

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

☐ Application pendingPlease use
IRS label
or print
or type
See
specific
instruc-
tions

C Name of organization

The Astor Home for Children

Number and street (or P O box if mail is not delivered to street addr) Room/suite

6339 Mill Street, PO Box 5005

City, town or country

Rhinebeck

State ZIP code + 4

NY 12572

D Employer Identification Number

14-1397918

E Telephone number

(845) 871-1000

F Accounting method

☐ Cash☒ Accrual☐ Other (specify)

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

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes', enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☒ No

(If 'No', attach a list. See instructions.)

H (d) Is this a separate return filed by an

organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number 0928

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

G Web site: N/A

J Organization type (check only one)

☒ 501(c)

3

(insert no)

4947(a)(1) or

☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 30,221,718.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 76,594.

b Indirect public support

1b 164,401

c Government contributions (grants)

1c 22,284

d Total (add lines 1a through 1c) (cash \$ 257,988 noncash \$ 5,291.)

1d 263,279.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 29,906,496.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 104.

5 Dividends and interest from securities

5

6a Gross rents

6a 51,839.

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 51,839.

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part III, line 3)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 30,221,718.

13 Program services (from line 44, column (A))

13 28,563,724

14 Management and general (from line 44, column (C))

14 1,884,801.

15 Fundraising (from line 44, column (D))

15 43,458.

16 Payments to affiliate (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 30,491,983.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -270,265.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 5,630,331.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 5,360,066.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/24/03

Form 990 (2003)

SCANNED MAR 01 2005

RECEIVED

EXPENSES

ASSETS

RECEIVED

FEB 16 2005

OSDEN, UT

6-11-05

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			
26	Other salaries and wages	26	18,350,952.	17,183,716.	1,167,236.
27	Pension plan contributions	27	673,686.	647,406.	26,280.
28	Other employee benefits	28	1,890,779.	1,770,155.	120,624.
29	Payroll taxes	29	1,875,487.	1,765,998.	109,489.
30	Professional fundraising fees	30			
31	Accounting fees	31	86,700.	86,700.	
32	Legal fees	32	10,327.	6,445.	3,882.
33	Supplies	33	885,613.	811,399.	74,152.
34	Telephone	34	409,076.	371,841.	37,235.
35	Postage and shipping	35	46,115.	32,814.	13,301.
36	Occupancy	36	1,350,413.	1,314,770.	35,643.
37	Equipment rental and maintenance	37	360,585.	331,278.	29,307.
38	Printing and publications	38	113,496.	103,054.	10,042.
39	Travel	39	434,225.	421,243.	12,982.
40	Conferences, conventions, and meetings	40	108,425.	107,356.	1,069.
41	Interest	41	55,416.	55,041.	375.
42	Depreciation, depletion, etc (attach schedule)	42	593,563.	483,220.	110,343.
43	Other expenses not covered above (itemize)				
a	Staff development	43a	120,278.	103,533.	16,745.
b	Insurance	43b	462,767.	462,767.	
c	Purchase of service	43c	1,173,672.	1,029,463.	141,488.
d	Client related serv.	43d	1,519,967.	1,475,564.	4,283.
e	See Other Expenses Stmt	43e	-29,559.	86,661.	-116,375.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	30,491,983.	28,563,724.	1,884,801.
					43,458.

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 AccomplishmentsWhat 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & 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 starting school. Also collaborates with other agencies in programming.	(Grants and allocations \$ 0)	3,872,611
b	RTC - Capacity of 55. Provides the residential and recreational component to support the educational and medical needs of children, aged 5-12.	(Grants and allocations \$ 0)	3,225,614.
c	Dutchess Clinic - A clinic treatment program serving children with a diagnosis of serious emotional disturbance.	(Grants and allocations \$ 0 .)	2,529,119.
d	RTF - Capacity of 20. Provides fully-integrated mental health treatment to seriously disturbed children, aged 5-12	(Grants and allocations \$ 0 .)	2,435,611.
e	Other program services	(Grants and allocations \$ 0 .)	16,500,769
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		28,563,724.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	998,205.	45	763,855.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 3,882,597.		
	b Less allowance for doubtful accounts	47b 47,000.	3,582,849.	47c 3,835,597.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a 293,658.		
	b Less allowance for doubtful accounts	51b	92,253.	51c 293,658.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		183,315	53 219,715.
	54 Investments — securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	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 13,661,552.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 7,392,218.	6,637,321.	57c 6,269,334	
58 Other assets (describe ►)		16,791.	58 14,998.	
59 Total assets (add lines 45 through 58) (must equal line 74)		11,510,734.	59 11,397,157.	
LIABILITIES	60 Accounts payable and accrued expenses	2,375,047	60	2,916,765
	61 Grants payable		61	
	62 Deferred revenue	2,349,834.	62	2,090,375.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,155,522.	64b	1,029,951.
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)		5,880,403	66 6,037,091.	
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	5,536,873.	67	5,298,382
	68 Temporarily restricted	93,458.	68	61,684
	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, column (B) must equal line 21)	5,630,331	73	5,360,066
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	11,510,734.	74	11,397,157

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)
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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	31,205,549.	a	Total expenses and losses per audited financial statements	a	31,475,814.
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$ 983,831.		
(2)	Donated services and use of facilities \$ 983,831.			(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	983,831.		Add amounts on lines (1) through (4)	b	983,831.
c	Line a minus line b	c	30,221,718.	c	Line a minus line b	c	30,491,983.
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on line 17, Form 990 but not on line a :		
(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)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	30,221,718.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	30,491,983.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
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?

► ☐ Yes ☒ No

Part VI Other Information (See 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>The 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 and 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	983,831
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	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
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	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
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, 2003 (See instructions)	90b	610
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 Street PO Box 5005, Rhinebeck, NY</u> 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 ▶ 92		

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-gov't contract fees					1,959,298.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					10,662,114.
g Fees & contracts from government agencies					17,285,084.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	104.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	51,839	
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))				51,943	29,906,496.
105 Total (add line 104, columns (B), (D), and (E))					29,958,439

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 standards.

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.

Please Sign

Signature of officer *Edward J. ...*

Date *2/9/05*

Principal Officer

Date

Check if self-employed ☐

Preparer's SSN or PTIN (see General Instruction W)

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.)

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

OMB No 1545-0047

2003

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 and deferred compensation	(e) Expense account and other allowances
Dr. Alice Linder c/o The Astor Home	Medical Dir 35	168,441.		
Dr. Julia Speicher c/o The Astor Home	Psychiatrist 35	151,485		
Dr. Seung Yang c/o The Astor Home	Psychiatrist 35	118,247.		
James McGuirk, Ph.D. c/o The Astor Home	Executive Dir 35	116,132.		
Dr. Hugh Young c/o The Astor Home	Psychiatrist 35	108,582.		
Total number of other employees paid over \$50,000 ▶	63			

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
Arvind Kamthan, MD PC 8 Wyntrop Manor Dr, Goshen NY 10924	Psychiatrist	85,030.
Open System Technologies, llc 3 Tallow Wood Drive, Clifton Park NY 12065	Computer service	79,660.
Stony Lodge Medical Group PO Box 1250, Briarcliff Manor NY 10510	Psychiatrist	76,875.
PriceWaterhouseCoopers PO Box 3026, Boston MA 02241	Independent auditors	74,893
Leland G. Deevoli PO Box 153, Clinton Corners NY 12514	Psychiatrist	58,500.
Total number of others receiving over \$50,000 for professional services ▶	2	

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 0.
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

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

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	201,635.	321,970.	324,220.	414,915.	1,262,740.
16 Membership fees received	29,400,339.	27,309,917.	25,523,663.	23,595,598.	105,829,517.
17 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	58,279	34,350.	27,886.	22,615.	143,130.
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	29,660,253	27,666,237	25,875,769.	24,033,128.	107,235,387.
24 Line 23 minus line 17	29,601,974.	27,631,887.	25,847,883.	24,010,513.	107,092,257.
25 Enter 1% of line 23	296,603.	276,662.	258,758.	240,331.	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24**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 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts**c** Total support for section 509(a)(1) test. Enter line 24, column (e)**d** Add. Amounts from column (e) for lines**18****19****22****26b****e** Public support (line 26c minus line 26d total)**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator))**26a****26b****26c****26d****26e****26f**

%

27 Organizations described on line 12:**a** 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.' **Do not file this list with your return.** Enter the sum of such amounts for each year

(2002)

(2001)

(2000)

(1999)

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.) **Do not file this list with your return.** 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

(2002)

(2001)

(2000)

(1999)

c Add. Amounts from column (e) for lines**15**

1,262,740

16

105,829,517.

17

143,130.

20**21****27c**

107,235,387.

d Add. Line 27a total

and line 27b total

27d**e** Public support (line 27c total minus line 27d total)**27e**

107,235,387

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)**27f**

107,235,387.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))**27g**

100.00 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**27h**

%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. **Do not file this list with your return.** 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?		
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?		
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? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
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		

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.
38 Total lobbying expenditures (add lines 36 and 37)	38	0.
39 Other exempt purpose expenditures	39	0.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41 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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

Caution: 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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

Yes	No	Amount

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**.)

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

Schedule A (Form 990 or 990-EZ) 2003

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 related exp	162,596.	86,661.	75,780.	155.
Central adm income	-39,739		-39,739.	
Allocated central adm	-152,416		-152,416.	
Total	<u>-29,559.</u>	<u>86,661.</u>	<u>-116,375.</u>	<u>155</u>

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	117,993.		117,993.
Buildings	4,523,777.	2,233,925.	2,289,852.
Furniture & equipment	2,915,767.	2,169,655	746,112.
Vehicles	61,999.	39,215.	22,784.
Leasehold improvements	5,422,857.	2,544,493	2,878,364.
Projects in process	205,318		205,318.
Land improvements	258,104.	249,193.	8,911.
Other	155,737.	155,737.	0.
Total	<u>13,661,552</u>	<u>7,392,218.</u>	<u>6,269,334.</u>

Supporting Statement of:

Form 990 p 2/Other Program Service Exp

Description	Amount
Bronx Clinics	2,140,261.
Poughkeepsie School Age Day Treatment	2,027,221.
Bronx Pre-school Day Treatment	1,581,444.
Medicaid	1,379,158.
Early Head Start	1,337,421.
Bronx School-Age Day Treatment	1,165,409
Therapeutic Foster Boarding Home	952,067.
Adolescent Day Treatment	956,574
Intensive Parenting Program	568,935.
School Based Services	566,520.
Special Class: Integrated Setting (pre-school)	571,798.
Behavior Special Class (pre-school)	376,578.
Day Care	153,007.
Home & Community Based Waiver	332,777.
Poughkeepsie Pre-School Day Treatment	280,534.
Family Based Treatment	413,211.
Intensive Case Management	411,366.
Home-Based Crisis Intervention	231,212.
Alternative School Based Clinics	217,821.
Intensive Home Based Family Preservation Svcs	114,397.
Coordinated Children's Svcs Initiative	170,237.
Bronx Adolescent Day Treatment	178,597.
Juvenile Justice	120,265.
Dutchess Empowerment TANF	46,367.
Off-site Counseling	63,787.
Family Support Program	79,092.
Project Liberty	4,459.
Parent & Staff Education	60,254.
Total	<u>16,500,769.</u>

**ASTOR HOME FOR CHILDREN / ASTOR LEARNING CENTER
MEMBERS OF THE BOARD OF DIRECTORS**

July 2003

NAME AND ADDRESS

Mr. Michael C. Betros
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

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

Mr. William J. Carroll
c/o The Astor Home For Children

David A. Crenshaw, Ph.D.
c/o The Astor Home For Children

Mr. Joseph E. Davis
c/o The Astor Home For Children

Mr. Lawrence F. Hickey
c/o The Astor Home For Children

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

Mr. Stephen J. Kelly
c/o The Astor Home For Children

Ms. Julie H. Krieger
c/o The Astor Home For Children

Mr. Robert R. Lane
c/o The Astor Home For Children

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

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

Sister Linda O'Rourke, D.C.
c/o The Astor Home For Children

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

Shawn B. Pratt, Esq.
c/o The Astor Home For Children

**ASTOR HOME FOR CHILDREN / ASTOR LEARNING CENTER
MEMBERS OF THE BOARD OF DIRECTORS**

NAME AND ADDRESS

Msgr. Kevin Sullivan
c/o The Astor Home For Children

Paul O. Sullivan, Esq.
c/o The Astor Home For Children

Form

8868

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **XX**
- 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

The Astor Home for Children

Employer identification number

14 : 1397918

Number, street, and room or suite no. If a P.O. box, see instructions.

P. O. Box 5005

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Rhinebeck, NY 12572-5005

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 05, 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 03 and ending June 30, 20 04

- 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 ►

Title ►

Chief Financial Officer

Date ►

October 20, 2004

For Paperwork Reduction Act Notice, see Instruction

Cat No 27916D

Form **8868** (12-2000)