



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0	0	0
26	Other salaries and wages	26	16,765,934	15,823,064	942,870
27	Pension plan contributions	27	286,814	270,680	16,134
28	Other employee benefits	28	1,577,895	1,489,041	88,854
29	Payroll taxes	29	1,899,992	1,797,832	102,160
30	Professional fundraising fees	30	0		0
31	Accounting fees	31	71,460	0	71,460
32	Legal fees	32	6,775	380	6,395
33	Supplies	33	881,569	821,455	60,087
34	Telephone	34	315,394	292,979	22,415
35	Postage and shipping	35	45,949	32,218	13,731
36	Occupancy	36	1,195,600	1,162,865	32,735
37	Equipment rental and maintenance	37	659,623	626,129	33,494
38	Printing and publications	38	111,820	101,683	10,137
39	Travel	39	98,075	89,056	7,884
40	Conferences, conventions, and meetings	40	42,237	39,079	3,158
41	Interest	41	46,090	18,763	27,327
42	Depreciation, depletion, etc (attach schedule)	42	571,195	526,744	44,451
43	Other expenses not covered above (itemize)				
a	STAFF DEVELOPMENT	43a	105,685	96,700	7,390
b	INSURANCE	43b	181,671	181,671	
c	PURCHASE OF SERVICE	43c	1,372,233	1,083,219	289,014
d	CLIENT RELATED	43d	1,434,285	1,427,022	7,263
e	See Other Expenses Stmt	43e	-77,837	72,044	-150,644
44	Total functional expenses (add lines 22-43). Organizations completing columns (B), (C), and (D), carry these totals to lines 13-15.	44	27,592,459	25,952,624	1,636,315

Joint Costs Check ☐ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes', enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **INSTRUCTION OF THE HANDICAPPED**

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

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

a	HEAD START - PROVIDES ENRICHED LEARNING ENVIRONMENT TO ECONOMICALLY DISADVANTAGED AND HANDICAPPED PRE-SCHOOLERS TO EQUALIZE THEIR POTENTIAL WHEN YOU START SCHOOL. ALSO COLLABORATES WITH OTHER AGENCIES IN PROGRAMING	(Grants and allocations \$ 0 )	3,611,082
b	RTC - CAPACITY OF 55, SERVED 19,672 CARE DAYS, 80 DIFFERENT CHILDREN PROVIDES THE RESIDENTIAL AND RECREATIONAL COMPONENT TO SUPPORT THE EDUCATIONAL AND MEDICAL NEEDS OF CHILDREN AGED 5-12	(Grants and allocations \$ 0 )	2,957,099
c	DUTCHESS CLINIC - A CLINIC TREATMENT PROGRAM SERVING CHILDREN WITH A DIAGNOSIS OF SERIOUS EMOTIONAL DISTURBANCE	(Grants and allocations \$ 0 )	2,267,683
d	RTF - WITH A CAPACITY OF 20, SERVED 7291 CARE DAYS, 24 DIFFERENT CHILDREN PROVIDES FULLY-INTEGRATED MENTAL HEALTH TREATMENT TO SERIOUSLY DISTURBED CHILDREN, AGED 5-12	(Grants and allocations \$ 0 )	2,046,795
e	Other program services	(Grants and allocations \$ )	15,069,965
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		25,952,624

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

Note		(A) Beginning of year		(B) End of year		
ASSETS	45 Cash — non interest bearing		631,538	45	335,528	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	4,915,387			
	b Less allowance for doubtful accounts	47b	44,000	4,332,120	47c	4,871,387
	48a Pledges receivable	48a			48c	
	b Less allowance for doubtful accounts	48b				
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes & loans receivable (attach sch)	51a	60,897			
	b Less allowance for doubtful accounts	51b		614,740	51c	60,897
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges		165,480	53	144,544	
	54 Investments — securities (attach schedule)			54		
	55a Investments — land, buildings, & equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments — other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	12,903,583				
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b	6,365,402	5,788,368	57c	6,538,181	
58 Other assets (describe ► DEFERRED EXPENSES )		12,266	58	11,223		
59 Total assets (add lines 45 through 58) (must equal line 74)		11,544,512	59	11,961,760		
LIABILITIES	60 Accounts payable and accrued expenses		2,275,960	60	2,430,690	
	61 Grants payable			61		
	62 Deferred revenue		3,380,499	62	3,086,977	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	51,999	
	64a Tax exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		532,044	64b	962,307	
	65 Other liabilities (describe ► )			65		
66 Total liabilities (add lines 60 through 65)		6,188,503	66	6,531,973		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		5,060,418	67	5,280,403	
	68 Temporarily restricted		295,591	68	149,384	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		5,356,009	73	5,429,787	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		11,544,512	74	11,961,760	

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

BAA

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	29,076,974	<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	29,003,196
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990			<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$ 1,410,737		
(2)	Donated services and use of facilities \$ 1,410,737			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	1,410,737		Add amounts on lines (1) through (4)	<b>b</b>	1,410,737
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	27,666,237	<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	27,592,459
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>			<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>			Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	27,666,237	<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	27,592,459

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated, see instructions )
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SEE ATTACHED LIST

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions

► ☐ Yes ☐ No

**Part VI Other Information** (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If 'Yes,' enter the name of the organization <u>ARCHDIOCESE OF NY, THE ASTOR LEARNING CENTER, THE CHILDREN'S FUND OF THE ASTOR HOME</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	1,410,737	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0	
90a	List the states with which a copy of this return is filed <u>NEW YORK</u>			
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	562	
91	The books are in care of <u>THE ASTOR HOME FOR CHILDREN</u> Telephone number <u>(845) 871-1000</u> Located at <u>6339 MILL ST PO BOX 5005, RHINEBECK</u> NY ZIP + 4 <u>12572</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>			

**Part VII Analysis of Income-Producing Activities** (See instructions)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a NON-GOVT CONTRACTS & FEES					1,900,069
b					
c					
d					
e					
f Medicare/Medicaid payments					8,362,674
g Fees & contracts from government agencies					17,066,957
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,235	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	33,115	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				34,350	27,329,700
105 Total (add line 104, columns (B), (D), and (E))					27,364,050

**Note** Line 105 plus line 1d Part I should equal the amount on line 12 Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A&G	FEES RECEIVED FOR RUNNING PROGRAMS ALLOW FOR HIRING, TRAINING AND RETENTION OF QUALIFIED STAFF AND FOR THE CONTINUED PURSUIT OF OUR MISSION, SATISFYING INTERNAL AND EXTERNAL QUALITY STANDARS FOR
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date

1/27/03

**Schedule A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

Supplementary Information - (see separate instructions)

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

OMB No. 1545-0047

**2001**

Name of the Organization

THE ASTOR HOME FOR CHILDREN

Employer Identification Number

14-1397918

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR ALICE LINDER C/O ASTOR HOME	MEDICAL DIR 35	144,441		
DR JULIA SPEICHER C/O ASTOR HOME	STAFF PSYCHIATRIST 35	141,601		
DR HUGH YOUNG C/O ASTOR HOME	STAFF PSYCHIATRIST 35	139,713		
EDWARD LYONS C/O ASTOR HOME	CFO 35	87,718		
JOHN KELLY C/O ASTOR HOME	AED 35	86,465		
Total number of other employees paid over \$50,000 ▶	45			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DAUGHTERS OF CHARITY 96 MENANDS ROAD, ALBANY, NY 12204	SALARIES FOR 3 SISTERS	109,594
PRICewaterHOUSE COOPERS LLP PO BOX 3026, BOXTON, MA 02241	AUDITING	90,775
LELAND G DEEVOLI PO BOX 153, CLINTON CORNERS, NY 12514	PSYCHIATRIC SERVICES	81,561
ST FRANCIS HOSPITAL, THE WORKPLACE 243 NORTH ROAD, SUITE 301, PoughKEEPSIE, NY 12601	EMPLOYEE PHYSICALS	52,474
THE MENTAL HEALTH ASSN IN DUTCHESS COUNTY 510 HAIGHT AVENUE, PoughKEEPSIE, NY 12603	FAMILY SUPPORT SVCS	52,296
Total number of others receiving over \$50,000 for professional services ▶	None	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001





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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	324,220	414,915	330,961	231,640	1,301,736
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25,523,663	23,595,598	22,142,993	20,569,620	91,831,874
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,886	22,615	19,944	17,250	87,695
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	25,875,769	24,033,128	22,493,898	20,818,510	93,221,305
<b>24</b> Line 23 minus line 17	352,106	437,530	350,905	248,890	1,389,431
<b>25</b> Enter 1% of line 23	258,758	240,331	224,939	208,185	
<b>26 Organizations described on lines 10 or 11</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24 <span style="float:right"><b>26a</b></span></p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts <span style="float:right"><b>26b</b></span></p> <p><b>c</b> Total support for Section 509(a)(1) test. Enter line 24, column (e) <span style="float:right"><b>26c</b></span></p> <p><b>d</b> Add: Amounts from column (e) for lines <b>18</b> _____ <b>19</b> _____ <span style="float:right"><b>26d</b></span>  <b>22</b> _____ <b>26b</b> _____</p> <p><b>e</b> Public support (line 26c minus line 26d total) <span style="float:right"><b>26e</b></span></p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) <span style="float:right"><b>26f</b> %</span></p>				
<b>27 Organizations described on line 12</b>	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:  (2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p><b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines <b>15</b> 1,301,736 <b>16</b> _____ <span style="float:right"><b>27c</b> 93,133,610</span>  <b>17</b> 91,831,874 <b>20</b> _____ <b>21</b> _____ <span style="float:right"><b>27d</b></span></p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____ <span style="float:right"><b>27e</b> 93,133,610</span></p> <p><b>e</b> Public support (line 27c total minus line 27d total) <span style="float:right"><b>27f</b> 93,221,305</span></p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) <span style="float:right"><b>27g</b> 99.91 %</span></p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) <span style="float:right"><b>27h</b> 0.09 %</span></p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

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

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **Only** by an eligible organization that filed Form 5768)Check ☒ **a** If the organization belongs to an affiliated group Check ☐ **b** If you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

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

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

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

- a** Volunteers  
**b** Paid staff or management (include compensation in expenses reported on lines c through h)  
**c** Media advertisements  
**d** Mailings to members, legislators, or the public  
**e** Publications, or published or broadcast statements  
**f** Grants to other organizations for lobbying purposes  
**g** Direct contact with legislators, their staffs, government officials, or a legislative body  
**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  
**i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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



Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OFFICE EXPENSE	146,177	72,044	73,370	763
CENTRAL ADMIN OFFSET	-93,086		-93,086	
ALLOCATION TO AFFILIATE	-130,928		-130,928	
Total	<u>-77,837</u>	<u>72,044</u>	<u>-150,644</u>	<u>763</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	117,993	0	117,993
BUILDINGS	4,931,069	2,392,555	2,538,514
FURNITURE & EQUIPMENT	2,386,884	1,750,531	636,353
VEHICLES	48,571	30,327	18,244
LEASEHOLD IMPROVEMENTS	4,562,556	2,191,989	2,370,567
CONSTRUCTION IN PROGRESS	856,510		856,510
Total	<u>12,903,583</u>	<u>6,365,402</u>	<u>6,538,181</u>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	INDIVIDUALS WHO PAY FOR SERVICES, THIS IS AN IMPORTANT COMPONENT OF THEIR THERAPY

**Supporting Statement of**

Form 990 p 2/Other Program Service Exp

Description	Amount
ALTERNATIVE SCHOOL-BASED CLINIC	213,214
ASTOR AT BEACON TANF	87,684
BEHAVIORAL SPECIAL CLASS	366,256
BRONX ADOLESCENT DAY TREATMENT	113,733
BRONX CLINIC	1,918,973
BRONX SCHOOL AGE DAY TREATMENT	891,019
CATHOLIC CENTER SERVICES	34,399
COORDINATED CHILDRENN'S SVCS INITIATIVE	180,381
DAY CARE	130,167
DUTCHESS EMPOWERMENT TANF	59,062
EARLY HEAD START	1,128,548
FAMILY BASED TREATMENT	371,931
FAMILY SUPPORT PROGRAM	63,064
HOME AND COMMUNITY-BASED WAIVER	226,932
HOME-BASED CRISIS INTERVENTION	252,024
INTENSIVE CASE MANAGEMENT	239,262
INTENSIVE HOME-BASED FAMILY PRESERVATION SVCS	133,532
INTENSIVE PARENTING PROGRAM	532,806
JUVENILE JUSTICE	29,803
LITTLE RED SCHOOL HOUSE, BRONX PRESCHOOL DAY TREATMENT	1,395,511
MEDICAID	1,258,693
OFF-SITE COUNSELING SERVICES	61,469
PARENT & STAFF EDUCATION	63,611
POUGHKEEPSIE ADOLESCENT DAY TREATMENT	938,625
POUGHKEEPSIE PRE-SCHOOL DAY TREATMENT	329,254
POUGHKEEPSIE SCHOOL AGE DAY TREATMENT	1,820,555
PROJECT LIBERTY	75,594
RYAN WHITE GRANT	50,766
SCHOOL-BASED SERVICES	532,902
SPECIAL CLASS INTEGRATED SETTING	631,725
SUPPORTIVE CASE MANAGER	45,444
THERAPEUTIC FOSTER BOARDING HOME	893,026
Total	<u>15,069,965</u>

**Supporting Statement of**

Form 990 p 3/Line 57c, column (A)

Description	Amount
LAND	117,993
BUILDINGS	2,906,554
FURNITURE & EQUIPMENT	2,189,647
VEHICLES	48,571
LEASEHOLD IMPROVEMENTS	4,398,345
CONSTRUCTION IN PROGRESS	1,925,204
ACCUMULATED DEPRECIATION	-5,797,946
Total	<u>5,788,368</u>

**Supporting Statement of**

Form 990 p 3/Line 64b, column (A)

Description	Amount
NOTE PAYABLE	0
NOTE PAYABLE	161,837
NOTE PAYABLE, THE CHILDREN'S FUND	317,500
NOTE PAYABLE, THE CHILDREN'S FUND	52,707
Total	<u>532,044</u>

**Supporting Statement of**

Form 990 p 3/Line 64b, column (B)

Description	Amount
NOTE PAYABLE	600,000
NOTE PAYABLE	47,599
NOTE PAYABLE, THE CHILDREN'S FUND	287,500
NOTE PAYABLE, THE CHILDREN'S FUND	27,208
Total	<u>962,307</u>

The Astor Home for Children  
990, Page 4, Part V

**Board of Directors**

**PRESIDENT**

**J Joseph McGowan, Esq.**  
c/o The Astor Home for Children

**Mr Joseph E Davis**  
c/o The Astor Home for Children

**VICE PRESIDENT**

**Shawn B Pratt, Esq**  
c/o The Astor Home for Children

**Sister Anne Marie Graham**  
c/o The Astor Home for Children

**SECRETARY**

**Ms. Madeleine Sanchez Post**  
c/o The Astor Home for Children

**Mr Lawrence F Hickey**  
c/o The Astor Home for Children

**TREASURER**

**Mr Stephen J Kelly**  
c/o The Astor Home for Children

**John E. Hoey, M D**  
c/o The Astor Home for Children

**Mr. John E Mack III**  
c/o The Astor Home for Children

**Sister Agnes Boyle**  
c/o The Astor Home for Children

**Theodora S Budnik, M D**  
c/o The Astor Home for Children

**Mr Justin J. Butwell**  
c/o The Astor Home for Children

**DIRECTORS EMERITUS**

**Mrs. Vincent Astor**  
c/o The Astor Home for Children

**Mr Walter M. Cadette**  
c/o The Astor Home for Children

**Sister Serena Branson**  
c/o The Astor Home for Children

**Mr William J Carroll**  
c/o The Astor Home for Children

**Mr. Frank Gallivan**  
c/o The Astor Home for Children

**Msgr Kevin Sullivan**  
c/o The Astor Home for Children

**Mr. John J Gartland, Jr**  
c/o The Astor Home for Children

**Paul O Sullivan, Esq**  
c/o The Astor Home for Children

**Honorable Joseph Giudice**  
c/o The Astor Home for Children

**Victor V. Waters, M.D**  
c/o The Astor Home for Children

**Mr Robert P. Viarengo**  
c/o The Astor Home for Children



## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

### Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Note.** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>The Astor Home for Children</b>	Employer identification number <b>14 1397918</b>
	Number, street and room or suite no. If a P.O. box see instructions <b>P.O. Box 5005</b>	
	City, town or post office, state, and ZIP code. For a foreign address see instructions <b>Rhinebeck, NY 12572-5005</b>	

### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **February 15**, 20**03** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year 20... or  
► ☒ tax year beginning **July 1**, 20**01**, and ending **June 30**, 20**02**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

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

Signature ► Edward J. [Signature] Title ► Chief Financial Officer Date ► October 29, 2002