




Part II

Statement of Functional Expenses

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

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) . . . . .	25a	167,879	167,879	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule) . . . . .	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	21,830,275	20,492,678	1,337,597
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27	916,039	868,333	47,706
28	Employee benefits not included on lines 25a - 27 . . . . .	28	2,622,857	2,463,447	159,410
29	Payroll taxes . . . . .	29	2,259,557	2,125,376	134,181
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	114,907		114,907
32	Legal fees . . . . .	32	12,850	5,891	6,959
33	Supplies . . . . .	33	1,012,285	953,850	58,435
34	Telephone . . . . .	34	478,257	378,212	100,045
35	Postage and shipping . . . . .	35	49,657	31,455	18,202
36	Occupancy . . . . .	36	1,695,350	1,641,849	53,501
37	Equipment rental and maintenance . . . . .	37	494,308	457,259	37,049
38	Printing and publications . . . . .	38	88,732	43,196	45,536
39	Travel . . . . .	39	480,981	467,451	13,530
40	Conferences, conventions, and meetings . . . . .	40	24,218	22,852	1,366
41	Interest . . . . .	41	50,648	42,611	8,037
42	Depreciation, depletion, etc. (attach schedule) 	42	723,189	494,923	228,266
43	Other expenses not covered above (itemize)				
a	staff development	43a	152,536	122,401	30,135
b	insurance	43b	481,046	481,046	
c	Purchase of service	43c	1,698,558	1,393,206	305,352
d	Client Related Services	43d	1,665,438	1,631,113	9,140
e	Office related expense	43e	223,675	84,255	139,259
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	37,243,242	34,201,404	3,016,492
					25,346

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

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

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

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

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

What is the organization's primary exempt purpose? <u>INSTRUCTION OF THE HANDICAPPED</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> 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 <input type="checkbox"/>		4,221,142
<b>b</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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		3,603,736
<b>c</b> DUCTCHESS 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 <input type="checkbox"/>		2,438,001
<b>d</b> RTF - 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 <input type="checkbox"/>		2,699,075
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . .		34,201,404

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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 . . . . .		197,078	45	588,776	
	46	Savings and temporary cash investments . . . . .			46		
	47a	Accounts receivable . . . . .	47a	6,960,357			
	b	Less allowance for doubtful accounts	47b	132,000	5,936,130	47c	6,828,357
	48a	Pledges receivable . . . . .	48a	105,000			
	b	Less allowance for doubtful accounts	48b			48c	105,000
	49	Grants receivable . . . . .				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				50b	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a	668,329			
	b	Less allowance for doubtful accounts	51b		582,828	51c	668,329
	52	Inventories for sale or use . . . . .				52	
	53	Prepaid expenses and deferred charges . . . . .		329,754		53	134,036
	54a	Investments—publicly-traded securities . <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
	55a	Investments—land, buildings, and equipment basis . . . . .	55a				
	b	Less accumulated depreciation (attach schedule) . . . . .	55b			55c	
	56	Investments—other (attach schedule) . . . . .				56	
	57a	Land, buildings, and equipment basis	57a	15,237,283			
	b	Less accumulated depreciation (attach schedule) . . . . .	57b	9,442,576	5,945,703	57c	5,794,707
	58	Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		8,635,009	58	8,506,992	
	59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . .		21,626,502	59	22,626,197	
	Liabilities	60	Accounts payable and accrued expenses . . . . .		3,464,559	60	4,098,514
		61	Grants payable . . . . .		100,802	61	1,668,197
		62	Deferred revenue . . . . .		3,078,399	62	3,600,053
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) . . . . .		767,004	64b	702,444	
65		Other liabilities (describe <input type="checkbox"/> _____ )		1,719,521	65		
66		<b>Total liabilities</b> Add lines 60 through 65 . . . . .		9,130,285	66	10,069,208	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	67	Unrestricted . . . . .		3,286,544	67	3,315,871	
	68	Temporarily restricted . . . . .		8,709,673	68	8,741,118	
	69	Permanently restricted . . . . .		500,000	69	500,000	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	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	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		12,496,217	73	12,556,989	
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . .		21,626,502	74	22,626,197	

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	38,321,088
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	1,017,344
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4 . . . . .	b	1,017,344
c	Subtract line b from line a . . . . .	c	37,303,744
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2 . . . . .	d	1,017,344
e	Total revenue (Part I, line 12) Add lines c and d . . . . .	e	37,303,744

Part IV-B



Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	38,260,586
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities . . . . .	b1	1,017,344
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4 . . . . .	b	1,017,344
c	Subtract line b from line a . . . . .	c	37,243,242
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2 . . . . .	d	
e	Total expenses (Part I, line 17) Add lines c and d . . . . .	e	37,243,242

Part V-A


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

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

<b>Part V-A</b> <b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>19</u>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)  .		<b>75b</b>	Yes
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . .  If "Yes," attach a statement that includes the information described in the instructions		<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .		<b>75d</b>	Yes

<b>Part V-B</b>	<b>Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)
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(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

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

Part VI

Other Information (continued)

Yes

No

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

Yes

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

1,017,344

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

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

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

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 the prior year

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) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. 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

88a

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

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI

88b

No

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) orgs. 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

No

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

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed NY

b

Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90b

750

91a

The books are in care of EDWARD LYONS Telephone no (212) 871-1127

6339 MILL STREET PO BOX 5005

Located at RHINEBECK, NY ZIP + 4 12572

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here . . . . . <span>▶</span>		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <span>▶</span>		92	

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

<b>Note:</b> 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-governemnt contract fees					2,090,316
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					12,712,995
g Fees and contracts from government agencies					21,898,133
94 Membership dues and assessments . . . .					
95 Interest on savings and temporary cash investments			14	1,020	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b non debt-financed property . . . . .			16	88,446	
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory			14	1,530	
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)) . . .				90,996	36,701,444
105 Total (add line 104, columns (B), (D), and (E)) . . . . . <span>▶</span>					36,792,440

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	fees received for running programs allow for hiring, training and
93G	retention of qualified staff for the continued pursuit of our mission, satisfying and external quality standards
93F	Same as 93G

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

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

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

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NOTE:</b> If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		



Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here

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.

Signature of officer

James McGuirk exec dir

2008-05-06

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	622 Third Avenue New York, NY 10017			Phone no (212) 503-8800

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ASTOR HOME FOR CHILDREN

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047  
  
**2006**

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 page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Edward Lyons 6339 MILL STREET PO BOX 5005 RHINEBECK, NY 12572	CFO 35 00	110,401	7,575	0
Dr JULIA SPEICHER 6339 MILL STREET PO BOX 5005 RHINEBECK, NY 12572	PSYCHIATRIST 35 00	167,934	16,217	0
dr alice linder 6339 MILL STREET PO BOX 5005 RHINEBECK, NY 12572	medical director 35 00	179,005	16,217	0
Joan Diblas 6339 MILL STREET PO BOX 5005 RHINEBECK, NY 12572	AED Bronx PRogram 35 00	106,850	10,763	0
Dr HUGH YOUNG 6339 MILL STREET PO BOX 5005 RHINEBECK, NY 12572	PSYCHIATRIST 35 00	116,088	10,763	0
Total number of other employees paid over \$50,000 ▶	79			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the 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
MM Hayes Company 16 the sage estate albany, NY 12204	Payroll services	173,855
AMR Networks LLC 856 maplecreast court schenectady, NY 12309	IT	153,900
ARVIND KAMTHAN MD PC 8 WYNTHROP MANOR DR GOSHEN, NY 10924	PSYCHIATRIST	105,500
STONY LODGE MEDICAL GROUP PO BOX 1250 BRIARCLIFF MANOR, NY 10510	PSYCHIATRIST	92,813
Marks Paneth Shron LLP 622 third ave NEW YORK, NY 10017	Audit	90,250
Total number of others receiving over \$50,000 for professional services ▶	5	

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 page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
McCarthys pharmacy RTE 82 stanfordville, NY 12580	prescriptions	536,827
ginsbergs po box 17 rte 66 hudson, NY 12534	food service	457,714
paetec communications po box 26253 new york, NY 10087	phone service	304,686
enterprise fleet services 1550 rte 23 wayne, NJ 07470	fuel	192,778
lcs facility maintenance 381 main street poughkeepsie, NY 12601	cleaning	182,989
Total number of other contractors receiving over \$50,000 for other services ▶	17	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Cat No 11285F

Schedule A (Form 990 or 990-EZ)  
2006

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1		No
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	280,875	235,085	278,328	201,635	995,923
16 Membership fees received	35,484,337	31,377,208	29,891,447	29,400,339	126,153,331
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	93,608	89,807	51,943	58,279	293,637
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	35,858,820	31,702,100	30,221,718	29,660,253	127,442,891
24 Line 23 minus line 17	35,765,212	31,612,293	30,169,775	29,601,974	127,149,254
25 Enter 1% of line 23	358,588	317,021	302,217	296,603	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	
d Add Amounts from column (e) for lines 18 19 22 26 b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				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 (2005) (2004) (2003) (2002)				
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 11b, 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 (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21	995,923 126,153,331 293,637 0 0			27c	127,442,891
d Add Line 27a total and line 27 b total				27d	
e Public support (line 27c total minus line 27d total)				27e	127,442,891
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	127,442,891			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	10000 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 2002 through 2005, 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 page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?		Yes	No
		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			
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 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		
	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?	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		
	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?	34a		
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	34b		
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 page 10 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
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 on page 13 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

**Exempt Organizations** (See page 13 of the instructions.)

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

Yes	No
-----	----

- |               |  |     |
|---------------|--|-----|
| <b>51a(i)</b> |  | N o |
| <b>a(ii)</b>  |  | N o |
| <b>b(i)</b>   |  | N o |
| <b>b(ii)</b>  |  | N o |
| <b>b(iii)</b> |  | N o |
| <b>b(iv)</b>  |  | N o |
| <b>b(v)</b>   |  | N o |
| <b>b(vi)</b>  |  | N o |
| <b>c</b>      |  | N o |

<b>c</b>		No
----------	--	----

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

[illegible]

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**▶** ☐ **Yes** ☒ **No**

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

[illegible]



Additional Data

Software ID:  
Software Version:  
EIN: 14-1397918  
Name: THE ASTOR HOME FOR CHILDREN

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DANIEL ADAMS 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
DONALD P ADAMS 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
ANN K ARTMATER 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
SCOTT D BERGIN 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
MICHAEL C BETROS 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	treasurer 1 00	0	0	0
JUSTIN J BUTWELL 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
DAVID A CRENSHAW 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	secretary 1 00	0	0	0
CHARLES R DANIELS III 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	co vice-chair 1 00	0	0	0
JOSEPH E DAVIS 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
ROBERT L DAVIS 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
DOUGLAS M DEPEW 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
ANATOL FEOKTISTOFF 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
JOHN E HOEY 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
STEPHEN J KELLY 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	chair 1 00	0	0	0
JULIE H KRIEGER 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
J JOSEPH MCGOWAN 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	assistant secretary 1 00	0	0	0
KEVIN SULLIVAN 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
PAUL O SULLIVAN 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	director 1 00	0	0	0
LAWRENCE WEISBERG 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	co vice-chair 1 00	0	0	0
james mcguirk PHD 6339 MILL STREET PO BOX 5005 RHINEBECK,NY 12572	executive director ceo 35 00	144,788	16,217	6,874

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

Name of the Organization	Exempt	Nonexempt
The archdiocese of ny	X	
the astor learning center	X	
the children's fund of the astor home	X	
catholic charities alliance	X	

# TY 2006 Depreciation and Depletion Schedule

**Name:** THE ASTOR HOME FOR CHILDREN

**EIN:** 14-1397918

Asset	Amount
BUILDINGS	104,786
FURNITURE & EQUIPMENT	294,415
VEHICLES	2,809
LEASEHOLD IMPROVEMENTS	321,179

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule**

**Name:** THE ASTOR HOME FOR CHILDREN

**EIN:** 14-1397918

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
	2006-12	PURCHASED	2006-12		2,042	512	0	1,530

**TY 2006 Land etc. Schedule****Name:** THE ASTOR HOME FOR CHILDREN**EIN:** 14-1397918

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	117,993		117,993
BUILDINGS	4,937,618	2,953,214	1,984,404
FURNITURE & EQUIPMENT	4,017,078	2,961,020	1,056,058
VEHICLES	61,999	55,918	6,081
LEASEHOLD IMPROVEMENTS	6,081,182	3,472,424	2,608,758
PROJECTS IN PROGRESS	21,413		21,413

TY 2006 Other Assets Schedule

**Name:** THE ASTOR HOME FOR CHILDREN

**EIN:** 14-1397918

Description	Beginning of Year Amount	End of Year Amount
contribution in kind-rent beneficial interest	8,635,009	8,506,992

TY 2006 Other Changes in Net Assets Schedule

**Name:** THE ASTOR HOME FOR CHILDREN

**EIN:** 14-1397918

Description	Amount
Miscellaneous adjustments	270



**TY 2006 Relationship Schedule****Name:** THE ASTOR HOME FOR CHILDREN**EIN:** 14-1397918

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
John Kelly	AED Placement	Stephen Kelly	Chair	John and Stephen Kelly are brothers

TY 2006 Self Dealing Statement

**Name:** THE ASTOR HOME FOR CHILDREN

**EIN:** 14-1397918

Line Number	Explanation
2d	See Part V-a, Form 990

Form **8453-EO****Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1870

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

**2006**Department of the Treasury  
Internal Revenue Service

See instructions.

Name of exempt organization

**THE ASTOR HOME FOR CHILDREN**

Employer identification number

**14-1397918****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<b>37319819</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedule and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund owed, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign  
Here

Signature of officer

Date

**CHIEF FINANCIAL OFFICER**

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<b>5/6/08</b>			
	<b>MARKS PANETH &amp; SHRON LLP</b>				EIN <b>11-3518842</b>
	<b>622 THIRD AVENUE</b>				Phone no. <b>212 503-8800</b>
	<b>NEW YORK, NEW YORK 10017</b>				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid Preparer's Use Only.**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> Type or print File by the extended due date for filing the return. See instructions.	<b>Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
	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>6339 MILL STREET, PO BOX 5005</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RHINEBECK, NY 12572</b>	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

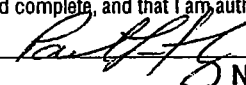
**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **EDWARD LYONS**  
Telephone No. **845-871-1000** FAX No. **845-871-1137**
- 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 is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2008**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE RETURN IS STILL NOT AVAILABLE.**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c	\$ <b>N/A</b>

**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 **CPA** Date **2/15/08****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 623832 05-01-07	Name <b>ATTN SANDY PAILLIERE, 10TH FLR MARKS PANETH &amp; SHRON LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>622 THIRD AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY 10017</b>