Return of Organization Exempt From Income Tax

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

its mapestion
, 2006
yer Identification Number
1397918
one number
5) 871-1000
Cash X Accrual
ther (specify)
ion 527 organizations
affiliates? Yes X No
affiliates ►
Yes X No
instructions)
iled by an
group ruling? X Yes No
lumber ► 0928
rganization is not required
rm 990, 990-EZ, or 990-PF)
\$\alpha_i
, ***
1d 280,875.
2 35,484,337.
3
4 678.
5
· .
<u></u>
6c 92,930.
7
**
Mar - man
8d
\$ 4.00
9c
in the state of th
10c
25 050 000
35,858,820.
33,285,278.
2,805,721. 15 15,717.
16 36,106,716.
1,537,340.
9

3AA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

TEEA0101

02/03/06

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 \$)										
If this amount includes					; !					
foreign grants, check here	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	21 022 402	20 455 754	1 467 730						
26 Other salaries and wages	26	21,923,492.	20,455,754.	1,467,738.						
27 Pension plan contributions	27	860,765.	803,533.	57,232.						
28 Other employee benefits	28	2,458,488.	2,295,023.	163,465.	- <u></u> -					
29 Payroll taxes	29	2,042,378.	1,918,217.	124,161.						
30 Professional fundraising fees	30									
31 Accounting fees	31	81,000.		81,000.						
32 Legal fees	32	18,345.	8,845.	9,500.						
33 Supplies	33	927,459.	871,393.	56,066.						
34 Telephone	34	371,260.	306,926.	64,334.						
35 Postage and shipping	35	52,597.	34,556.	18,041.						
36 Occupancy	36	1,606,386.	1,562,999.	43,387.						
37 Equipment rental and maintenance	37	471,808.	425,004.	46,804.						
38 Printing and publications	38	77,522.	37,799.	39,723.						
39 Travel	39	479,564.	460,298.	19,266.						
40 Conferences, conventions, and meetings	40	52,043.	46,211.	5,832.						
41 Interest	41	168,284.	48,610.	119,674.						
42 Depreciation, depletion, etc (attach schedule)	42	700,193.	492,909.	207,284.						
43 Other expenses not covered above (itemize)										
a Staff development	43a	180,723.	141,876.	38,847.						
b Insurance	43 b	464,888.	464,888.							
c Purchase of service	43 c	1,541,654.	1,249,517.	290,289.	1,848.					
d Client related serv.	43 d	1,597,133.	1,573,885.	9,174.	14,074.					
e Office related exp	43e	240,727.	87,035.	153,692.						
f Central adm income	43f	-19,897.		-19,692.	-205.					
g Allocated central adm	43 q	-190,096.		-190,096.						
44 Total functional expenses. Add lines 22 through										
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	36,106,716.	33,285,278.	2,805,721.	15,717.					
Joint Costs. Check ► If you are following	 		33,203,270.	2,005,721.	15,111.					
Are any joint costs from a combined education	-		icitation reported in/P)	Program senuces?	► Yes No					
If 'Yes,' enter (i) the aggregate amount of the	se ioint o	osts \$		nount allocated to Progr						
		to Management and gen		, and (iv) the						
to Fundraising \$		and gold	Ŧ <u></u>	, and (14) the	amount unocuted					
ВАА										

Part III | Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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 \$) If this amount includes foreign grants, check here ▶	4,384,899.
bRTC - Capacity of 55. Provides the residential and recreational component to support the educational and medical needs of children, aged 5-12.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	3,636,400.
c Dutchess Clinic - A clinic treatment program serving children with a diagnosis of serious emotional disturbance.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	2,242,624.
dRTF - Capacity of 20. Provides fully-integrated mental health treatment to seriously disturbed children, aged 5-12.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	2,589,017.
e Other program services	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	20,432,338.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	33,285,278.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Not		here required, attached schedules and amounts within blumn should be for end-of-year amounts only	the de	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			1,162,604.	45	197,078.
	46	Savings and temporary cash investments				46	
	47	a Accounts receivable	47a	6,068,130.			
		b Less [,] allowance for doubtful accounts	47b	132,000.	4,118,448.	47 c	<u>5,9</u> 36,130.
	48	a Pledges receivable	48 a				
		b Less allowance for doubtful accounts	48b			48 c	
	49	Grants receivable				49	
A S S E T S	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	еу			50	
E	51	a Other notes & loans receivable (attach sch)	51 a	582,828.		¢ '	
\$		b Less: allowance for doubtful accounts	51 b		558,515.	51 c	582,828.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			295,135.	53	329,754.
	54	Investments - securities (attach schedule)		► Cost FMV		54	
	55	a Investments - land, buildings, & equipment basis	55 a			-4- ≤	
		b Less: accumulated depreciation					
		(attach schedule)	55 b			55 c	
	56	(4114-4114-4114-4114-4114-4114-4114-411		_		56	
	57	a Land, buildings, and equipment basis	57 a	14,665,090.		a*	
		b Less: accumulated depreciation					
		(attach schedule) L-57 Stmt	57b	8,719,387.	6,180,066.	1	5,945,703.
	58			neficial interest)	13,205.	58	8,635,009.
\rightarrow	59		ugn 58		12,327,973.	59	21,626,502.
.	60	, , ,		-	3,771,678.	60	3,464,559.
וַ גָּ	61 62			-	2 062 701	61	100,802.
βļ	63			-	2,063,781.	62	3,078,399.
- <u>i</u>		Loans from officers, directors, trustees, and key employees (attach a Tax-exempt bond liabilities (attach schedule)	i scriedu	le) -		63 64a	
Ť.	•	b Mortgages and other notes payable (attach schedule)		-	001 207	64 b	767 004
LIABILITIES	65	Other liabilities (describe > See Line 65 St	-m+	,	901,297. 373,561.	65	767,004. 1,719,521.
		Total liabilities. Add lines 60 through 65	-111.0		7,110,317.	66	9,130,285.
\neg			nd com	plete lines 67			3,130,203.
P P		through 69 and lines 73 and 74		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	67	Unrestricted			5,170,994.	67	3,286,544.
S	68	Temporarily restricted			46,662.	68	8,709,673.
4のの圧下の	69			Ì		69	500,000.
	Orga	nizations that do not follow SFAS 117, check here		and complete lines		*	
		70 through 74		3 4			
Ü	70	Capital stock, trust principal, or current funds			70		
D P	71	Paid-in or capital surplus, or land, building, and equi	fund		71		
Ă	72	Retained earnings, endowment, accumulated income	e, or ot	her funds		72	
たつてひ 田々しくていい	73	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19; column (B) must	ugh 69 Legual	or lines 70 through line 21)	5,217,656.	73	12,496,217.
5	74	Total liabilities and net assets/fund balances. Add li		·	12,327,973.	74	21,626,502.
BAA				· · · · · · · · · · · · · · · · · · ·		, 1	Form 990 (2005)

	m 990 (2005) The Astor Home f			14-	139	7918 Page
Pa	art IV-A Reconciliation of Revenu	ie per Audited Financia	I Statements with	Revenue per Re	etur	n (See
	instructions.)				1	
_	Total revenue gains and other support	nor audited financial statemer	-t-			27 051 465
a b	Total revenue, gains, and other support and Amounts included on line a but not on P		its		a	37,051,465
	1 Net unrealized gains on investments	arci, mic 12	b1			
	2Donated services and use of facilities		b2	1,192,645.	1 1	
	3Recoveries of prior year grants		b3	1,152,045.	1.	
	4Other (specify) timing differ.	nr period adi	_ 55		1	
	Tomor (specify)	·br·berroalgab	_{b4}	10,613.		
	Add lines b1 through b4		· <u> </u>	10,015.	ь	1,203,258
С	Subtract line b from line a				c	35,848,207
d	Amounts included on Part I, line 12, but	not on line a:				33/010/207
_	1 Investment expenses not included on Pa		d1			
					1 1	
			d2			
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12) Add lines	c and d		•	е	35,848,207
Pa	art IV-B Reconciliation of Expens		al Statements with	Expenses per	Ret	urn
					Π	
а	Total expenses and losses per audited fi	nancial statements			a	37,309,972
b	Amounts included on line a but not on Pa	art I, line 17.				
	1 Donated services and use of facilities		b1		-	
	2Prior year adjustments reported on Part	l, line 20	b2		20	
	3Losses reported on Part I, line 20		b 3		1	
	4Other (specify)				e2.	
			b4	1,203,256.	35	
	Add lines b1 through b4				Ь	1,203,256
С	Subtract line b from line a				С	36,106,716
d	Amounts included on Part I, line 17, but	not on line a:			3	
	1 Investment expenses not included on Pa	rt I, line 6b	d 1			
	2Other (specify)					
			d2			
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17). Add line			<u></u>	e	36,106,716
Pa	Current Officers, Director	rs, Trustees, and Key E	mployees (List eac	h person who was ar	n offi	cer, director, trustee,
	or key employee at any time dur	ing the year event they were	riot compensated.) (3	ee the instructions)		<u> </u>
		(B) Title and average hours per week devoted	(C) Compensation (if not paid,	(D) Contributions employee benef		(E) Expense account and other
	(A) Name and address	to position	enter -0-)	plans and deferre	edi∣	allowances
_				compensation pla	ns	
<u>Se</u>	e_attached_list					
						
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- -						
- -						
				 		<u> </u>
					1	
		,	i	i		

Form 990 (2005) The Astor Home for Ch			14-139791	8	F	Page 6					
Part V-A Current Officers, Directors, Tru	<u>ıs</u> tees, and Key E	mployees (continued)			Yes	No					
75 a Enter the total number of officers, directors, and trustees p	permitted to vote on organiza	tion business as board meeting	gs ►								
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	isated professional and gh family or business r	d other independent cont	ractors listed in Schedule	75b							
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related											
to this organization through common supervision or common control?											
Note. Related organizations include section 509(a)(3) supporting organizations											
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comprelated organization	ensation arrangements	e relationship between the including amounts paid	is organization and the to each individual by each								
d Does the organization have a written conflict o				75 d							
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions)	or, trustee, or key emp and enter the amount o	loyee received compens f compensation or other	ation or other benefits (desci benefits in the appropriate c	ribed be olumn	low) See						
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit a plans and deferred compensation plans	(E) Ex ccount a allowa	and ot	ther					
					•						
	,,,										
											
Part VI Other Information (See the instruction	tions)	·	· · · · · · · · · · · · · · · · · · ·		Yes	No					
76 Did the organization engage in any activity not	provinced to	the IDC2 If IVee !		\top							
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the instit tes,		76	*******	Х					
77 Were any changes made in the organizing or g	overning documents bi	ut not reported to the IRS	57	77	_	X					
If 'Yes,' attach a conformed copy of the change					, ,	, r					
78 a Did the organization have unrelated business g	ross income of \$1,000	or more during the year	covered by this return?	78a		Х					
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?		-	78b		Х					
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		Х					
80 a ls the organization related (other than by associatembership, governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt orga	anization?	80 a	х						
b If 'Yes,' enter the name of the organization ▶			r Learning Center,								
The Children's Fund of the A 81 a Enter direct and indirect political expenditures.		_	xempt or nonexempt		,						
b Did the organization file Form 1120-POL for thi	•	•		81 ь		Х					
ВАА				Form	990 (

Form 990 (2005) The Astor Home for Children	14-139791	8	_	Page 7
Part VI Other Information (continued)		ı –	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no substantially less than fair rental value?	o charge or at	82a	Х	
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.)	ь			
83a Did the organization comply with the public inspection requirements for returns and exemption app	olications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions	s?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribinot tax deductible?	utions or gifts were	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?		85b	N/	A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the orgwaiver for proxy tax owed for the prior year	anization received a		٠	
c Dues, assessments, and similar amounts from members 85	c N/A		× 4:	,
d Section 162(e) lobbying and political expenditures				4
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			**	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85	f N/A		ž.	*
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 q	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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	estimate of	85 h	N/2	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on		00		* *
line 12 86	a N/A		š,	
b Gross receipts, included on line 12, for public use of club facilities 86			sp.	à
87 501(c)(12) organizations Enter. a Gross income from members or shareholders	 		43	İ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87	b N/A		,	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corpor or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 If 'Yes,' complete Part IX	ration or partnership, and 301 7701-3?	88		v
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under:		-00		X
section 4911 ► ; section 4912 ► , section 4955	>		a	
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,'				
explaining each transaction		89 b		<u> </u>
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	-			
90 a List the states with which a copy of this return is filed ► New York				
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions))	90 b		
91 a The books are in care of ► The Astor Home for Children Telephone numbe	r► (845) 871-1	1000		
Located at ► 6339 Mill Street PO Box 5005, Rhinebeck, NY	ZIP + 4 ► 12572	 		
b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over a al account)?	91 b	Yes	No
If 'Yes,' enter the name of the foreign country			4	
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Financial Statements	gn Bank and			
c At any time during the calendar year, did the organization maintain an office outside of the United	States?	91 c		
If 'Yes,' enter the name of the foreign country	'	(
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	 -			▶
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			ب
DAA				

Form **990** (2005)

	1		d business income		tion 512, 513, or 514	
	ter gross amounts unless indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Pi	rogram service revenue					
a <u>N</u>	on-gov't contract fees					2,002,453.
b_						
d_						
e	· · · · · · · · · · · · · · · · · · ·					
	edicare/Medicaid payments					12,151,302.
9	es & contracts from government agencies			<u> </u>		21,330,582.
	embership dues and assessments			 		
	terest on savings & temporary cash invmnts		 	14	678.	
-	ividends & interest from securities					
-	et rental income or (loss) from real estate			·		<u> </u>
	ebt-financed property					
	ot debt-financed property			16	92,930.	
-	et rental income or (loss) from pers prop			 		
-	ther investment income			 		
of	ain or (loss) from sales of assets ther than inventory et income or (loss) from special events					
_	····			 		
	ther revenue. a			 		
103 O						A 59
ь_ с			· · · · · · · · · · · · · · · · · · ·	 -		
ď_				 	_ -	
e_						
	ubtotal (add columns (B), (D), and (E))				93,608.	35,484,337.
	otal (add line 104, columns (B), (D),	and (E))		<u> </u>	▶	35,577,945.
	ne 105 plus line 1d, Part I, should equ		on line 12. Part I			
	II Relationship of Activities t			empt Purpose	S (See the instructions	s.)
Line No	Explain how each activity for whice of the organization's exempt purports.	h income is re	ported in column (E) of n by providing funds for	f Part VII contribut or such purposes)	ted importantly to the a	accomplishment
93 a &	g Fees received for rur	ning pro	grams allow fo	r hiring.ti	raining and re	tention of
	qualified staff and f					
	and external quality			it of our i	MIDDION, DUCID	T y TII Y
	dia external quarity	<u> </u>	J.			
Dart IX	(Information Regarding Tax	able Subci	diaries and Disree	arded Entition	Coo the instructions	.) N/A
Fait 17						
	(A)	(B)	(0	<i>'</i> '	(D)	(E)
	e, address, and EIN of corporation, artnership, or disregarded entity	Percentage ownership in		activities	Total income	End-of-year
	arthership, or disregarded entity	Ownership iii			income	assets
			8			
			8			
			용			
Dort V	Information Regarding Tra	nefers Ass	-	anal Panafit C	antracta (C #	
Part X	······································					
	the organization, during the year, receive any fo			•		Yes No
	the organization, during the year, pa		•	a personal benefi	t contract?	∐ Yes ☐ No
Note:	If 'Yes' to (b), file Form 8870 and Fo					
	Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of pro-	ve examined this r eparer (other than	eturn, including accompanying officer) is based on all inform	g schedules and statem ation of which preparer	ents, and to the best of my kr has any knowledge	nowledge and belief, it is
Please Sign	Signature of officer					7
Here	Edward Lyou Type or print name and title	s/Ch	ief Financi	al Office	<u>Ser</u>	
	Propagar's	·		Date	Check if G	reparer's SSN or PTIN (See eneral Instruction W)
Paid Pre-	Preparer's signature				self- employed ►	
parer's	Firm's name (or Non-Pa	id P	reparer			
Use	yours if self- employed).				EIN ►	
Only	address, and ZIP + 4				Phone no	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number 14-1397918 The Astor Home for Children Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 to employee benefit plans and deferred hours per week account and other devoted to position allowances compensation Dr. Alice Linder c/o The Astor Home Medical Dir 35 177,529 Dr. Julia Speicher c/o The Astor_ Home Psychiatrist 35 159,486. James McGuirk, Ph.D. c/o The Astor_Home Executive Dir 35 127,818. Seung Yang c/o The Astor_Home Psychiatrist 35 117,437 Dr. Hugh Young c/o The Astor Home Psychiatrist 35 112,744 Total number of other employees paid over \$50,000 Part II - A 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 PriceWaterhouseCoopers PO Box 3026, Boston MA 02241 Independent auditors 99,620. Stony Lodge Medical Group PO Box 1250, Briarcliff Manor NY 10510 78,313. Psychiatrist Arvind Kamthan, MD PC 8 Wynthrop Manor Dr, Goshen NY 10924 73,740. <u>Psychiatrist</u> St. Francis Hospital-The Workplace 243 North Rd , Suit 103 Poughkeepsie NY 12601 64,812. Emp.physicals & EAP Desmond Heath MD 150 East 93rd Street #9c New York, NY 10605 Psychiatrist 54,270. 1/2 Total number of others receiving over * \$50,000 for professional services Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation none

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

Total number of other contractors receiving

over \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2005

None

Sche	dule	e A (Form 990 or 990-EZ) 2005 The Astor Home for Children 14-139791	8	F	age
Par	t III	Statements About Activities (See Instructions)	·	Yes	No
1	Du	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	ĺ		
		incurred in connection with the lobbying activities			
		ust equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	org	anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities			
2	Du sub	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any			
	tax	able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			<u>-</u>
а	Sal	le, exchange, or leasing of property?	2a		х
b	Ler	nding of money or other extension of credit?	2b	_	х
c	Fur	rnishing of goods, services, or facilities?	2c		х
d	l Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
e	Tra	ansfer of any part of its income or assets?	2e		х
3 a	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an			
ь		olanation of how you determine that recipients qualify to receive payments) you have a section 403(b) annuity plan for your employees?	3a 3b		X
c	Du	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		
4 a	Did	l you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4-		7,
		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4a		Х
			, 70		,
Par	tiv	Reason for Non-Private Foundation Status (See Instructions)			
The o	orga	nization 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,	
10		and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 1 (Also complete the Support Schedule in Part IV-A)	70(b)(1)(A)(IV)
11 a	L	An organization that normally receives a substantial part of its support from a governmental unit or from the general pushed to section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	blic		
11 b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	X	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired	its sur	nort i	ots
		organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	by the		
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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)	ızatıor	ns k the	
		box that describes the type of supporting organization. ► Type 1 Type 2 Type 3	. Onec	K IIIE	
		Provide the following information about the supported organizations (See instructions)			
		(a) Name(s) of supported organization(s)	(b) Lir	ne nur n abov	
			_		
			 .		
14		An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

	t IV-A Support Schedule (: You may use the worksheet in th			·		accou	nting.
							(-)
begi	ndar year (or fiscal year	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	235,085.	278,328.	201,635.	321,	970.	1,037,018.
16	Membership fees received	31,377,208.	29,891,447.	29,400,339.	27,309,		
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	89,807.	51,943.	58,279.	34.7	350.	234,379.
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		01 ,5101	00,2,5	3.7.		231/313.
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	31,702,100.	30,221,718.		27,666,2	237.	119,250,308.
24	Line 23 minus line 17	31,612,293.		29,601,974.	27,631,8	387.	119,015,929.
25	Enter 1% of line 23	317,021.	302,217.	296,603.	276,6		, /
	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts f	name of and amount contr.	er 2% of amount in co	r than a governmental unit	or publicly	26 a	
	return. Enter the total of all these excess a	amounts	ded the amount shown in th	ie zoa Do not me tris list	with your -	26 b	
c	Total support for section 509(a)(1) test [.] Enter line 24, c	olumn (e)		•	26 c	
d	Add Amounts from column (e) fo			19		. >	* '
		22		26b	-	26 d	
	Public support (line 26c minus line	•			•	26 e	
	Public support percentage (line 2		ed by line 26c (denom	inator))	•	26 f	<u> </u>
	Organizations described on line 7 For amounts included in lines 15, name of, and total amounts received such amounts for each year.	16, and 17 that were yed in each year from,	, each 'disqualified pei	rson ' Do not file this	list with your r	eturn.	Enter the sum of
	(2004)	(2003)	(2002)	- 	_ (2001)		
	For any amount included in line 1 to show the name of, and amount \$5,000 (Include in the list organiz After computing the difference bed differences (the excess amounts)	received for each yea ations described in lir ween the amount rece for each year	ar, that was more than nes 5 through 11b, as eived and the larger a	the larger of (1) the a well as individuals) C mount described in (1)	amount on line o not file this l or (2), enter the	25 for list wit ne sum	the year or (2) th your return. n of these
	(2004)	(2003)	(2002)		_ (2001)		·
С	(2004) Add Amounts from column (e) for	lines 15	1,037,018.	16 <u>117,978,</u>	<u>911.</u>	, ,	
	17	<u>234,379.</u> 20		21		27 c	119,250,308.
d	Add: Line 27a total	an	id line 27b total			27 d	
е	Public support for section 509(a)(2) Public support percentage (line 2)	is line 27d total)	1,037,018.		•	27 e	119,250,308.
f	Total support for section 509(a)(2)	test: Enter amount fi	rom line 23, column (e	e) • 27f 119	,250,308.		
g ,	Public support percentage (line 2	7e (numerator) divide	ed by line 27f (denomi	nator))	<u> </u>	27 g	100.00 %
	Investment income percentage (I					27 h	
28	Unusual Grants: For an organizat list for your records to show, for e nature of the grant Do not file thi	ach year, the name of	f the contributor, the d	ate and amount of the	its during 2001 grant, and a b	throug orief de	gh 2004, prepare a escription of the

	(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? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following	1		1/2
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		i———
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 ь		_
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	.» . Ay	\$	
		*	* . `	e Spor
33	Does the organization discriminate by race in any way with respect to.	:	,	,
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33ь		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f	-	
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	,		
34	a 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?	34 b		
	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.	35		

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See Instructions) (To be completed ONLY by an eligible organization that filed Form 5768)

Chec	k ► a	if the organization belongs	to an affiliated group	Check ► b	Ť.	ıf you checi	ked 'a' and 'limited cont	rol' provisione	apply
<u> </u>		Limits on Lo	obbying Expenditur	es	<u> </u>	you check	(a) Affiliated group totals	(b) To be com for ALL el	npleted lecting
36	Total lob	bying expenditures to influen	36		organiza	itions			
		• • •	, ,	, ,,		<u> </u>		 	
37		bying expenditures to influent	• • • • • • • • • • • • • • • • • • • •	ect lobbying)		37		<u> </u>	
38	Total lob	bying expenditures (add lines	36 and 37)			38			
39	Other ex	cempt purpose expenditures				39			
40	Total ex	empt purpose expenditures (a	dd lines 38 and 39)			40			
41	Lobbying	g nontaxable amount. Enter th	e amount from the follow	/ıng table –					
	If the an	nount on line 40 is —	The lobbying nonta	axable amount is	s –			30	
	Not over	\$500,000	20% of the amount	on line 40	_	7	. ,		
	Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of th	ne excess over \$500,0	000			: :	_ 3
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of th	ne excess over \$1,000	0,000	- 41			
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		4	,	· <- · ·
	Over \$1	7,000,000	\$1,000,000		_	_		<u></u>	
42	Grassro	ots nontaxable amount (enter	25% of line 41)			42			
43	Subtract	line 42 from line 36 Enter -0	- if line 42 is more than l	ine 36		43			
44	Subtract	line 41 from line 38 Enter -0	- if line 41 is more than li	ine 38		44			
	Caution	: If there is an amount on eith	er line 43 or line 44, you	must file Form	4720)	,	4	;
			4 -Year Averaging P	Period Under	Se	ction 50	l(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)

		Lobbying Expenditures During 4 -Year Averaging Period					
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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))		¢ ' '	* *	, 4 .		
50	Grassroots lobbying expenditures						

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year,	, did the organization	attempt to influence	national, state or l	local legislation,	including any
attempt to influe	ence public opinion c	n a legislative matte	r or referendum, thi	rough the use of	

- a Volunteers
- ${\bf b}$ Paid staff or management (Include compensation in expenses reported on lines ${\bf c}$ through ${\bf h}$.)
- 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 det	tailed description of the lobbying activities.
--------------------------------------------------------------------	------------------------------------------------

Yes	No	Amount
		*
		<u> </u>

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

		 					
51 Did the of the 0	e reporting organization of Code (other than section	directly or in n 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, relatir	g with any other organization described ng to political organizations?	l in section	501(0	:)
a Transfe	ers from the reporting or	rganization to	o a noncharitable exempt organization	n of [.]		Yes	No
(i)Ca	sh				51 a (i)		Х
(ii)Otl	her assets				a (ii)		Х
b Other t	ransactions.						
(i)Sa	les or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		X
(ii) Pu	rchases of assets from a	a noncharita	ble exempt organization		b (ii)		X
(iii)Re	ntal of facilities, equipm	ient, or other	assets		b (iii)		X
• •	imbursement arrangeme	ents			b (iv)		X
• •	ans or loan guarantees				b (v)		X
			p or fundraising solicitations		b (vi)		X
c Sharing d If the a the good	g of facilities, equipment answer to any of the aboods, other assets, or ser	t, mailing lis ive is 'Yes,' d vices given l	ts, other assets, or paid employees complete the following schedule. Coluby the reporting organization. If the or	mn (b) should always show the fair ma ganization received less than fair marl ods, other assets, or services received	c irket value ket value ir	of า	<u> x </u>
(a)	(b)	ingement, si	(c)	(d)	·		
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arra	ngemen	.ts
							
							
					· <u> </u>		
	<u>. </u>						
		ļ					
		ļ			<u></u>		
		<u> </u>					
describ	organization directly or in sed in section 501(c) of the complete the following	the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations on 527?	► ☐ Ye	s X	No
	(a)		(b)	(c)			
	Name of organization		Type of organization	Description of relation	nship		
							_
							_
							_
				<u> </u>			
		<u></u> _					
							
							_
						_	
RAA			1	Schedule A (For	m 000 at 0	00 E7	2001
544				Schedule & CEON	11 371 Dr 4	71.I-F /	

Form 990, Page 4, 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	4,937,618.	2,848,428.	2,089,190.
Furniture & equipment	3,522,407.	2,666,605.	855,802.
Vehicles	61,999.	53,109.	8,890.
Leasehold improvements	5,774,098.	3,151,245.	2,622,853.
Projects in process	250,975.		250,975.
Total	14,665,090.	8,719,387.	5,945,703.

Form 990, Page 4, Part IV, Line 65 Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Grant payable to related party, noncurrent		1,590,274.
Current portion capital lease obligation	44,411.	44,313.
Long-term portion capital lease obligation	129,150.	84,934.
Line of credit advances	200,000.	
Total	373,561.	1,719,521.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount	
prior year adjustment	7,537,340.	
Total	7,537,340.	

Additional Information For Tax Return

The Astor Home for Children

14-1397918

Form 990 p 1: Item H(c) No box

The Astor Learning Center 14-1620743
The Children's Fund of the
Astor Home 22-3056183

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

NAME	OCCUPATION AND WORK ADDRESS	CONTACT NUMBERS
Mr. Donald P. Adams	Partner Adams Fairacre Farms, Inc. 765 Dutchess Turnpike Poughkeepsie, NY 12603	(845) 454-4330
Mr. Michael C. Betros	CPA Firm / Partner D'Arcangelo & Co., LLP, CPA's 510 Haight Avenue Poughkeepsie, NY 12603	(845) 473-7774
Sister Agnes Boyle	Professor of Education Mount Saint Mary College 330 Powell Avenue Newburgh, NY 12550	(845) 569-3373
Mr. Justin J. Butwell	Director of Physical Plant Marist College 3399 North Road Poughkeepsie, NY 12601	(845) 575-3200
Mr. Walter M. Cadette	Economist Jerome Levy Institute Bard College Annandale-on-Hudson, NY 12504	(845) 677-5568
David A. Crenshaw, Ph.D.	Clinical Psychologist, Private Practice P.O. Box 286 Rhinebeck, NY 12572	(845) 876-3400
Mr. Joseph E. Davis	14 Needle Lane Poughkeepsie, NY 12603-4813	(845) 462-2177
John E. Hoey, M.D.	Physician, Private Practice 91 Montgomery Street Rhinebeck, NY 12572	(845) 876-8110
Mr. Stephen J. Kelly	Banker (Retired) 9 Eagle Road Rhinebeck, NY 12572	(845) 876-0739
Ms. Julie H. Krieger	Vice President M& T Bank Box 7000 Fishkıll, NY 12524-7000	(845) 440-2990
J. Joseph McGowan, Esq.	Attorney McCabe & Mack P.O. Box 509 Poughkeepsie, NY 12602-0509	(845) 486-6800

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

NAME	OCCUPATION AND WORK ADDRESS	CONTACT NUMBERS
Sister Linda O'Rourke, D.C.	President/CEO Roarke Center 107 4 th Street Troy, NY 12180	(518) 273-8351
Shawn B. Pratt, Esq.	Attorney P.O. Box 1238 Millbrook, NY 12545-1238	(845) 677-2600
Msgr. Kevin Sullivan	Executive Director Catholic Charities of the Archdiocese of New York 1011 First Avenue New York, NY 10022-4134	(212) 371-1000
Paul O. Sullivan, Esq.	Attorney Corbally, Gartland & Rappleyea 35 Market Street Poughkeepsie, NY 12601-3285	(845) 454-1111
Mr. Lawrence Weisberg	Communications Consultant Robert Wood Johnson Foundation P.O. Box 724 Holmes, NY 12531	(845) 855-9585