPTED COMMUNITY SCHOOLS AS A NATIONAL REFORM STRATEGY</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>9,921,040</p>
<p><b>g</b> CAMPS CHILDREN'S AID OPERATES TWO CO-ED SUMMER DAY CAMPS IN CHAPPAQUA, NY AND STATEN ISLAND, SERVING APPROXIMATELY 1,080 CHILDREN EACH CAMP IS SITUATED ON MORE THAN 40 ACRES OF LAND PROVIDING THE QUINTESSENTIAL, RURAL CAMP EXPERIENCE WITH SWIMMING POOLS, 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 CHAPPAQUA, 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 SWIMMING POOLS, ATHLETIC FACILITIES FOR BASKETBALL, BASEBALL, SOCCER AND VOLLEYBALL, AND AN ADVENTURE ROPES COURSE IT ALSO HAS INDOOR FACILITIES FOR MUSIC, NATURE, COOKING AND DANCE, AS WELL AS SUMMER PROGRAM AREAS FOR DRAMA AND ARTS AND CRAFTS THERE ARE TWO RIDING RINGS FOR THE HORSEMANSHIP PROGRAM ADDITIONALLY, WAGON ROAD PROVIDES A YEAR-LONG RESPITE COMPONENT TO APPROXIMATELY 100 PHYSICALLY AND DEVELOPMENTALLY DISABLED CHILDREN BETWEEN THE AGES OF 7 AND 18 THE PURPOSE OF THE PROGRAM IS TWO-FOLD TO SUPPORT AND STRENGTHEN THE FAMILIES, AND TO ENRICH THE LIVES OF THE CHILDREN RESPITE CAMPERS, MANY OF WHOM LIVE WITH SUCH ILLNESSES AS CEREBRAL PALSY, SPINAL BIFIDA, AUTISM, DOWNS SYNDROME AND NEUROLOGICAL IMPAIRMENTS CAN PARTICIPATE IN AS MANY AS FOUR WEEKENDS OF PROGRAMMING EACH YEAR THE SESSIONS RANGE FROM SHORT TWO-DAY WEEKEND PROGRAMS TO LONGER 6-DAY PROGRAMS THE WILLIAM OSBORN DAY CAMP AT GOODHUE CENTER ON STATEN ISLAND PROVIDES CAMPING FOR CHILDREN AGES 5-13 PROGRAMS ARE CREATIVE AND NURTURING AND HAVE A LASTING INFLUENCE THE CAMP HAS WOODLANDS 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 COMPUTERS AND SCIENCE DISCOVERY PROGRAM HIGHLIGHTS INCLUDE ARTS AND CRAFTS, DRAWING AND PAINTING, TV AND RADIO PRODUCTION, NATURE STUDY AND SCIENCE, GARDENING, THEATER, SPORTS AND SWIM INSTRUCTION AND BOATING AND FISHING</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,902,462</p>
<p><b>h</b> ADOLESCENT PREGNANCY PREVENTION THE CHILDREN'S AID SOCIETY'S NATIONALLY RECOGNIZED ADOLESCENT SEXUALITY AND PREGNANCY PREVENTION PROGRAM IS GUIDED BY A PHILOSOPHY THAT SEES YOUTH AS "AT PROMISE" INSTEAD OF "AT RISK" THE CO-ED PROGRAM USES A HOLISTIC APPROACH TO EMPOWER YOUTH, HELP THEM DEVELOP A DESIRE FOR A PRODUCTIVE FUTURE, AND ASSIST THEM IN IMPROVING THEIR SEXUAL LITERACY AND UNDERSTANDING OF THE CONSEQUENCES OF SEXUAL ACTIVITY THE MODEL, WHICH HAS BEEN INDEPENDENTLY EVALUATED AND PROVEN EFFECTIVE, CONSISTS OF SEVEN COMPONENTS EDUCATIONAL SUPPORT, FAMILY LIFE/SEX EDUCATION, JOB CLUB, SELF EXPRESSION THROUGH THE ARTS, LIFETIME SPORTS, MEDICAL AND DENTAL CARE, AND COUNSELING THESE PROGRAM COMPONENTS ARE FULLY INTEGRATED INTO THE AFTER-SCHOOL ACTIVITIES OF CHILDREN'S AID COMMUNITY CENTERS AND SCHOOLS THE PROGRAM HAS BEEN REPLICATED IN NEW YORK CITY AND ACROSS 21 STATES, SERVING APPROXIMATELY 1,000 YOUTH ANNUALLY</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>4,293,230</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562191

**Name:** THE CHILDREN'S AID SOCIETY

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> REPAIRS & MAINTENANCE	<b>43a</b>	414,279	393,643	14,489	6,147
<b>b</b> INSURANCE EXPENSE	<b>43b</b>	725,719	668,735	42,539	14,445
<b>c</b> MEMBERSHIP DUES	<b>43c</b>	112,848	69,466	42,510	872
<b>d</b> FOOD	<b>43d</b>	1,016,253	897,997	92,984	25,272
<b>e</b> COMPUTER PROCESSING	<b>43e</b>	786,916	684,996	50,048	51,872
<b>f</b> MISCELLANEOUS EXPENSES	<b>43f</b>	308,299	230,471	45,662	32,166
<b>g</b> MISC SPECIAL EVENTS	<b>43g</b>	254,852	112,040	108,468	34,344
<b>h</b> OTHER PROFESSIONAL FEES	<b>43h</b>	5,583,835	4,895,989	503,905	183,941



**TY 2005 Gain/Loss from Sale of Public Securities Schedule****Name:** THE CHILDREN'S AID SOCIETY**EIN:** 13-5562191**Gross Sales Price:** 433,088,426**Basis:** 417,493,557**Sales Expenses:** 0**Total (net):** 15,594,869

## TY 2005 Individual Assistance Schedule

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Class of Activity	Amount
Medical, dental and hospital expenses provided	22,698
CAMPS	124,890
Community School	930,371
CHILDRENS CENTERS	1,334,266
FAMILY CHILD AND COMMUNITY SERVICES	179,054
FOSTER CARE	6,819,042
WORLD TRADE CENTER RELIEF	493,299
Teen Pregnancy PrEvention	33,162
Medical dental and hospital expenses provided	22,698

## TY 2005 Investments - Securities Schedule

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Description	Book Value	Cost/FMV
STOCKS	167,470,579	F
BONDS	79,231,853	F
CASH EQUIVALENTS	19,261,109	F
LIMITED PARTNERSHIP INTEREST	1,299,694	F

**TY 2005 Land etc. Schedule**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
LAND	1,250,459		1,250,459
LAND IMPROVEMENTS	708,679	362,787	345,892
COMPUTERS	934,800	778,328	156,472
BUILDING IMPROVEMENTS	11,517,752	6,991,538	4,526,214
LEASEHOLD IMPROVEMENTS	1,321,377	566,910	754,467
BUILDING ASSETS	13,174,887	7,552,366	5,622,521
AUTO'S & TRUCKS	261,297	182,751	78,546
FURNITURE & EQUIPMENT	2,273,165	1,734,403	538,762
CONSTRUCTION IN PROGRESS	585,429		585,429

## TY 2005 Officer Compensation Schedule

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

**c warren mores**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	339,128	69,251	
<b>Fundraising</b>			

**phillip coltoff**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	195,623	1,405,529	
<b>Fundraising</b>			

**betty nogan-woerner**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	223,042	37,258	
<b>Fundraising</b>			

**william weisberg**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	199,232	33,532	
<b>Fundraising</b>			



**phillip coltoff**

	<b>Compensation</b>	<b>EE Benefit Plans</b>	<b>Expense Acct</b>
<b>Program Services</b>			
<b>Mgmt &amp; General</b>	62,500		7,675
<b>Fundraising</b>			

**TY 2005 Other Assets Schedule**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST RECEIVABLE	680,480	777,667

**TY 2005 Other Changes in Net Assets Schedule****Name:** THE CHILDREN'S AID SOCIETY**EIN:** 13-5562191

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	-2,123,404

**TY 2005 Other Expenses Included Schedule**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Description	Amount
Fundraising - Special event expense	353,985

**TY 2005 Other Revenues  
Not Included Schedule**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Description	Amount
Fundraising - special events	-353,985

## TY 2005 Special Events Schedule

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
7th annual childrens aid golf outing	219,180	21,380	197,800	129,290	68,510
14th annual blue jean ball	196,793	96,293	100,500	98,566	1,934
greenw ich basketball clinic	94,850	76,415	18,435	12,000	6,435
rhinelaner gala	83,930	54,705	29,225	31,879	-2,654
other events	158,240	80,565	77,675	82,250	-4,575

**TY 2005 Non Electing Public Charities Statement**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

**Statement:** THE SOCIETY HAS AN ARRANGEMENT WITH HINMAN STRAUB, P.C. TO PROVIDE OPPORTUNITIES TO EDUCATE EXECUTIVE STAFF AND LEGISLATIVE MEMBERS OF EDUCATIONAL AND SOCIAL WELFARE PROGRAMS THAT AFFECT CHILDREN AND FAMILIES IN NEW YORK STATE.

**TY 2005 Self Dealing Statement**

**Name:** THE CHILDREN'S AID SOCIETY

**EIN:** 13-5562191

Line Number	Explanation
2d	See form 990 Part V-ATHE SOCIETY HAS AN ARRANGEMENT WITH HINMAN STRAUB, P.C. TO PROVIDE OPPORTUNITIES TO EDUCATE EXECUTIVE STAFF AND LEGISLATIVE MEMBERS OF EDUCATIONAL AND SOCIAL WELFARE PROGRAMS THAT AFFECT CHILDREN AND FAMILIES IN NEW YORK STATE.