Form 990)
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

. Inspection

Department of the Treasury Internal Revenue Service

AF	or the	2022 calendar year, or tax year beginning and	ending							
B c a	heck if	c Name of organization		D Employer identifie	cation number					
	Addre	CHILDREN'S AID AND FAMILY SERVICES, IN	c.							
	Name chang									
	Initial		Room/suite	E Telephone number						
	Final		nooni, suite	201-261-						
	⊥return/ termin ated			G Gross receipts \$	28,374,915.					
	Ameno									
	_lreturn ∏Applic			H(a) Is this a group re for subordinates						
	_ tion pendir	¹⁹ SAME AS C ABOVE								
			or 🗌 507	H(b) Are all subordinates in						
	Vebsit		or 527	1 '	list. See instructions					
		organization: X Corporation Trust Association Other	L Veer	H(c) Group exemption	I State of legal domicile: NJ					
	art I	Summary			N State of legal dofinicite. NO					
		Briefly describe the organization's mission or most significant activities: CHILI	י איז פח		MTT.V					
e		SERVICES STRENGTHENS FAMILIES AND EMPOWER			ILDREN AND					
Governance										
err		Check this box if the organization discontinued its operations or dispos			17					
205					17					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			451					
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			330					
ivit		Total number of volunteers (estimate if necessary)								
Act					0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
e		Contributions and grants (Part VIII, line 1h)		28,128,899.	26,432,479.					
Revenue		Program service revenue (Part VIII, line 2g)		912,057.	973,227.					
Jev Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		242,180.	143,832.					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		226,997.	160,216.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,510,133.	27,709,754.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		864,970.	587,090.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,668,134.	19,817,301.					
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 846,08	84.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,294,989.	6,038,941.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,828,093.	26,443,332.					
		Revenue less expenses. Subtract line 18 from line 12		4,682,040.	1,266,422.					
t Assets or d Balances			Be	ginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)		26,006,427.	28,300,304.					
tAs	21	Total liabilities (Part X, line 26)		9,727,822.	12,178,094.					
Fund		Net assets or fund balances. Subtract line 21 from line 20		16,278,605.	16,122,210.					
Pa	nrt II	Signature Block								
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	v knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						

Sign	Signature of off	ficer					Date			
Here	MARIE RE	EGER, CHIEF	FINANCIA	L OFFICER	ł					
	Type or print na	ame and title								
	Print/Type preparer's name Preparer's signature					Date	Check	PTIN		
Paid	BRIDGET	HARTNETT	BR	LIDGET HAD	RTNETT	11/15	/23 self-emplo	yed P01429163		
Preparer	Firm's name	CLIFTONLARS	ONALLEN I	LLP			Firm's EIN	1-0746749		
Use Only	Firm's address	293 EISENHO	WER PARK	WAY, 2ND	FLOOR					
		LIVINGSTON,	NJ 0703	9			Phone no.97	3-994-9494		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	In the separate instructions. Form <b>990</b> (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CHILDREN'S AID AND FAMILY SERVICES STRENGTHENS FAMILIES AND EMPOWERS
	INDIVIDUALS CHILDREN AND ADULTS ALIKE TO REACH THEIR FULLEST
	POTENTIAL. MOTIVATED BY COMPASSION AND IN PARTNERSHIP WITH THE
	COMMUNITY, WE MAKE POSITIVE LASTING DIFFERENCES IN THE LIVES OF THOSE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 16,792,143. including grants of \$ 587,090. ) (Revenue \$ 766,263. )
	THE DEVELOPMENTALLY DISABLED PROGRAM OF CHILDREN'S AID & FAMILY
	SERVICES ENCOMPASSES EIGHTEEN RESIDENTIAL HOMES AND DAY PROGRAM
	ACTIVITIES WHICH SERVE THE NEEDS OF CHILDREN AND ADULTS WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES.
	INTEDDECTORD DEVELOPMENTRD DISRBIDITIES.
41	(Code:) (Expenses \$ 2,545,285. including grants of \$) (Revenue \$172,339.)
4b	(Code:)(Expenses \$ 2,545,285. including grants of \$) (Revenue \$ 172,339.) ADDICTION PREVENTION SERVICES - PROVIDES EDUCATION PROGRAMS TO PREVENT
	DRUG AND ALCOHOL MISUSE; COALITION BUILDING IN COMMUNITIES TO REDUCE
	ALCOHOL AND DRUG MISUSE; AND PROVIDES RECOVERY SUPPORT SERVICES TO
	INDIVIDUALS SUFFERING WITH ADDICTION AND THOSE IN RECOVERY, AND,
	CONNECTS SURVIVORS WITH TREATMENT AND SUPPORT SERVICES.
4c	(Code:) (Expenses \$1, 475, 433. including grants of \$) (Revenue \$4, 428. )
	COUNSELLING SERVICES - CAFS PROVIDES THERAPEUTIC SERVICES TO PROMOTE
	FAMILY STABILITY.
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$         1,515,925.         including grants of \$         ) (Revenue \$         30,197.)           Total program service expenses         22,328,786.
<u>4e</u>	Total program service expenses 22,328,786. Form 990 (2022)
232002	2 12-13-22
_0_002	3

Form 990 (2		CHILDREN'S		AND	FAMILY	SERVICES,	INC.	22-1
Part IV	Checklist of R	equired Schedul	es					

<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> </ul>				Yes	No
2         the arganization required to complete <i>Schedule B</i> , Schedule <i>c Combuters</i> ² Sale instructions         2         X           3         Did the organization required to indirect political campaign activities on behalf of or in oppositon to candidates for public office? <i>II</i> 'Yes, 'complete Schedule <i>C</i> , Part <i>I</i> 3         X           4         Section 501(c)(3) organizations. Do the organization requires in lobbying activities, or have a section 501(r) election mether similar amountain any doner advised funds or any similar funds or accounts <i>IV</i> 'Yes, 'complete Schedule <i>C</i> , Part <i>I</i> 4         X           5         In the organization methan any doner advised funds or any similar funds or accounts <i>IV</i> 'Yes, 'complete Schedule <i>C</i> , Part <i>I</i> 6         X           7         X         Be the organization methan any doner advised funds or any similar funds or accounts <i>IV</i> 'Yes, 'complete Schedule <i>C</i> , Part <i>I</i> 6         X           7         X         Be the organization methan any doner advised funds or any similar funds or accounts <i>IV</i> 'Yes, 'complete Schedule <i>D</i> , Part <i>I</i> 7         X           8         Did the organization methan any of the following queues in the similar assets? <i>I</i> , 'Yes,' complete Schedule <i>D</i> , Part <i>I</i> 8         X           9         Did the organization methan any of the following queues in the six in any organization report an anount the Part X, line 21, for eschedule <i>D</i> , Part <i>X</i> 10         X           10         Did the organization deport an anoun	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If Yies, " complete Schedule C, Part I         3         X           3         Bockins of U(g) organization. Bid the organization engage in kobbying activities, or have a section 501(h) election in effect during the tax year? If Yies, " complete Schedule C, Part II         4         X           4         Did the organization maxima and yound or avis still interactions and the organization main and yound or avis still interaction activities of topics advice on the distribution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distribution or investment or amounts in the distribution or investment or amounts not teled in Part X, in a 21, for escore or outstodial account liability, serve as a custodian for amounts not teled in Part X, in a 21, for escore or outstodial account liability, serve as a custodian for amounts on teledial Part X, in a 12, for escore or outstodial account liability, serve as a custodian for amounts on to teledial Part X, in a 21, for escore or outstodial account liability, serve as a custodian for amounts on total assets applicable.         9         X           9         Did the organization, discret for through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If ''res,' complete Schedule D, Part V         10         X           10         Did the organization rep		If "Yes," complete Schedule A	1		
public office? # 'Yes,' complete Schedule Q, Part I         a         X           4 Section 501(6)(3) organization. Bit the organization engage in lobbying activities, or have a section 501(6) election in effect         4         X           5 Is the organization a section 501(6)(4), 501(6)(6), or 501(6)(4)         51(6)(6), or 501(6)(4), 501(6)(6), or 501(6)(4)         5         X           6 Did the organization matinia any choice advised funds or any similar thads or accounts' (W which downs have the right to provide advise on the distribution or investment of anounts in such funds or accounts' (W which downs have the right to provide advise on the distribution or investment of anounts in such funds or accounts' (W which downs have the right to the event matinian advised funds or accounts' (W which downs have the right to the event mature, fundsor (a advised funds or accounts' (W which downs have the right to the event mature, fundsor (a advised funds or accounts' (W which downs have the right to the event mature, fundsor (a advised funds or accounts' (W which downs have the right to the event mature). In the the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial nor amount for load part X; the 21, for escrew or custodial account liability, serve as a custodial nor array and the folowing questions is 'Yes,' then complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets report	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/life/1501(e)(b), 5050(e)(b), or 501(e)(b), or 501(e)(b	3				
during the tax year? "Yes," complete Schedule C, Part II         4         X           5         is the organization a section 50(16)(6), 50(16)(5) (5) (5)(16)(5) (5)(16)(5) (5)(16)(5) (5)(16)(5) (5)(16)(5)(5)(16)(5)(5)(16)(5)(5)(16)(5)(5)(16)(5)(5)(16)(5)(5)(16)(5)(5)(16)(5)(16)(16)(5)(16)(16)(16)(16)(16)(16)(16)(16)(16)(16			3		<u> </u>
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197. If Yes," complete Schedule C, Part II.         S         X           6         Did to organization maintain any doorn advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II.         6         X           7         XX         8         Did the organization receive on biola conservation (unding easements to or preserve open space, the environment, historic tand areas, or historic structure? // Yes," complete Schedule D, Part II.         7         X           9         Did the organization region and amount in Part X, line 21, for secrew or custodial account liability, same as a custodian for amounts on tised in Part X, or provide credit counseling, delt management, credit repair, or debt negativation service??         9         X           9         Did the organization, region through a neiled organization, hold assets in donor-restricted endowments or in quasi endowment? if 'rvs," complete Schedule D, Part V         10         X           9         Did the organization regont an amount for lined, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 14? 'rvs," complete Schedule D, Part VI         11a         X           11a         X         11b         X         11a         X           11a         X         11a         X         11a         X           11	4				
similar amounts as defined in Rev. Proc. 98-197. #*es* complete Schedule Q, Part II         5         X           O Did the organization maintain eases on bistoric durbs or any similar funds or accounts? If *Yes,* complete Schedule D, Part II         6         X           7 Did the organization maintain collection of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part II         7         X           8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part II         8         X           9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit considering, detation assets in drover setticted endowments or in quasi endowments? If *Yes,* complete Schedule D, Part II         10         X           10 Did the organization, enclose or any of the following questions is *Yes,* then complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 107. If *Yes,* complete Schedule D, Part V         11         X           12 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If *Yes,* complete Schedule D, Part V         10         X           13 Did the organization report an amount for land, buildings, Part VI         11         X         11         X           14 Did the organization report an amount for land, building			4		<u> </u>
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization readine or hold a conservation assemet, fund-long assements in the preserva open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for servor or custodial account liability, serve as a custodian for on a quantization, aliestity to through a related organization, needed to through a related organization, needed to through a related organization, incertify the function of and, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         9       Did the organization report an amount for investments - order assets in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         9       Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part XI       11a       X         10       Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part XI       11a       X         11a       Did the org	5				
provide advice on the distribution or investment of amounts in such funds or account? If "Yos," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lister in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - organized in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         13       X       Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X <td>_</td> <td></td> <td>5</td> <td></td> <td><u> </u></td>	_		5		<u> </u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       X       X       8       X         9       Did the organization maintain and collections of works of art, historical treasures, or the sinklar asset? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not part to filowing questions in "Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         13       Did the organization report an amount for investments for the tax year include a foothore that addresset       111c       X         14       Did the organization schard described in	6				77
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III         8         X           9         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If 'Yes," complete Schedule D, Part V         10         X           10         Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI         10         X           11a         X         Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII         11a         X           11b         Did the organization report an amount for other liabilities in Part X, line 12? If 'Yes," complete Schedule D, Part X         11a         X           11c         Did the organization included in consolidated financial statements for the tax year?         114         X           1111         X         114 <td< td=""><td>_</td><td></td><td>6</td><td></td><td>_X</td></td<>	_		6		_X
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       III         B       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       IVes," complete Schedule D, Part IV         B       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       IVes," complete Schedule D, Part IV         B       Did the organization report an amount for line following questions is "Yes," then complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 10; If "Yes," complete Schedule D, Part X, line 22; If "Yes," complete Schedule D, Part X, line 110; X         I       Did the organization report an amount for other assets in Part X, line 12; If Part Complete Schedule D, Part X, line 12; If Part Complete Schedule D, Part X, line 13; If and is 3; eptication sport and any experiment audited financial statements for the tax year?       If Yes	7		_		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11a       X         14       X       Did the organization report an amount for investments - proteina schedule D, Part VI       11a       X         15       Did the organization separate, independent audited financial statements for the tax year?       114       X         14       X       Intel Statements for the tax year?       114       X         16       Did the organization oxbatin separate, independent audited financial statements for	-		7		
9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? <i>If 'Yes</i> , ' complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments       10       X         12       Did the organization, directly or through a related organization is 'Yes,' then complete Schedule D, Part X', UNI, VII, VII, IX, or X, as applicable.       111       X         13       Did the organization report an amount for linestments - other securities in Part X, line 12, Ital is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       111       X         14       Did the organization report an amount for three securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       112       X         110       Did the organization is poly report inalibilies in Part X, line 25? If 'Yes,' complete Schedule D, Part X       112       X         111       X       112       X       114       X         110       Did the organization is about for thre liabilities in Part X, line 25? If 'Yes,' compl	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         If "Yes," complete Schedule D, Part V       10       X       10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, site Schedule D, Part V       10       X         as applicable.       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other lashittes in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11c       X         d Did the organization organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization organization report an amount for other assets in Part X, line 25? If "Yes,"	~		8		
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         13       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11c       X         14       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         11d       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization included in consolidated financial statements for the tax yea?'       11f Yas," complete Schedule D, Part X       11f       X         12a       X and	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II'''ves, "complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII				v	
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VIII, VII, X, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11b     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI     11b     X       c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11c     X       e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11c     X       e Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11e     X       11a     X     11d     X     11d     X       11a     X     11d     X     11d     X       11a     X     11d     X     11d     X       11d     X     11d     X     11d     X       11d     X     11d     X     11d     X       12a     <	40		9		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VII, IX, or X, as applicable.       11       Image: the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         c       Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12b       Did the organization separate or consolidated financial statements for the tax year? (If "Yes," complete Schedule D, Part X       11f       X         12b       Did the organization asparate, independent audited financial statements for the tax year?       11f       X         12a       X       Did the organization and and the secton 170(b(1)(VI)(I)?       17* (Yes," complete Schedule D, Part X A and XII       20 <td< td=""><td>10</td><td></td><td>10</td><td>v</td><td></td></td<>	10		10	v	
as applicable.       a) Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - orgoram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization answered "No" to line 12a, then completing Schedule D, Part X and XII       11t       X         12a       X       11d       X       12a       X         13a       X       11d       X       11d       X         12a       X in difference       11d       X       11d       X         12a       X in difference       11d       X       11d       X	44		10	<u>_</u>	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, * complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part X       11c       X         f Did the organization report an amount for other assets in Part X, line 25? // *Yes,* complete Schedule D, Part X       11e       X         12a       Did the organization is abarate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11g       X         13       Is the organization aschool described in section 170(b)(1/4)(ii)? If *Yes,* complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b)(1/4)(ii)? If *Yes,* complete Schedule E       13       X         14a       Did the organization neport on Part IX, column (A), line 3, more					
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year? in Complete Schedule D, Part X       11t       X         12a       Did the organization neluded in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization neluded in consolidated, independent audited States?       14a       X         14a       Did the organization aschool described in section 170(b)(1)(A)(A)(P)?       t"Yes," complete Schedule E       14a       X         14a       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or	~				
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c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11c       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization state or consolidated financial statements for the tax year include a tootnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         f       Was the organization on askered "No" to line 12a, then completing Schedule D, Part X and XII as optional       12a       X         14a       Did the organization namintain an office, employees, or agents outside of the United States?       14a       X         14b       K       Schedule D, Part X, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       X       10 the organization report on Part IX, column (A), line 3, m	^D		11h		x
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d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d X         e Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t X         12a Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11t       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII is optional       11t       X         13 Such conganization aschool described in section 170(bi(1)/\lim)(II" "Yes," complete Schedule E       13a       X         14a Did the organization namutain an office, employees, or agents outside of the United States?       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gangegate grants or other assistance to or for any foreign individuals? If "yes," complete Schedule F, Parts II and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gangegate grants or other assistance to or for any foreign individuals? If "yes," complete Schedule F, Parts II and IV       16       X         <	•		11c		х
<ul> <li>Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>To di the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII.</li> <li>Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Ia Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>Ia Did the organization report nore than \$15,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>Did the organization report nore than \$15,000 of expenses of professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV</li> <li>Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV</li> <li>Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV</li> <li>Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or</li></ul>	d				
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization subain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11e       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X XI and XII is optional       11e       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X <t< td=""><td></td><td></td><td>11d</td><td>х</td><td></td></t<>			11d	х	
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization navintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign invisual and 1V       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X       17	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other					
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization neutration any service activities outside the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on P		• · ·	11f	Х	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report a total of more than \$15,000 de expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of grass income from gaming activities o	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c			12a	Х	
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more h	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more h		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
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19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18			v	
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21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	21		21		x
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232003 12-13-22

 
 Form 990 (2022)
 CHILDREN'S AID AND FAMILY SERVICES, INC.

 Part IV
 Checklist of Required Schedules (continued)
 2

22-1487147	Page 4
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 91			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	<u>1c</u>	X QQO	
232004	12-13-22 <b>5</b>	⊦orm	990	(2022)

Form	990 (2022) CHILDREN'S AID AND FAMILY SERVICES, IN	IC. 22-1487	147	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-	
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 451			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	L
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		┝──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	├──
b			7b	X	──
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			37
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		├──
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	[ 11b ]			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406			
	organization is licensed to issue qualified health plans	13b	1		
	Enter the amount of reserves on hand	13c	44-		x
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
47	If "Yes," complete Form 4720, Schedule O.	huition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		Form	900	(2022)
232005	12-13-22		LOIU	1000	(2022)

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Form 990	(2022)
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#### CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147

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X

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

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	17			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	F	5		X
6	Did the organization have members or stockholders?	[	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···· [			
	more members of the governing body?		7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	[	8a	х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	····· [			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	f			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	·····			
•	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?	Г	13	Х	
	Did the organization have a written document retention and destruction policy?	Г	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent	·····			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization	····· [	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	····			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	····			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $_NJ$				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501	(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	· /·-/-	.,,		
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	v. and	financ	cial	
	statements available to the public during the tax year.	,, <u>.</u>			
	State the name, address, and telephone number of the person who possesses the organization's books and records				
	THE ORGANIZATION - 201-261-2800				
	200 ROBIN ROAD, PARAMUS, NJ 07652				

Form 990 (2022)	CHILDREN'S	AID AND	FAMILY	SERVICES,	INC.	22-1487147	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
de Complete this table for all assesses and include to be listed. Denote assesses for the explanate reading with a within the assessmentiagic terms									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Jer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1099-NEC)	and related
	below	Individual trustee or director	In stitutional trustee	L.	Key employee	st co	ar			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) JOANNE MANDRY	35.00									
CFO (UNTIL 5/22)				Х				152,745.	0.	4,582.
(2) LISA BERKOWITZ	35.00									
BOARD CERTIFIED BEHAVIOR A						X		148,088.	0.	4,443.
(3) ROBERT B. JONES	35.00									
CEO (UNTIL 5/22)		Х		Х				143,417.	0.	4,303.
(4) SHAVONDA SUMTER	35.00									
PRESIDENT & CEO (PARTIAL Y		Х		Х				144,438.	0.	0.
(5) EDITH FIATO	35.00									
VICE PRESIDENT						Х		113,106.	0.	28,116.
(6) JOSEPHINE PONTICELLO	35.00									
VICE PRESIDENT						X		117,763.	0.	20,934.
(7) ELLEN ELIAS	35.00									
SR. VICE PRESIDENT						X		125,022.	0.	5,491.
(8) DONNA KENNEDY	35.00									
SR. VICE PRESIDENT						X		111,965.	0.	3,359.
(9) MARIE REGER	35.00									
CFO (PARTIAL YEAR)				Х				101,160.	0.	0.
(10) JERMAINE SUGGS	2.00									
TRUSTEE		Х						7,250.	0.	0.
(11) C. TYLER MATHISEN	2.00									
CHAIR		Х		Х				0.	0.	0.
(12) MARIANN CRINCOLI	2.00									_
TRUSTEE		х						0.	0.	0.
(13) KATHIE SCHWARTZ	2.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(14) JOAN STEARNS	2.00									
TRUSTEE		Х						0.	0.	0.
(15) ROBERT E. SAYDAH	2.00									
TREASURER		Х		Х				0.	0.	0.
(16) JOSEPH S. CASTELANO	2.00	<b>.</b>								•
TRUSTEE		Х						0.	0.	0.
(17) JENNIFER A. COPE, MD	2.00									•
1ST VICE CHAIR		Х		Х				0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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	S AID A	ND	) F	'AM	IL	Y	SE	ERVICES, INC.	. 22-148	3714	47	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F	=)
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estim	
	hours per			neck r ss per				compensation	compensation		amou	
	week	offi	cer an	id a di	recto	r/trus	tee)	from	from related		oth	ner
	(list any	ctor						the	organizations	(	comper	nsation
	hours for	r dire				ted		organization	(W-2/1099-MISC	/	from	i the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations	al trus	onal ti		loyee	comp		1099-NEC)			and re	
	below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	zations
	,	Ind	Ins	0ff	Key	Hig em	For			$\rightarrow$		
(18) TIMOTHY G. COPE	2.00											•
TRUSTEE		х						0.	(	).		0.
(19) KARIN VANUGA	2.00											
TRUSTEE		Х						0.	(	).		0.
(20) STACEY HAMILTON SANDLER	2.00											
TRUSTEE		Х						0.	(	).		0.
(21) BRIAN HEALY	2.00											
TRUSTEE		Х						0.	0	).		0.
(22) PETER JADROSICH	2.00											
TRUSTEE		х						0.		).		Ο.
(23) MARY KRUGMAN	2.00											
TRUSTEE		х						0.		).		0.
(24) HOLLY MASCHIO	2.00									<u> </u>		<u> </u>
TRUSTEE	2.00	x						0.		).		0.
(25) JOANNE M. WESTPHAL	2.00	Λ						0.	, , , , , , , , , , , , , , , , , , ,	<u>' • –</u>		0.
SECRETARY	2.00	x		x				0.		).		0.
	2 00	Δ		Δ				0.	(	<b>'</b> -⊢		0.
(26) DENNIS MARTIN	2.00											0
TRUSTEE		Х		Х				0.		).		0.
1b Subtotal								1,164,954.		).	71,	228.
c Total from continuation sheets to Part VI								0.		).		0.
d Total (add lines 1b and 1c)								1,164,954.		).	<u>71,</u>	228.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization												9
										_	Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emple	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									. L	3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		L	4 X	ζ 📃
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com											5	X
Section B. Independent Contractors			0, 00	<u>, en p</u>								
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than s	\$100.000 of comper	nsatio	n from	
the organization. Report compensation for t	-											
(A)				. <u>g</u>				(B)			(C)	
Name and business	address							Description of s	services	Cor	npensa	ation
FAIR LAWN 22-08 ROUTE 208	LLC							· ·			·	
		х	N	.т (	07	02	4	OFFICE RENT			260	572.
44 RIFLE CAMP ROAD, WOODLAND PARK, NJ 0702 ENTERPRISE FLEET MANAGEMENT											<u> </u>	572.
		11	<u>ه</u> ۸	_ ^ /	n o	٥		CAR LEASES			າງວ	000
PO BOX 800089, KANSAS CIT	1, MO 0	<del>4</del> 1	00	-01	00	9					440,	090.
SBF-1 PROPERTIES	60604							GROUP HOMES			125	201
PO BOX 95725, CHICAGO, IL	60694						_	REAL ESTATE	TAXES		135,	284.
SOUTH ORANGE PROPERTY		_			~	~ -					1 0 0	105
76 SOUTH ORANGE AVE, SOUT	H ORANG	Ŀ,	N	J (	07	07	9	RENT			103,	195.
2 Total number of independent contractors (ir	cluding but n	ot lin	nitec	d to t			ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	ation				4	ŀ						
										Fc	orm <b>99</b>	0 (2022)

232008 12-13-22

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				S AI	D AND FAI	MILY SERVIC	CES, INC.	22-1487	147 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a re	esponse	or note to any lin				
						( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្ល	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			_	1b					
, G				1c	274,159.				
iifts ar A				1d					
s, G milå			-	1e	24,440,555.				
Sion			All other contributions, gifts, grants, and						
but				1f	1,717,765.				
d Or		g	Noncash contributions included in lines 1a-1f	1g \$	504,261.				
Col		h	Total. Add lines 1a-1f			26,432,479.			
					Business Code				
ė	2	а	PROGRAM FEES AND DUES		624100	970,627.	970,627.		
e rvic		b	COULSELING FEES AND DUES		624100	2,600.	2,600.		
Se		с							
am eve	d								
Program Service Revenue		е							
Ъ		f	All other program service revenue						
		g	Total. Add lines 2a-2f			973,227.			
	3		Investment income (including dividend	ds, intere	st, and				
						97,808.			97,808.
	4 Income from investment of tax-exempt bond pro				roceeds				
	5		Royalties						
				Real	(ii) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss)						
			· · · · · · · · · · · · · · · · · · ·						
	7	а		curities	(ii) Other				
				52,759.					
•		D	Less: cost or other basis	.6,735.					
venue		_		16,024.					
0.1				-		46.024			46.024
r R			Net gain or (loss) Gross income from fundraising events (no			46,024.			46,024.
Other Re	0	a	including \$ 274,159.						
0			contributions reported on line 1c). See						
			Part IV, line 18		36,735.				
		h	Less: direct expenses		19,885.				
			Net income or (loss) from fundraising			16,850.			16,850.
			Gross income from gaming activities.						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activ						
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	185,716.				
		b	Less: cost of goods sold	10b	128,541.				
		с	Net income or (loss) from sales of inve	entory		57,175.			57,175.
ß					Business Code				
e e	11	а	MISCELLANEOUS REVENUE		900099	86,191.			86,191.
ane		b							
cell teve		с							
Miscellaneous Revenue			All other revenue						
_		е	Total. Add lines 11a-11d			86,191.			
	12		Total revenue. See instructions			27,709,754.	973,227.	0.	304,048.
23200	9 12-	13-	22						Form <b>990</b> (2022)

#### CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 10 Form 990 (2022) Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	rotar expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	587,090.	587,090.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	550,644.		550,644.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	15 551 202	12 720 021	1 500 140	200 250
7	Other salaries and wages	15,551,323.	13,730,831.	1,500,140.	320,352.
8	Pension plan accruals and contributions (include	308,877.	271,433.	21 1/5	6 200
~	section 401(k) and 403(b) employer contributions)	1,980,775.	1,691,990.	<u>31,145.</u> 249,519.	<u>6,299</u> 39,266
9	Other employee benefits	1,425,682.	1,217,826.	179,594.	28,262
10	Payroll taxes	1,423,002.	1,217,020.	1/9,394.	20,202
11	Fees for services (nonemployees):	954,060.	875,750.	73,415.	4,895.
	Management	12,852.	975.	11,877.	4,000
		86,500.	1,338.	85,162.	
	Accounting	00,000	1,550.	05,102:	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	68,915.	32,453.	34,351.	2,111.
12	Advertising and promotion	77,343.		23,213.	<u>2,111</u> 9,287.
13	Office expenses	403,273.	337,861.	48,271.	17,141.
14	Information technology				,
15	Royalties				
16	Occupancy	1,066,850.	990,608.	46,423.	29,819.
17	Travel	443,374.	423,767.	19,396.	211.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,598.	41,398.	1,750.	450.
20	Interest	104,456.	46,830.	42,921.	14,705.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	707,932.	407,876.	300,056.	
23	Insurance	448,685.	420,445.	11,785.	16,455.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD	563,643.	534,563.	11,595.	17,485.
b	GIFT IN KIND	504,261.	222,104.		282,157.
с	REPAIRS	501,809.	439,212.	20,167.	42,430.
d	MEMBERSHIP DUES	51,390.	9,593.	27,038.	14,759.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	26,443,332.	22,328,786.	3,268,462.	846,084.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			I	

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CHILDREN'S AID AND FAMILY SERVICES, INC. 2	22-14871
--------------------------------------------	----------

		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,870,887.	1	3,814,655.
	2	Savings and temporary cash investments			2,191,861.	2	745,030.
	3	Pledges and grants receivable, net			2,374,021.	3	2,764,367.
	4	Accounts receivable, net			12,579.	4	16,831.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use		[		8	
As	9				366,699.	9	391,107.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,985,330.			
	b	Less: accumulated depreciation	10b	9,715,818.	10,884,632.	10c	12,269,512.
	11	Investments - publicly traded securities			6,212,516.	11	6,244,070.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	93,232.	15	2,054,732.		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	26,006,427.	16	28,300,304.
	17	Accounts payable and accrued expenses			3,347,289.	17	2,871,205.
	18	Grants payable		18			
	19	Deferred revenue			336,432.	19	409,792.
	20	Tax-exempt bond liabilities			1,415,673.	20	1,191,849.
	21	Escrow or custodial account liability. Complete P	art IV o	of Schedule D		21	
S	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties	4,628,428.	23	5,704,774.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	2,000,474.
	26	Total liabilities. Add lines 17 through 25			9,727,822.	26	12,178,094.
		Organizations that follow FASB ASC 958, chec	k here				
ces		and complete lines 27, 28, 32, and 33.			10 100 015		11 060 000
ılan	27				10,499,815.	27	11,262,073.
Ba	28				5,778,790.	28	4,860,137.
pun		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ		Г		30	
tAŝ	31	Retained earnings, endowment, accumulated inc			4 6 0 5 0 6 0 -	31	
Ne	32	Total net assets or fund balances			16,278,605.	32	16,122,210.
	33	Total liabilities and net assets/fund balances			26,006,427.	33	28,300,304.

Form 990 (2022)

Form	990 (2022) CHILDREN'S AID AND FAMILY SERVICES, INC.	22-	1487147	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,70		
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,27		
5	Net unrealized gains (losses) on investments	5	-1,42	2,8	17.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1			
	column (B))	10	16,12	2,2	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	) basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2022)

SC	HED	ULE A		Dublic Che	with Ctatura and		alia Cu			OMB No. 1545-0047
(Fo	rm 99	0)			rity Status an nization is a section 50 ⁻					2022
					47(a)(1) nonexempt cha			or a section		2022
		f the Treasury nue Service			ttach to Form 990 or Fo					Open to Public Inspection
		he organizati		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest int	ormation.	Employer	identification number
Nan		ine of gamzati		DREN'S ATD	AND FAMILY	SERVI	CES	INC.		2-1487147
Pa	rt I	Reason			(All organizations must d					
 The	organ				For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2					Attach Schedule E (Forn			~ ~ / /		
3					anization described in <b>s</b>		D(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or operat	ted by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	-		-	ntial part of its support f	rom a gove	ernmental	unit or from t	ne general j	oublic described in
		•		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9		-			in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
10		university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns membersh	in fees and	d aross receipts from
10					t to certain exceptions;					
					(less section 511 tax) fro					
				mplete Part III.)	(			· · <b>,</b> · · · · · .	<b>,</b>	,
11					ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	or <b>section</b>	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b				-	l or controlled in connec			-		-
					anization vested in the s	ame perso	ons that co	ntrol or mana	ge the supp	ported
		7 [°]	. ,	t complete Part IV,						at 2014
С		••	-	• • • •	g organization operated				lly integrate	a with,
d			•	. , .	<li>You must complete l porting organization oper</li>	-		-	rtod organi	ration(c)
u		••	-	• · ·	zation generally must sat				°.	( )
				с с	nplete Part IV, Sections	•		•		
е		- ·			written determination fro				II, Type III	
			•		nally integrated supporti			51 <i>/</i> 51	, <b>,</b>	
f	Ente	er the number of	of supported of	organizations						
g				about the supporte		<i>/</i> // // // // // // // // // // // // /				
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)
							1			

Total

# Schedule A (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11821030.	17599192.	24310696.	28128899.	26432479.	108292296
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11821030.	17599192.	24310696.	28128899.	26432479.	108292296
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						108292296
	ction B. Total Support		•		L	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	11821030.	17599192.	24310696.	28128899.	26432479.	108292296
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	153,825.	122,739.	97,645.	178,169.	97,808.	650,186.
9	Net income from unrelated business		-	-			-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	29,222.	24,034.	23,946.	99,950.	86,191.	263,343.
11	Total support. Add lines 7 through 10						109205825
	Gross receipts from related activities,	etc. (see instruction	ns)				,818,744.
	First 5 years. If the Form 990 is for th		,				/ • _ • / • · _
	organization, check this box and sto						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	99.16 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.05 %
16a	<b>33 1/3% support test - 2022.</b> If the					ore, check this bo	x and
	stop here. The organization qualifies	0					37
b	<b>33 1/3% support test - 2021.</b> If the		-				
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
_	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		er er game	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s
	<b></b>		, • =	. , ,			(Form 990) 2022

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#### Schedule A (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
0 11	Add lines 10a and 10b Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
_	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•			T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
<b>19</b> a	33 1/3% support tests - 2022. If the						ie 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
2320	23 12-09-22					Schedu	Ile A (Form 990) 2022

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Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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 5a

 5b

 5c

 5c

 5c

 5c

 6

 7

 8

 9a

 9a

 9b

 9c

 10a

 10b

 Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

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#### Schedule A (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization organi

Section D	). All Ty	pe III Sup	porting C	Organizations

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

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

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 CHILDREN'S AID AND FAMI			22-1487147 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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#### CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CHILDREN'S	AID AND	FAMILY	SERVICES.	INC. 22-1487147	7 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations re , 6, 9a, 9b, 9c, 11 Section E, lines	quired by Part a, 11b, and 11 1c, 2a, 2b, 3a,	II, line 10; Part II, line c; Part IV, Section B and 3b; Part V, line	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Sectio 1; Part V, Section B, line 1e; F	on C,
232028 12-09-2	22		2	1		Schedule A (Form	n 990) 2022

SCHEDU	ILE D
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number

		FAMILY SERVICES, INC	•	22-1487	7147
Par			or Accour	its. Complete if	f the
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Fur	nds and other acc	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	0		<b>—</b>	
	are the organization's property, subject to the organization's			Yes	No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
Par		agaization angularad "Vac" on Form 000	Dort IV/ line 7	Yes	NoNo
			Part IV, line 7.	·	
1	Purpose(s) of conservation easements held by the organizati		f a laiatavia allu		
	Preservation of land for public use (for example, recrea	·	-	important land a	rea
	Protection of natural habitat     Preservation of open space		r a certineu m	storic structure	
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a consonua	tion accoment or	the last
2	day of the tax year.			Held at the End of	
а			2a		
b	<b>T 1 1 1 1 1</b>				
	Number of conservation easements on a certified historic str	ucture included in (a)			
	Number of conservation easements included in (c) acquired a				
			2d		
3	Number of conservation easements modified, transferred, rel		·····	during the tax	
	year	, <u>,</u>	5	5	
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements in	t holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ease	ements during the	e year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easemen	ts during the year	r
_					
8	Does each conservation easement reported on line 2(d) abov				<b>—</b>
•					No
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that desc	cribes the	
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Simila	r Assets.	
	Complete if the organization answered "Yes" on Form				
	If the organization elected, as permitted under FASB ASC 95		and halance sl	heet works	
14	of art, historical treasures, or other similar assets held for put	•			
	service, provide in Part XIII the text of the footnote to its finar			public	
b	If the organization elected, as permitted under FASB ASC 95			t works of	
-	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:		ionalitee er pa		
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	··· · · · · · · · · · · · · · · · · ·			\$	
2	If the organization received or held works of art, historical tre			e	
	the following amounts required to be reported under FASB A		5 /1		
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
	Assets included in Form 990, Part X			\$	
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (For	rm 990) 2022
	09-01-22			•	-

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Sche Par		I'S AID AND					2-14 Assets	87147 (contin	Pa ued)	ige <b>2</b>
3	Using the organization's acquisition, accessio							(		
	collection items (check all that apply):		-	-	-					
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	e organization	's exempt	purpose	in Part 2	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai	intained as part of th	e organization's co	llection?			🗆	Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part		-							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	s or other asse	ts not incl	uded				
	on Form 990, Part X?						🗆	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					,	X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Pa	art XIII				X	]
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part I\	/, line 10.					
		(a) Current year	(b) Prior year	(c) Two years		Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	5,078,926.	2,949,436.	2,184,	083.	2,406	5,161.	З,	417,	174.
	Contributions		1,565,317.	340,	074.	40	0,000.		30,	500.
	Net investment earnings, gains, and losses	-768,252.	564,173.	425,	279.	280	0,232.	-	133,	615.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs					542	2,310.		907,	898.
f	Administrative expenses									
	End of year balance	4,310,674.	5,078,926.	2,949,	436.	2,184	4,083.	2,	406,	161.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:	•					
а	Board designated or quasi-endowment	,	%	,						
	Permanent endowment 46.0000	%								
с	Term endowment 54.0000 %	<u></u> ^								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered	d for the					
	organization by:	5						ſ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the								- 1	
Par	t VI   Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, I	Part X, line	e 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) Accu	umulated		(d) Book	value	
		basis (investm	• • •	(other)		ciation		(,		
<b>1</b> a	Land		,	9,622.				3,259	, 62	22.
	Buildings			1,820.	8.36	8,680		8,143		
	Leasehold improvements			6,115.		7,82			3,29	
	Equipment			7,164.		9,00			$\frac{1}{3}, 15$	
	Other			0,609.		0,308			$\frac{7}{30}$	
-	Add lines 1a through 1e. (Column (d) must ea					-		2,269		
1010		<u>uai FUIII 990, Fdfl /</u>						D (Form		
								~		

Schedule D	(Form 990) 2022	CHILDREN'S	AID	AND	FAMILY	SERVICES,	INC.	22-1487147 Page 3
Part VII		Other Securities.						
	Complete if the org	ganization answered "Yes"	on For	m 990, I	Part IV, line 1	1b. See Form 990, I	Part X, line 12.	
(a) Descrip	tion of security or cate	GOTY (including name of security)	(	<b>(b)</b> Book	value	(c) Method of v	aluation: Cost o	or end-of-year market value
(1) Financia	al derivatives							
(2) Closely	held equity interests	; 						
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		0, Part X, col. (B) line 12.)						
Part VIII	J	Program Related.						
		panization answered "Yes"	1					
	(a) Description of	finvestment		<b>(b)</b> Book	value	(c) Method of v	aluation: Cost o	or end-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		0, Part X, col. (B) line 13.)						
Part IX	Other Assets.							
	Complete if the org	anization answered "Yes"			Part IV, line 1	1d. See Form 990, I	Part X, line 15.	
		. ,	Descri	iption				(b) Book value
	CURITY DEP							72,425.
	HER ASSETS							37,870.
		GHT TO USE AS						180,499.
<u>(4)</u> OP	ERATING RI	GHT TO USE AS	SET					1,763,938.
(5)								
(6)								
(7)								
(8)								
(9)								
		orm 990, Part X, col. (B) lin	e 15.)					2,054,732.
Part X	Other Liabilitie							
		ganization answered "Yes"	on For	m 990, I	Part IV, line 1	1e or 11f. See Form	1 990, Part X, Iir	
1.	(a) D	escription of liability						(b) Book value
	eral income taxes							
		ASE LIABILITI						178,959.
(3) OP	ERATING LE	ASE LIABILITI	ES					1,821,515.
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	<u>mn (b) must equal Fo</u>	orm 990, Part X, col. (B) lin	e 25.)		<u></u>			2,000,474.
2. Liability	for uncertain tax po	sitions. In Part XIII, provide	e the te	xt of the	footnote to	the organization's fir	nancial stateme	ents that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 📖 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 CHILDREN'S AID AND FAMILY S				1487147 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			. 1	26,286,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a -	1,422,817	′ <b>.</b>	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-1,422,817.
3	Subtract line <b>2e</b> from line <b>1</b>			3	27,709,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue Add lines 2 and 4 (T): ( ) ( ) ( ) ( )			5	27,709,754.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses pe		
	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses pe		n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses pe	r Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses pe	r Retur	n.
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	Expenses pe	r Retur	n.
Pa 1 2 a	rt XII         Reconciliation of Expenses per Audited Financial Statemer           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses pe	r Retur	n.
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses pe	r Retur	n.
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses pe	r Retur	n.
Pa 1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses pe		n. 26,443,332. 0.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses pe		n. 26,443,332.
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses pe		n. 26,443,332. 0.
Pa 1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses pe		n. 26,443,332. 0.
Pa 1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses pe		n. 26,443,332. 0.
Pa 1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses pe		n. <u>26,443,332.</u> <u>0.</u> <u>26,443,332.</u> 0.
Pa           1           2           b           c           d           e           3           4           b           c           5	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses pe	r Return	n. <u>26,443,332.</u> <u>0.</u> <u>26,443,332.</u>

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

#### PART IV, LINE 2B:

#### REP PAYEE FOR SOCIAL SECURITY FOR INDIVIDUALS WITH DISABILITIES.

PART V, LINE 4:

ORGANIZATION'S ENDOWMENT WILL BE HELD AS INVESTMENTS IN PERPETUITY AND A

#### HOUSE IN PERPETUITY.

PART X, LINE 2:

## THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION

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#### 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON	THE O	RGANIZATION	FOLLOWS	STANDARDS	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	PROVIDE	CLARIFICATION	ON
------------------------------------------------------------------	-------	-------------	---------	-----------	--------------------------------------------	---------	---------------	----

232054 09-01-22

Schedule D (Form 990) 2022

 Schedule D (Form 990) 2022
 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 5

 Part XIII Supplemental Information (continued)
 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

 ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A
 RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND

 MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX
 RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,

 INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S
 POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS

 IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING
 2022. AT DECEMBER 31, 2022, THERE ARE NO SIGNIFICANT INCOME TAX

 UNCERTAINTIES.
 UNCERTAINTIES.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Informa	ation Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OM	3 No. 1545-0047
(Form 990)			answered "Yes" on tered more than \$1				or 19,	or if the		2022
Department of the Treasury			Attach to Form 990							en to Public
Internal Revenue Service Name of the organization		o www.irs.gov	/Form990 for instru	ctions	and th	ne latest informatio	n.	Employer		fication number
Nume of the organization		N'S AID	AND FAMILY	SEI	RVIC	CES, INC.		22-14		
		Complete if the	e organization answe				line 17			
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv ast \$5,000 by the	or oral agreemer art VII) or entity viduals or entitie organization.	e Solicita f Solicita g Special nt with any individual in connection with p es (fundraisers) pursu	tion of tion of fundra (incluc rofessi ant to	non-g gover aising o ling of onal fu agreer	overnment grants nment grants events ficers, directors, trus undraising services?	he fur	Amount pai	d (	No vi) Amount paid
or entity (func		(11)	Activity	or cor	ustody itrol of utions?	from activity	Ì.	fundraiser ted in col. <b>(i</b>	<i>''</i>   t	o (or retained by) organization
				Yes	No					
Total										
3 List all states in whi or licensing.	ch the organizatio	n is registered o	or licensed to solicit o	contrib	utions	or has been notified	l it is e	exempt fron	n regis	tration

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

Schedule G (Form 990) 2022

232081 10-27-22

#### CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147 Page 2

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2 SPRING EVENT	(c) Other events	(d) Total events (add col. (a) through
			FALL EVENT		1	col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	238,545.	62,660.	9,689.	310,894.
	2	Less: Contributions	201,810.	62,660.	9,689.	274,159.
	3	Gross income (line 1 minus line 2)	36,735.			36,735.
	4	Cash prizes				
6	5	Noncash prizes				
bense	6	Rent/facility costs	16,420.			16,420.
Direct Expenses	7	Food and beverages				
ē	8	Entertainment	974.			974.
	9	Other direct expenses				2,491.
	10	Direct expense summary. Add lines 4 through		•		19,885.
		Net income summary. Subtract line 10 from I	ine 3, column (d)			16,850.
	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
æ	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	•		Yes%	Yes%	└── Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a				
		No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
208	2 10	-27-22			Sche	dule G (Form 990) 2022

Schedule G (	Form 990) 2022	CHILDREN'S AID AND FAMIL	Y SERVICES, INC. 22-	-1487147 Page 3
11 Does the	e organization conduct ga	ning activities with nonmembers?		Yes No
		ciary or trustee of a trust, or a member of a partr		
to admir	nister charitable gaming?			Yes No
	the percentage of gaming			
a The orga	anization's facility			<b>13a</b> %
<b>b</b> An outsi	de facility			13b %
14 Enter the	e name and address of the	person who prepares the organization's gaming/	special events books and records:	
Name				
Address				
15a Does the	e organization have a cont	act with a third party from whom the organizatior	n receives gaming revenue?	Yes No
			and the amount	
	ng revenue retained by the			
c If "Yes,"	enter name and address	the third party:		
Name				
Addrood				
Address	·			
16 Gaming	manager information:			
10 Gaming	manager information.			
Name				
Nume				
Gaming	manager compensation	\$		
5	5	·		
Descript	ion of services provided			
	Director/officer	Employee Independent co	ontractor	
	ory distributions:			
	•	tate law to make charitable distributions from the	e gaming proceeds to	
				Yes 🛄 No
		quired under state law to be distributed to other	exempt organizations or spent in the	
	tion's own exempt activiti	s during the tax year \$ nation. Provide the explanations required by Pa	art Lling 2b, columns (iii) and (i); and [	Port III, lines 0, 0h, 10h
		upplicable. Also provide any additional information		Part III, lines 9, 90, 100,
	150, 150, 10, and 170, as			
232083 10-27-22		2.2	Sche	edule G (Form 990) 2022
		33		

Schedule G	a (Form 990)	CHILDREN'S	AID	AND	FAMILY	SERVICES,	INC.	22-1487147	Page 4
Part IV	Supplemental I	CHILDREN'S nformation (continued)							<u> </u>
								Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organizatio Go to www.irs	nd Individual	<b>ls in the Uni</b> on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		омв № 20 Ореп to Inspe	22 Public
Name of the organizati				-				Employer identification	
Part I General In			FAMILY SER	VICES, INC	•			22-14	87147
	nformation on Grants a zation maintain records t		amount of the grants	or assistance, the	graptoos' oligibility	for the grapte or accis	tanco, and the selecti	ion	
-	ward the grants or assis		-			-			No
	IV the organization's pro								
	d Other Assistance to l	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and ad	hat received more than Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	

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

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

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

Schedule I (Form 990) 2022

#### Schedule I (Form 990) 2022

CHILDREN'S AID AND FAMILY SERVICES, INC.

22-1487147

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOSTER CARE PAYMENTS, SCHOLARSHIPS, PROGRAM SERVICES, ALLIED THERAPIES, RECREATION	5725	309,210.	277,880.	FMV	VARIOUS RECREATION GIFTS AND ACTIVITIES FOR CLIENTS.
i					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
PAYMENTS TO FOSTER PARENTS WHICH AF	RE THE MO	ST SIGNIFI	CANT PORTI	ON OF THE	
EXPENDITURE ARE MONITORED AND COMPA	ARED MONT	HLY, BEFOR	E PAYMENT,	TO THE	
BILLINGS FOR THE MONTH (TO THE STAT	re). IN	ADDITION,	PLACEMENT	SLIPS AND	
DISCHARGE SLIPS ARE REVIEWED TO ENS	SURE THAT	FOSTER PA	RENTS ARE	ELIGIBLE FOR	
PAYMENT FOR THE PARTICULAR CHILD. (	OTHER COM	PONENTS OF	SPECIFIC	ASSISTANCE	
EXPENSE SUCH AS RECREATION AND ACTI	IVITIES F	OR CLIENTS	ARE AUTHO	RIZED AND	

SIGNED OFF BY THE PROGRAM PERSONNEL AND A SUPERVISOR AFTER RECEIPTS ARE

#### SUBMITTED. SCHOLARSHIP EXPENSES ARE AUTHORIZED BY PROGRAM PERSONNEL AND

Schedule I (Form 990) Part IV Supplemental Inf	CHILDREN'S	AID ANI	) FAMILY	SERVICES,	INC.	22-1487147	Page 2
GRADES ARE REVIEWE							
32291 14-01-22						Schedule I (F	orm 99

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	7
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ეე	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<b>20</b>	22	
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publi	с
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
		CHILDREN'S AID AND FAMILY SERVICES, INC.	22-1	L48714	7	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		pending account Personal services (such as maid, chauffer	ir, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	a require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	v of the following the exercitation used to establish the compensation of the exercitation's				
3		iy, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organization.				
		tion of the CEO/Executive Director, but explain in Part III.	SITLO			
	Compensation					
	·	ompensation consultant $X$ Compensation survey or study				
	·	her organizations $\overline{X}$ Approval by the board or compensation of	ommittee			
			Ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а		e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?		4c		X
Ū	·	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		·; · ·				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	•					Х
		ation?				Х
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	The organization?			6a		Х
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<b>j</b>			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Form	n 990)	2022

#### 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOANNE MANDRY	(i)	152,745.	0.	0.	4,582.	0.	157,327.	0.
CFO (UNTIL 5/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA BERKOWITZ	(i)	148,088.	0.	0.	4,443.	0.	152,531.	0.
BOARD CERTIFIED BEHAVIOR A	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHE	CHEDULE K Supplemental Information on Tax-Exempt Bonds							OMB No. 1545-0047						
•	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,								2022 Open to Public				lic	
Departme Internal R	artment of the Treasury rnal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										Inspection			
Name									identif	lentification number				
									2-1	1487147				
Part I										-				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	<b>(g)</b> De	feased	(h) On	behalf	(i) Po	oled
												suer	finan	
									Yes	No	Yes	No	Yes	No
	EW JERSEY ECONOMIC						REFINANCI							
A DI	EVELOPMENT AUTHORITY	22-2045817	NONEAVAIL	07/26/11	3,477	<u>,983.</u>	EXISTING	LOAN – E		X		X		X
В										ļ'				
<u> </u>										<u> </u> '				
_														
D														
Part I	I Proceeds													
				A			В	С		+		D		
-		<u></u>								+				
	Amount of bonds legally defeased			2 4 17 1	7,983.					+				
	Fotal proceeds of issue				, , , , , , , , , , , , , , , , , , , ,					+				
	Gross proceeds in reserve funds									+				
	Capitalized interest from proceeds									+				
-										+				
-	Due dit automotore fuero automotor													
	Norking capital expenditures from proceeds													
-				104	1,000.					+				
-				1 0 0 7	7,588.									
					-									
<b>13</b> \	Year of substantial completion			20	2008									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 V	Nere the bonds issued as part of a refunding	issue of tax-exempt b	oonds (or,											
i	f issued prior to 2018, a current refunding iss	sue)?			X									
15 V	Nere the bonds issued as part of a refunding	issue of taxable bond	ds (or, if											
i:	ssued prior to 2018, an advance refunding is	sue)?												
<u>16</u> ⊦	Has the final allocation of proceeds been mad	de?		X						$\perp$		$\perp$		
	Does the organization maintain adequate boo	oks and records to sup	oport the											
f	inal allocation of proceeds?		<u></u>	X										

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

Schedule K (Form 990) 2022

# Schedule K (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147

	A		I	3	Ç		D	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		Х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		Х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		Х						
Part IV Arbitrage								
		<u> </u>	I	3		2		)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?				-				_
a Rebate not due yet?		X						
b Exception to rebate?	Х							
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							

Page **2** 

## Schedule K (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22-1487147

Part IV Arbitrage (continued)		4		3		)	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X							
	TD BANK							
c Term of hedge	10.0	0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		х						
Part V Procedures To Undertake Corrective Action	_				_			
		A		3		2	C	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
· ····································								
voluntary closing agreement program if self-remediation isn't available under								
		X						
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	s on Schedule	==	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	==	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES:		K. See instru	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT		K. See instru	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT	AUTHOR	K. See instru	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT F) DESCRIPTION OF PURPOSE:	AUTHOR	K. See instru	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT F) DESCRIPTION OF PURPOSE:	AUTHOR	K. See instru	ctions.					
voluntary closing agreement program if self-remediation isn't available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT F) DESCRIPTION OF PURPOSE:	AUTHOR	K. See instru	ctions.					

Page 3

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 000

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

### Employer identification number 22-1487147

ſ

Ζι **Open to Public** 

CHILDREN'S AID AND FAMILY SERVICES, INC.	
------------------------------------------	--

Pa	rt I Types of Property				·
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	Х		221,070.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	127	7,093.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( DCF MATCH )	Х	253		FAIR MARKET VALUE
26	Other ( BABY SUPPLIES )	Х	145		FAIR MARKET VALUE
27	Other ( <b>GIFT BASKETS</b> )	Х	113		FAIR MARKET VALUE
28	Other (EVENT TICKETS )	Х	26	14,594.	FAIR MARKET VALUE
29	Number of Forms 8283 received by the organiz	-	•		
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
	For Demonstrate Deduction Act Nation and the Instructions for Form 000	adula M /Carr	0001	0000

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 CHILDREN'S AID AND FAMILY SERVICES, INC. 22–1487147 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 41

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10633.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number CHILDREN'S AID AND FAMILY SERVICES, INC.

22 - 1487147

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADULTS ALIKE TO REACH THEIR FULLEST POTENTIAL. MOTIVATED BY

COMPASSION AND IN PARTNERSHIP WITH THE COMMUNITY, WE MAKE POSITIVE

LASTING DIFFERENCES IN THE LIVES OF THOSE WE SERVE. WE PROVIDE HIGH

INNOVATIVE SERVICES TO CHILDREN, ADULTS, AND THEIR FAMILIES QUALITY,

THAT ADVANCE SOCIAL, EDUCATIONAL AND EMOTIONAL DEVELOPMENT AND

WELL-BEING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE. WE PROVIDE HIGH QUALITY, INNOVATIVE SERVICES TO CHILDREN,

ADULTS, AND THEIR FAMILIES THAT ADVANCE SOCIAL, EDUCATIONAL AND

EMOTIONAL DEVELOPMENT AND WELL-BEING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CAFS ALSO PROVIDES ADOPTION SERVICES. OUR TREATMENT HOME PROGRAM

PROVIDES SAFE CARE IN THE HOMES OF TRAINED FOSTER PARENTS TO CHILDREN

WHO TEMPORARILY CANNOT BE WITH THEIR BIRTH FAMILIES.

EXPENSES \$ 1,515,925. INCLUDING GRANTS OF \$ 0. REVENUE \$ 30,197.

FORM 990, PART VI, SECTION A, LINE 2:

JENNIFER AND TIMOTHY COPE ARE RELATED BOARD MEMBERS.

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

THE CLIENT PROVIDES THE BOARD OF TRUSTEES WITH A DRAFT OF THE 990 AND IN

TURN THE BOARD IS GIVEN AMPLE TIME TO REVIEW AND GIVE THEIR FEEDBACK TO THE

CFO.

Schedule O (Form 990) 2022

CHILDREN'S AID AND FAMILY SERVICES, INC.

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

ALL TRUSTEES AND SENIOR STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD RECEIVES AND REVIEWS COMPENSATION

STUDIES FROM HUMAN SERVICE ORGANIZATIONS, REVIEWS THE COMPENSATION AND THEN

NOTIFIES THE ORGANIZATION OF ANY CHANGES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE UPON REQUEST. THE

ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990 PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22