Form 9	90
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Return of Organization Exempt From Income Tax

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

. Inspection

Department of the Treasury Internal Revenue Service

A	For the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and e	ending J	UN 30, 2023	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	ASTOR SERVICES FOR CHILDREN & FAMILIES			
	Name change			14-13979	18
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) F 6339 MILL STREET, PO BOX 5005 F	Room/suite	E Telephone numbe 845-871-	
	return/ termin- ated			G Gross receipts \$	57,624,208.
	Ameno			H(a) Is this a group re	
F				for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	mpt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or	r 🗌 527		list. See instructions
J	Websit	e: WWW.ASTORSERVICES.ORG		H(c) Group exemptio	n number 0928
ĸ	Form of	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1952	VI State of legal domicile: NY
P	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: ASTOR			
Activities & Governance		BEHAVIORAL AND EDUCATIONAL SERVICES IN A C	CARING	S ENVIRONMEN	T WHERE
erne	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
0 Vē	3				22
ۍ مې	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			22
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			904
iviti	6	Total number of volunteers (estimate if necessary)			21
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
				Prior Year	Current Year
е	8	Contributions and grants (Part VIII, line 1h)		3,022,215.	2,980,293.
Revenue	9	Program service revenue (Part VIII, line 2g)		54,474,850.	54,273,153.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4. 142,238.	23,153.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,639,307.	347,609. 57,624,208.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>57,639,307.</u> 0.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		46,031,849.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>40,031,049</u> . 0.	40,945,101.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,113,276.	11,839,243.
	1 "	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,145,125.	58,782,344.
		Revenue less expenses. Subtract line 18 from line 12		494,182.	
2			Be	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		24,318,337.	25,186,008.
Ass	21	Total liabilities (Part X, line 26)		11,270,340.	13,296,147.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		13,047,997.	11,889,861.
	art II	Signature Block			
Unc	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Jan Se			/15/2024
Sig		Signature of officer		Date	
He	re	NANCY SANTIAGO, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		MAGDALENA CZERNIAWSKI MAGDALENA CZERNI.	AWSK 0	5/14/24 self-employ	
	parer	Firm's name CBIZ MARKS PANETH LLC		Firm's EIN 8	7-3707167
Use	Only	Firm's address 685 THIRD AVENUE			
		NEW YORK, NY 10017		Phone no. 21	2-503-8800
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			🔀 Yes 🗌 No

	990 (2022) ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ASTOR'S MISSION IS TO PROVIDE BEHAVIORAL AND EDUCATIONAL SERVICES IN A CARING ENVIRONMENT WHERE CHILDREN AND THEIR FAMILIES FIND STRENGTH,
	HEALING, HOPE AND TRUST.
	HEADING, HOPE AND IROSI.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 12,095,594. including grants of \$) (Revenue \$ 14,333,188.)
чa	OUTPATIENT: AN ARRAY OF OUTPATIENT CLINICS FOR CHILDREN, ADOLESCENTS,
	AND YOUNG ADULTS IN THE COMMUNITY AND IN SCHOOLS. THIS INCLUDES
	THERAPY SERVICES USING EVIDENCE-BASED PRACTICES, PSYCHIATRY, AND
	TELE-PSYCHIATRY SERVICES.
4b	(Code:) (Expenses \$ 11,612,782. including grants of \$) (Revenue \$ 12,085,700.)
10	EARLY CHILDHOOD: HEAD START EDUCATION PROGRAMS, SPECIAL EDUCATION AND
	EARLY INTERVENTION PROGRAMS FOR YOUNG CHILDREN AGES 3-5 YEARS.
4c	(Code:) (Expenses \$ 8,872,028. including grants of \$) (Revenue \$ 7,569,338.)
70	OUT OF HOME PLACEMENT: THERAPUETIC FOSTER FAMILIES, AND CONGREGATE
	RESIDENTIAL CARE FOR YOUNG CHILDREN IN A RESIDENTIAL TREATMENT CENTER.
	SPECIALIZED, HIGH-LEVEL CLINICALLY BASED RESIDENTIAL CARE IN A
	RESIDENTIAL TREATMENT FACILITY.
<u> </u>	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 17,263,033. including grants of \$) (Revenue \$ 20,632,536.) Total program service expenses 49,843,437. 1000000000000000000000000000000000000
4e	Total program service expenses 49,843,437. Form 990 (2022)
	Form 330 (2022)

Form 990 (2022)		ASTOR SERVICES FOR			CHILDREN	&	FAMILIES
Part IV	Checklist of Re	quired S					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 11
18		18		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 11
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ 1	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 86			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Diddle second with a second with her bar with the bar of the second state to second se			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990					CHILDREN			14-1
Part V Statements Regarding Other IRS Filings and Tax Compliance							ce (continued)	

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 904 b If a teat one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b Variable and the organization have an intered 51, 000 rame during the year? 3b X b Variable and the organization have an interest in or a signature or other authorty over, a financial account in a foreign country war, did the organization have an interest in or a signature or other authorty over, a financial account in a foreign country war, did the organization have an interest in or a signature or other authorty over, a financial account in a foreign country war, did the organization have an interest in or a signature or other authorty over, a financial account is probabilities tax better transaction are using the using the signature or approximation account is probabilities at probabilities tax better transaction are using avoin the using the organization file from 888617 5a X b U is any locate party probabilities at charitable contributions? 5a X b Tries (Sinduk with ewe) collabel as charitable contributions? 5a X c Tries (Sinduk with ewe) collabel as charitable contributions? 5a X c Tries (Sinduk with ewe) collabel as charitable contributions? 5a X c Tries (Sinduk with				Yes	No				
b If a lest one is reported on line 2a, did the organization file all required federal amployment tax returns? 2b. X 3a X	2a								
3a Dit the organization have unrelated business prosinceme of \$1,000 or more during the year? 3a X 44 At any time during the calendar year, dot the organization have an interest in, or a signature or other authority over, a francial account in a foreign country. 4a X 16 Yes, "instanciation a parts to exploid to a solution as a bank account, a contexploid country. 4a X 16 Yes, "instanciation a parts to a prohibit dax shalt the transaction at any time during the ayear? 5a X 26 Was the organization in Parts to aprohibit dax shalt the transaction at any time during the ayear? 5a X 26 Dest exploration that we constant the inference of the ayear? 5a X 27 Capanization shart we not organization in Parts accelutation sand the ayear and the constitutions? 6b 6 27 Capanization shart wen or the accelutation and party san continuon? 7a X 28 Uf the organization include with weny solicition and express statement that such contributions or gifts were not tax deductable and thaltake contributions? 7a X 28 Uf the organization nothy the done of the value of the goods or services provided? 7a X 29 Uf the organization nothy the done of the value of the goods or services provided? 7a <td< th=""><th></th><th>filed for the calendar year ending with or within the year covered by this return 2a 904</th><th></th><th></th><th></th></td<>		filed for the calendar year ending with or within the year covered by this return 2a 904							
b If Yes, 'Insi if Red a Form 980-T for this year? If Yeb 'to fine 3b, provide an exploration on Schedule 0 3b 4a At any time during the calendar year, did the organization have an intervent in or a signature or other authority over, a financial accountly or the 'to	b			X					
4 A tranuction during the calendar year, did the organization have an interest in, or a signature or other authority over, a difference of the star is a back account, securities account, or other functional accounts? 4 X b If 'rss,' enter the name of the foreign country (such as a back account, securities account, or other authority over, a 5 5 50 Was the organization aparty to a prohibited tas sheter transaction at any time during the tax year? 5a X 61 Opes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles or a charlable contributions? 5a X 7 Organizations that may receive deductible? 7a X 7a X 10 "Yes,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles or a sharable contribution and partly for goods and services provided to the pary? 7a X 10 "Yes,' id the organization include with every solicitation index to a pary promism on a personal benefit contract? 7e X 11 "Yes,' id the organization for the value of the goods are services provided? 7e X 12 "Yes,' id the organization netwere walkes? 7e <					<u> </u>				
Internatial account in a foreign country 4a X b If Yes,* enter the name of the foreign country 5a X 55 Was the organization that was or is a party to a prohibited tax shelfer transaction at any time during the tax yeer? 5a X 56 Was the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 57 Was the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 68 Does the organization that was or is a party to a prohibited tax shelfer transaction? 5c X 69 Dist any taxing party notify the organization that was or is a party to a prohibited tax shelfer transaction? 5c X 61 If Yes,* (dit the organization taxing organization taxing the organization taxing the organization taxing transaction? 7a X 7 Organizations that may receive deductible contributions under section 170c/. 7b 7c X 10 If Yes,* (dit the organization toxing, contherwise dispose of tangible personal property for which It was required to the apart as a contribution of quark dispose of tangible personal property for which It was required to the apartability of more 5282 field during the year? 7a X 11 If Yes,* (dit the organization network approprime and approprime an apersonal benefit contract? 7r X 12 Did the organization neavies appremiums, direckly or			3b						
b f [*] Ves, * enter the name of the foreign country Boe instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So B Was the organization a party to a prohibited tax shefer transaction? So C Was the organization in a party to a prohibited tax shefer transaction? So C Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shefer than educations in the even solicitations that ween or tax eductables and schrabe contributions? So C Dest to organization have annual gross receipts that are normally greater than \$100,000, and did the organization shefer that educatible? So 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and schrabe contributions and party for goods and services provided? Ta 7 Did the organization neity the dorion or the value of the good or services provided? Ta 1 I***s, ' did the organization neity the dorion or the value of the good or services provided? Ta 1 I***s, ' did the organization neity the dorion or the value of the good or services provided? Ta 1 I***s, ' did the organization neity the dorion or the value of the good or services provided? Ta 1 I***s, ' did the organization neity even y torms, dire	4a				v				
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions to thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See See instructions for thing requirements for Financial Accounts (FBAR). See See instructions for thing requirements for Financial Accounts (FBAR). See See instructions for financial see instruction for an express statement that such contributions or gits See See instructions for financial see instructions of the value of the goods or services provided? Te To an instruction foreign Bank and Financial Property for which twas required? Te <tr< th=""><th>Ŀ.</th><th></th><th>4a</th><th></th><th></th></tr<>	Ŀ.		4a						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5b X c I'Yes' to line 5a or 5b, did the organization file form 8806-17 5c 5c 5c d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that ween tot tax deductibles 5c 5c d I'Yes, 'idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c 7a X d I'Yes, 'idd the organization notify the donor of the value of the good os revices provided? 7c X d I'Yes, 'idd the organization receive a pyremiums, directly or indirectly, to pay premiums on a personal beneft contract? 7c X d I'Yes, 'iddicate the number of Forms 8822 filed during the year? 7d 7t X d I'Yes, 'iddicate the organization neceive any tunds, directly or indirectly, to pay premiums, or a personal beneft contract? 7c X d I'Yes, 'iddicate the organization neceive any tunds, dinectly or indirectly, on a personal beneft contract?	D								
b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? Sp X c If "Yes' to line organization have annual gross receipts that are normally greater than \$100.000, and did the organization solutions or gifts are contributions? Sp X b If "Ves, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sp X 0 Organizations that may receive deductible contributions? Sp X b If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ta X 0 Organizations that may receive deductible contributions under section TVG(c). Did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to the fact fact the number of forms 8282 filed during the year Td Ta X 0 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X Td Ta X 1 If the organization eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X Td X 1 If the organization eceive a contribution of cars. boats, anglanes, contherwise contract? Te X Td X 1 If the organization have excess bus	50		50		x				
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47								
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			17						

Form 990 (2022)

ASTOR SERVICES FOR CHILDREN & FAMILIES

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					_
					Yes	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a		
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			_
					Yes	_
10a	Did the organization have local chapters, branches, or affiliates?			10a	a 📃	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10t		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	a X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	121	5 X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			120		
13	Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	a X	
b	Other officers or key employees of the organization			15k	>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a	a 📃	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b)	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section 501(c)(8)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	NANCY SANTIAGO CFO - 845-871-1127					
	6339 MILL STREET PO BOX 5005, RHINEBECK, NY 12572					

Form 990 (2		SERVICES FO				14-139/918	Page /			
Part VII	Compensation of Office	ers, Directors, Tru	stees, Key Emp	loye	ees, Highest Co	mpensated				
	Employees, and Indepe	ndent Contractor	s							
	Check if Schedule O contains	a response or note to a	ny line in this Part VI							
Section A.	Officers, Directors, Trustees	s, Key Employees, and	Highest Compensa	ated	Employees					
1. Complete this table for all persons required to be listed. Depart companyation for the colondar year anding with ar within the organization's tay year										

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

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

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

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

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

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

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

Name and tille Average hours per below tilter and a structure and a structure below be	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek box. unsequence both any veek compensation from the direct order and a record and and the direct organizations with the organization in the organization i	Name and title	Average	(do						Reportable	Reportable	Estimated
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(4) YVETE BAIRAN 34.00 X 308,287. 0.17,303. EXEC DIRECTOR/CEO 1.00 X 308,287. 0.17,303. (5) MEENU HOTCHANDI 35.00 X 263,745. 0.27,010. (6) LAUREN AUGELLO 35.00 X 275,790. 0.2,383. (7) TODD KARLIN 35.00 X 191,546. 0.44,476. (8) NANCY M. SANTIAGO 34.00 X 201,524. 0.19,842. (9) LESLIE VOSBURGH 34.00 X 0.0.0.0. 0. (10) BARBARA B. CITARELLA 1.00 X 0.0.0.0. 0. (11) CAROLYN K. ZAZZARINO 1.00 X 0.0.0.0. 0. DIRECTOR X 0.0.0.0.0. 0. 0. 0. (11) CAROLYN K. ZAZZARINO 1.00 X 0.0.0.0. 0. 0. DIRECTOR X 0.0.0.0.0. 0. 0. 0. 0. 0. (13) DAVID A. REID 1.00 X 0.0.0.0. 0. 0. 0. 0. DIRECTOR X 0.0.0.0.0. 0. 0.0.0.0. <td< td=""><td>(3) SWATHI MOYLAN</td><td>35.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3) SWATHI MOYLAN	35.00									
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(5) MEENU HOTCHANDI 35.00 X 263,745. 0. 27,010. (6) LAUREN AUGELLO 35.00 X 275,790. 0. 2,383. (7) TODD KARLIN 35.00 X 191,546. 0. 44,476. (8) NANCY M. SANTIAGO 34.00 X 201,524. 0. 19,842. (9) LESLIE VOSBURGH 34.00 X 64,569. 0. 37,513. (10) BARBARA B. CITARELLA 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. <td>(4) YVETTE BAIRAN</td> <td></td>	(4) YVETTE BAIRAN										
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(8) NANCY M. SANTIAGO 34.00 X 201,524. 0. 19,842. (9) LESLIE VOSBURGH 34.00 X 64,569. 0. 37,513. (10) BARBARA B. CITARELLA 1.00 X 64,569. 0. 0. 0. DIRECTOR X 0.	(7) TODD KARLIN	35.00									
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(15) JAMES L. SCHWAB 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) JAMES M. RAIMO 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. UIRECTOR X 0. 0. 0. 0. 0. 0.	(14) GEOFFREY G. SCHMITZ	1.00									
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(16) JAMES M. RAIMO 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(15) JAMES L. SCHWAB	1.00									
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(17) JUANA M. STAMO 1.00 X 0. <td>(16) JAMES M. RAIMO</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) JAMES M. RAIMO	1.00									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00	1								
	DIRECTOR		Х						0.	0.	

1 2 0 1 0 1 0

	RVICES F	OR	C	HI	LD	RE	Ν	& FAMILIES	14-13	97	918	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average		not c		more	than c		Reportable	Reportable			timate	
	hours per week					s both r/trust		compensation	compensation	וו		nount	
	(list any						,	- from the	from related organizations			other pensa	
	hours for	direct				-		organization	(W-2/1099-MIS			om th	
	related	e or	stee			nsated		(W-2/1099-MISC/	1099-NEC)	<i>,</i>		anizat	
	organizations	truste	al tru		yee	im pei		1099-NEC)	,		•	d relat	
	below	ndividual trustee or director	Institutional trustee	er	ƙey employee	Highest compensated employee	ıer				orga	anizati	ons
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
(18) KATE A. KORTBUS	1.00												
DIRECTOR	1.00	Х						0.		0.			0.
(19) KEVIN A. HAMILTON	1.00												
DIRECTOR		Х						0.		0.			0.
(20) KEVIN SULLIVAN	1.00												
DIRECTOR		Х						0.		0.			0.
(21) LORA J. GESCHEIDLE	1.00												-
DIRECTOR		Х						0.		0.			0.
(22) MARJORIE S. ROVERETO	1.00												-
DIRECTOR		Х						0.		0.			0.
(23) MARY ELIZABETH SIMASEK 1.00									•				
								0.					
(24) MARY ELLEN ROS	1.00												•
DIRECTOR X O.								0.			0.		
(25) MICHAEL C. BETROS	1.00	x											~
DIRECTOR 1.00 (26) MICHAEL L. BIRNBAUM MD 1.00								0.		0.			0.
(26) MICHAEL L. BIRNBAUM MD, 1.00								0					
DIRECTOR X 0. 0. 1b Subtotal 2,235,768, 0, 22								20	6,3	$\frac{0}{50}$			
1b Subtotal								2,235,768.		0.	29	0,5	<u>52.</u> 0.
c Total from continuation sheets to Part VI								2,235,768.		0.	20	6,3	
d Total (add lines 1b and 1c)											29	0,5	JZ•
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ap	ove) wh	o re	eceived more than \$100,	000 of reportable				38
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director truct			mol	0.10	o or	hia	best componented omp		ſ		100	110
c i			•	•	-		Ŭ	• •			3		x
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	,		•								-		
rendered to the organization? If "Yes." com					-			-			5		x
Section B. Independent Contractors		- 0 /	01 50		JEIS	011 .				····	•		
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wit	hin	the organization's tax y	ear.				
(A) (B) (C)													
Name and business address Description of services Compensation													
BIZ MARKS PANETH LLP													
88 FROELICH FARM BLVD, WC	ODBURY,	Ν	Y	11'	79	7		ACCOUNTING/A	UDITING		16	1,8	80.
ORANGE COUNTRY PSYCHIATRI													
8 WYNTHROP MANOR DRIVE, G								PSYCHIATRIC	CARE		12	1,3:	12.
SNEHAL SHETH, 239 GOLDEN	HILL LN	S	ΤE	1	00	,		MEDICAL AND	HEALTH				
KINGSTON, NY 12401								CARE			10	7,4	50.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100.000 of compensation from the organization 3

	RVICES F	N	& FAMILIES 14-1397918							
Part VII Section A. Officers, Directors, Tr	ustees, Key Er (B)	nplo	yee		nd H C)	lighe	est (· · ·	
(A)		(D)	(E)	(F)						
Name and title	Average				Position (check all that apply)			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other
	week (list any	or				Highest com pensated em ployee		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	ee or	stee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe				organizations
	below	vidual	tutior	er	Key employee	lest c	ner			
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) PAULINE BARFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(28) RYAN D. SEYMOUR	1.00									
DIRECTOR		Х						0.	0.	0.
(29) SCOTT D. BERGIN, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(30) THERESE M. LACK, PH.D.	1.00									
CHAIR		Х		Х				0.	0.	0.
(31) TIFFANY N. COCOZZA	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		<u> </u>								
		-								
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .		<u></u> .	<u></u> .	<u></u> ,				

Pa	rt VII	Statement of Re	evenu	le						
		Check if Schedule O	contai	ns a respo	onse	or note to any line I	<u>e in this Part VIII</u> (A)	(B)	(C)	
							(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a						
ran	b	Manahanahia akara		41						
Ϋ́Θ	с									
ar A	d	B 1 1 1 1 1				2,500,000.				
inil, (е	Government grants (conti	ributio	ns) 1e						
tion S	f	All other contributions, gifts,	grants	, and						
ibu the		similar amounts not included	d above			480,293.				
Contributions, Gifts, Grants and Other Similar Amounts	g		lines 1a	-1f 1g	\$	92,011.	0.000.000			
<u>a õ</u>	h	Total. Add lines 1a-1f					2,980,293.			
			ama			Business Code	27 691 441	27691441		
ice	2 a			-		611710 611600	27,681,441.	27681441.		
er v ue	b	MEDICAID	CE FE	165		611600	13,284,972.	13284972. 11251976.		
u S Ven	C L					611600	11,251,976. 1,556,217.	1,556,217.		
grai Rev	d	MANAGEMENT FEES				541610	498,547.	498,547.		
Program Service Revenue	e f	All other program service	rovon				490,947.	450,547.		
-	ı g						54,273,153.			
	3	Investment income (includ					,,			
	Ū		Ũ				23,153.			23,153.
	4	Income from investment of								,
	5	Royalties		•						
		,		(i) Rea	ıl	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	s) <u></u>							
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
enc		and sales expenses								
Revenue		Gain or (loss)								
Å		Net gain or (loss)								
Othei	8 a	Gross income from fundraisi								
0		including \$								
		contributions reported on		-						
	Ь	Part IV, line 18								
		Net income or (loss) from		aisina eve						
		Gross income from gamir		•						
	υu	Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
6						Business Code				
Miscellaneous Revenue	11 a	OTHER				611710	347,609.	347,609.		
ane	b									
scellaneo Revenue	с									
Mis		All other revenue					··			
_		Total. Add lines 11a-11d		<u></u>			347,609.			
	10	Total revenue See instruction	one				57,624,208.	54620762.	0.	23,153.

ASTOR SERVICES FOR CHILDREN & FAMILIES

Form 990 (2022)

14-1397918

Page **9**

а

	rt IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must comp			mploto column (A)	
0000	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			000 405	
	trustees, and key employees	908,406.		908,406.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	26 206 412	22 120 026	2 6 9 4 0 9 0	
7	Other salaries and wages	36,206,413.	32,138,826.	3,684,089.	
8	Pension plan accruals and contributions (include	1 652 952	1 460 140	174 000	
•	section 401(k) and 403(b) employer contributions)	1,653,852. 4,358,276.	1,460,140. 3,795,428.	174,009. 511,632.	
9	Other employee benefits	3,816,154.	3,270,374.	501,650.	
10 11	Payroll taxes Fees for services (nonemployees):	5,010,154.	5,210,514.	JU1,0J0.	
a b	Management Legal	40,403.		40,403.	
	Accounting	10,1000		10,1000	
d		84,000.		84,000.	
	Professional fundraising services. See Part IV, line 17	,			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,025,997.	1,405,156.	586,787.	
12	Advertising and promotion	2,025,997. 13,016.		-	
13	Office expenses	655,389.	354,018.	301,171.	
14	Information technology	1,124,862.	494,117.	630,745.	
15	Royalties				
16	Occupancy	1,875,923.	1,736,216.	139,707.	
17	Travel	247,626.	225,697.	21,929.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \ldots				
19	Conferences, conventions, and meetings	237,212.	132,997.	104,215.	
20	Interest	420,969.	374,200.	46,769.	
21	Payments to affiliates	004 054		104 805	
22	Depreciation, depletion, and amortization	904,954.	780,229.	124,725.	
23	Insurance	853,612.	853,612.		_
04	Lither evenence. Itemize evenences not ecvered				

1,104,027.

1,094,980.

58,782,344.

442,911.

370,089.

343,273.

1,104,027.

427,096.

340,458. 343,273.

607,573.

49,843,437.

15,815.

29,092.

468,922.

8,374,066.

(D) Fundraising expenses

383,498.

19,703. 51,216. 44,130.

34,054. 13,016. 200.

23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) BOARDING HOME PAYMENT

FOOD b SUPPLIES С d DONATED SERVICES AND FA e All other expenses

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

539.

18,485.

564,841.

	ASTOR	SERVICES	FOR	CHILDREN	&	FAMILIES	
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		Check if Schedule O contains a response or note to any line	in this Part X			
		oneer in Genedule of contains a response of note to any line		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		1,374,026.	1	1,688,227.
	2	Savings and temporary cash investments		7,272.	2	
	3	Pledges and grants receivable, net	F	5,896,198.	3	5,644,936.
	4	Accounts receivable, net		8,303,928.	4	7,179,765.
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section 4			6	
Ś	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	373,147.	9	402,033.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 2	4,704,350.			
	b	Less: accumulated depreciation 10b 1	7,621,067.	7,587,739.	10c	7,083,283.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		776,027.	15	3,187,764.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		24,318,337.	16	25,186,008.
	17	Accounts payable and accrued expenses		4,168,232.	17	4,378,514.
	18	Grants payable			18	
	19	Deferred revenue	314,649.	19	517,931.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	nedule D		21	
ŝ	22	Loans and other payables to any current or former officer, dir	rector,			
litie		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third par		6,449,926.	23	5,865,714.
	24	Unsecured notes and loans payable to unrelated third parties	s		24	
	25	Other liabilities (including federal income tax, payables to rela	ated third			
		parties, and other liabilities not included on lines 17-24). Com	plete Part X			
		of Schedule D		337,533.		2,533,988.
	26	Total liabilities. Add lines 17 through 25		11,270,340.	26	13,296,147.
"		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.		6 420 400		
lan	27	Net assets without donor restrictions		6,438,192.	27	5,685,485.
l Ba	28	Net assets with donor restrictions		6,609,805.	28	6,204,376.
oun		Organizations that do not follow FASB ASC 958, check he	ere 🔄 🛛			
Ĕ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
.əse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
tÅ	31	Retained earnings, endowment, accumulated income, or othe		12 040 000	31	11 000 001
Re	32	Total net assets or fund balances		13,047,997.	32	11,889,861.
	33	Total liabilities and net assets/fund balances		24,318,337.	33	<u>25,186,008.</u>

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Form	000	(2022
FOUL	990	(2022

Form	1 990 (2022) ASTOR SERVICES FOR CHILDREN & FAMILIES	14-	-1397918	3 Ра	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,0	<u>47,9</u>	97.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,8	<u>39,8</u>	861.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form 990 (2022)

SCHE	EDULE A Public Charity Status and Public Support											
(Form 9	90)			nization is a section 501					2022			
			•	47(a)(1) nonexempt cha					2022			
Department	of the Treasury			ttach to Form 990 or Fo					Open to Public Inspection			
			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employor	identification number			
Name of	the organization		R GERVICES	FOR CHILDRE	N 6. FZ	M TT.TT	יפ		4-1397918			
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part) S	ee instruction	 S	4-1397910			
				For lines 1 through 12, c				0.				
1		•	•	on of churches described		,	I)(A)(i).					
2				Attach Schedule E (Forn								
3 🗔				anization described in s		(b)(1)(A)(ii	i).					
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state	e:										
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in			
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6			•	nental unit described in			.,					
7	-		•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in			
• □	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8					,			I				
9	-		•	in section 170(b)(1)(A)(-		-	-			
	university:	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
10 X		on that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membersh	in fees and	aross receipts from			
	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts f activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investr											
	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). (Complete Part III.)											
11												
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section &	5 09(a)(3). (heck the box on			
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by g	giving			
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting			
	-		complete Part IV, Se									
b 🗌			•	l or controlled in connect			0		•			
		-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted			
- L	¬ ~		t complete Part IV,						alittla			
c 🗋	_ ,,	-	• • • •	g organization operated		,		ly integrate	d with,			
d		•		 You must complete I porting organization oper 				ted organiz	ration(s)			
u		-	• •	zation generally must sat				° °	. ,			
			•	nplete Part IV, Sections	•		•	anationav				
е	- ·	·	,	written determination fro	,			II, Type III				
	functionally integrated, or Type III non-functionally integrated supporting organization.											
f Ent	f Enter the number of supported organizations											
			about the supporte									
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other			
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
			1	1	1	1	1					

Total

Schedule A (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")											
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3											
	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.											
	tion B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	Amounts from line 4		(6) 2013	(0) 2020								
	Gross income from interest,											
0												
	dividends, payments received on											
	securities loans, rents, royalties,											
~	and income from similar sources											
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)						_					
	Total support. Add lines 7 through 10											
	Gross receipts from related activities,	•	,			12						
13	First 5 years. If the Form 990 is for the	•										
	organization, check this box and stop	bhere										
	ction C. Computation of Publi					1 1						
	Public support percentage for 2022 (I		•			14	%					
	Public support percentage from 2021					15	%					
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or n	nore, check this	box and					
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱								
b	33 1/3% support test - 2021. If the	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check	this box					
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation								
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,											
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the orga	nization					
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization							
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15	is 10% or					
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how th	ne					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ons					

Schedule A (Form 990) 2022

14-1397918 Page 3 Schedule A (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & Part III Support Schedule for Organizations Described in Section 509(a)(2) ASTOR SERVICES FOR CHILDREN & FAMILIES

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	958,200.	897,934.	609,019.	3022215.	2980293.	8467661.				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	60145252.	59342981.	66217681.	54474850.	54273153.	294453917				
3	Gross receipts from activities that										
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ-										
•	ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to										
	the organization without charge	64400450									
	Total. Add lines 1 through 5	61103452.	60240915.	66826700.	57497065.	57253446.	302921578				
7a	Amounts included on lines 1, 2, and	100.000	100 000	1 - 1		01 550	<i>c</i> .1.1 0.0.0				
	3 received from disqualified persons	128,860.	126,200.	171,092.	94,118.	91,550.	611,820.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.				
	Add lines 7a and 7b	128,860.	126,200.	171,092.	94,118.	91,550.	-				
	Public support. (Subtract line 7c from line 6.)						302309758				
	ection B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 6					57253446.					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		717.	1,873.	4.	23,153.	25,747.				
b	Unrelated business taxable income (less section 511 taxes) from businesses										
	acquired after June 30, 1975		717.	1 072	A	23,153.	25,747.				
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		/1/.	1,873.	4.	23,155.	23,747.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,897.	274,349.	231,748.	142,238.	347,609.	1071841.				
13	Total support. (Add lines 9, 10c, 11, and 12.)	61179349.									
	First 5 years. If the Form 990 is for the			•							
	check this box and stop here			·····		-					
Sec	tion C. Computation of Publ	ic Support Per	centage								
15	Public support percentage for 2022 (line 8, column (f), d	ivided by line 13, o	column (f))		15	99.44 %				
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	99.51 %				
Sec	ction D. Computation of Investion	stment Income	e Percentage								
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.01 %				
18	18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 %										
	33 1/3% support tests - 2022. If the					3 1/3%, and line 17					
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X				
b	33 1/3% support tests - 2021. If the	e organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd				
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization					
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

1

No

Schedule A (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page 5

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

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

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

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
------------	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

2

No

_	dule A (Form 990) 2022 ASTOR SERVICES FOR CHI			L4-1397918 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	I
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page 7

Sche Par		S FOR CHILDREN			4-1397918	Page 7
		allo Supporting Orga	inizations (continu	led)	a	
	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	_	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		7		
8	Distributions to attentive supported organizations to which th	le organization is responsive				
	(provide details in Part VI). See instructions.			8 9		
9	Distributable amount for 2022 from Section C, line 6			9 10		
10	Line 8 amount divided by line 9 amount	(1)	(::)	10	(:::)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
	From 2018					
	From 2019					
	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 ASTOR
 SERVICES
 FOR
 CHILDREN
 & FAMILIES
 14-1397918
 Page 8

 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2018 AMOUNT: \$	75,897.
2019 AMOUNT: \$	274,349.
2020 AMOUNT: \$	231,748.
2021 AMOUNT: \$	142,238.
2022 AMOUNT: \$	347,609.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

14-1397918

2022

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
BARBARA CITARELLA	0.	0.	700.	0.	0.
CHARLES R. DANIELS	9,380.	37,500.	17,600.	10,100.	7,500.
ELIZABETH LAVIN	18,819.	0.	0.	0.	0.
J. MICHAEL SWEENEY	90.	0.	0.	0.	0.
JAMES E. VITIELLO	10,000.	15,000.	0.	0.	0.
JAMES L. SCHWAB	1,475.	0.	0.	0.	0.
JAMES M. RAIMO	230.	0.	0.	903.	0.
JAMES R. REGAN	0.	250.	0.	0.	0.
JIM REGAN	275.	0.	0.	0.	0.
JIM SCHWAB	0.	3,190.	2,313.	1,160.	0.
JOHN P. GENN III	2,850.	1,304.	0.	0.	0.
JUANA M. STAMO	0.	0.	100.	100.	0.
KATE KORTBUS	0.	0.	2,656.	923.	0.
KEVIN A. HAMILTON	1,630.	1,600.	1,250.	1,000.	0.
KEVIN SULLIVAN	71,675.	56,800.	127,500.	70,000.	70,000.
LIZ SIMASEK	0.	0.	505.	430.	100.
LORA J. GESCHEIDLE	2,250.	1,500.	3,403.	2,203.	1,850.
MARGARET ROVERETO	0.	0.	0.	614.	0.
MARY ELLEN ROS	0.	0.	512.	0.	0.
MICHAEL C. BETROS	1,500.	0.	2,050.	300.	1,100.
PAUL O. SULLIVAN ESQ.	1,700.	0.	0.	0.	0.
PAULINE BARFIELD	0.	200.	553.	150.	0.
RYAN SEYMOUR	0.	180.	1,125.	1,175.	950.
SCOTT D. BERGIN ESQ. Total to Schedule A, Part III, Line 7a	2,930.	4,300.	5,950.	1,550.	7,050.

223172 04-01-22

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
SUSAN J. RAGUSA	1,205.	0.	0.	0.	0.
THERESE M. LACK PH.D.	2,851.	4,376.	4,875.	3,205.	3,000.
TIFFANY COCOZZA	0.	0.	0.	205.	0.
GEOFFREY SCHMITZ	0.	0.	0.	100.	0.
Fotal to Schedule A, Part III, Line 7a	128,860.	126,200.	171,092.	94,118.	91,550.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

14-1397918

ASTOR	SERVICES	FOR	CHILDREN	&	FAMILIES

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

14-1397918

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARKER WELFARE FOUNDATION PO BOX 31432 PALM BEACH GARDENS, FL 33420	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CATHOLIC CHARITIES 1011 1ST AVE NEW YORK, NY 10022	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLES R. DANIELS III 60 MERRITT BLVD FISHKILL, NY 12524	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 KEVIN SULLIVAN 1011 FIRST AVENUE NEW YORK, NY 10022	Total contributions \$ 70,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MOTHER CABRINI 777 THIRD AVE, 23RD FLOOR NEW YORK, NY 10017	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NATIONAL PHILANTHROPIC TRUST- KATE LAVIN CHARTIABLE FUND 165 TOWNSHIP LINE ROAD JENKINTOWN , PA 19046	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 SCOTT D. BERGIN ESQ. X Person Payroll **63 WASHINGTON STREET** 7,050. Noncash \$ (Complete Part II for POUGHKEEPSIE, NY 12602 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 8 SUNSHINE FOUNDATION X Person Payroll 80 CROSSWAYS PARK DR. WEST 7,500. Noncash \$ (Complete Part II for WOODBURY , NY 11797 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 THE CHILDRENS FOUNDATION OF ASTOR Person X Payroll PO BOX 5005, 6339 MILL STREET 2,500,000. Noncash \$ (Complete Part II for RHINEBECK, NY 12572 noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. THE COUNTESS MOIRA CHARITABLE 10 FOUNDATION Person X Payroll PO BOX 907 \$ 55,000. Noncash (Complete Part II for REMSENBURG, NY 11960 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 THE DYSON FOUNDATION X Person Payroll 25 HALYCON ROAD 67,000. Noncash \$ (Complete Part II for noncash contributions.) MILLBROOK, NY 12545 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X THE HYDE & WATSON FOUNDATION Person Payroll 10,000. Noncash 31 F MOUNTAIN BOULEVARD \$ (Complete Part II for WARREN, NJ 07059 noncash contributions.)

Employer identification number

14-1397918

Schedule	B (Form 990) (2022)		Pag
	organization		Employer identification numbe
ASTOR	SERVICES FOR CHILDREN & FAMILIES		14-1397918
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
13	THOMPSON TRUST FOUNDATION		Person X
	ONE FEDERAL STREET, 20TH FL	\$10,00	0. Payroll . Noncash . (Complete Part II for noncash contributions.)
	BOSTON, MA 02110		Tioncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupied Payroll Payroll Payroll Payroll Payroll Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

\$

Name of organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number

14-1397918

Schedule E	B (Form 990) (2022)		Page ²
	rganization		Employer identification number
ASTOR	SERVICES FOR CHILDREN	& FAMILIES	14-1397918
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in secti) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	I
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities						
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022	
	LULL						
Department of the Treasury Internal Revenue Service		if the organization is described b o to www.irs.gov/Form990 for ins			U-EZ.	Open to Public Inspection	
	ooian Ao						
-		Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not complete Parts I-A and B. Do no		e 46 (Political Camp	baign Ac	tivities), then	
.,.,)1(c)(3)) organizations: Complete P		Do not complete Pa	t I-B		
 Section 527 organization 			and o below.	Bo not complete r al	CTD.		
•	•	Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lin	e 47 (Lobbving Act	ivities). t	then	
-	-	nave filed Form 5768 (election und			•••		
 Section 501(c)(3) or 	anizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B	. Do not	complete Part II-A.	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Forn	n 990-EZ	Z, Part V, line 35c (Proxy	
Tax) (See separate inst							
	, or (6) organizat	ions: Complete Part III.					
Name of organization				THO	Employ	ver identification number	
Part I-A Comple		ERVICES FOR CHILD anization is exempt under			27 oras	<u>14-1397918</u>	
	ete il tile org				er orga		
1 Provido a doscripti	on of the organiz	ation's direct and indirect political	compaign activities in	Port IV			
					\$		
 2 Political campaign activity expenditures \$\$ 3 Volunteer hours for political campaign activities\$ 							
	ponnoai oainipai	g					
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).			
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		\$ _		
2 Enter the amount o	f any excise tax	incurred by organization managers	under section 4955		\$ _		
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?			Yes No	
4a Was a correction m						Yes No	
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	excent section	501(c)(3)	
-		•		-		-	
		by the filing organization for secti ization's funds contributed to othe			Þ_		
exempt function ac					\$		
•		. Add lines 1 and 2. Enter here and			···· • _		
•	•				\$		
						Yes No	
5 Enter the names, a	ddresses and em	nployer identification number (EIN)				he filing organization	
	-	tion listed, enter the amount paid f					
	•	omptly and directly delivered to a s			eparate s	segregated fund or a	
		additional space is needed, provide	1	T			
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's o	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

			LDREN & FAMI		L397918 Page 2
Part II-A Complete if the organiz section 501(h)).	ation is exei	mpt under sectior	1 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organization b			Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of e	, ,	• •			
	Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditure	s" means amoi	unts paid or incurred.)		totals	
1a Total lobbying expenditures to influence	public opinion ((grassroots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) i		obying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.	222 aver \$500,000		
Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,00		<u>00 plus 15% of the exc</u> 00 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500,00					
Over \$17,000,000					
,	\$1,000	,			
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i Subtract line 1f from line 1c. If zero or le	ss, enter -0				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
		eraging Period Under	.,	(- 1
(Some organizations that m		rate instructions for li		t the five columns b	elow.
	· ·	nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		X		
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	37	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	37	84	1,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X	0 /	
j Total. Add lines 1c through 1i		x	04	1,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
MIRRAM GROUP WAS RETAINED TO REPRESENT ASTOR SERVICES	FOR CI	HILDRE	N &	
FAMILIES WITH THE CHILDREN'S FOUNDATION OF ASTOR AS A	THIRD	-PARTY		
PAYOR, FOR LOBBYING SERVICES TO PROVIDE LEGISLATIVE AN	D STR	ATEGIC		
COUNSEL BEFORE THE NY STATE LEGISLATURE AND RELEVANT S	TATE 2	AGENCI	ES, AS	5
WELL AS THE NEW YORK CITY COUNCIL AND RELEVANT CITY AG	ENCIE	S.		
		Schedu	le C (Form	990) 2022

Department of the Treasury

Internal Revenue Service

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



Name of the organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

Employer identification number 14-1397918

Pa	rtl	Organizations Maintaining Donor Advise		s or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in v	-		
		e organization's property, subject to the organization's			
6		e organization inform all grantees, donors, and donor a			
		aritable purposes and not for the benefit of the donor o			
De					
Pa		Conservation Easements. Complete if the org), Part IV,	line 7.
1		se(s) of conservation easements held by the organization			
		Preservation of land for public use (for example, recrea			prically important land area
		Protection of natural habitat		of a certi	fied historic structure
-		Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	n of a coi	Held at the End of the Tax Year
	-	the tax year.			
a					2a
b					2b
с.		er of conservation easements on a certified historic stru			2c
d		er of conservation easements included in (c) acquired a	-		
~		c structure listed in the National Register			
3		er of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organi	zation during the tax
	year				
4		er of states where property subject to conservation eas		<u> </u>	
5		the organization have a written policy regarding the per			Yes No
6		ons, and enforcement of the conservation easements it and volunteer hours devoted to monitoring, inspecting,			
0	olan e		handling of violations, and emotioning co	inservatio	in easements during the year
7	Amou	 nt of expenses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	vation eas	sements during the year
•	7 4110 44			action out	
8	Does	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	0(h)(4)(B)	(i)
-			,		
9		t XIII, describe how the organization reports conservation			
		e sheet, and include, if applicable, the text of the footr	-		
		zation's accounting for conservation easements.	5		
Pa	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other S	imilar Assets.
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the o	organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and bala	ance sheet works
	of art,	historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherar	nce of public
	service	e, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.	
b	If the o	organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance	e sheet works of
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance	e of public service,
	provid	e the following amounts relating to these items:			
	(i) Re	evenue included on Form 990, Part VIII, line 1			\$
2	If the o	organization received or held works of art, historical tre	asures, or other similar assets for financ	ial gain, p	
	the fol	lowing amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Reven	ue included on Form 990, Part VIII, line 1			\$
b	Assets	s included in Form 990, Part X			\$
LHA	For Pa	aperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued] 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a a Public subbition d Loan or exchange program b Choining the searching of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 7 Provide acception of the organization's collection? Yes No 8 Control the organization collection? Yes No 9 Trevide acception of the organization solution answered Yes' on Form 990, Part X, line 21. Yes No 9 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount In Yes No 9 If "Yes," explain the arrangement in Part XIII and complete the following table: In Amount In In In In Amount In			ERVICES FO						14 - 13		Pa	ge 2
collection lemis (check all that apply): a Debic exhibition d Loan or exchange program b Scholarly research e Other Other c Provide a comparison of thure generations is collections and explain how they further the organization is exempt purpose in Part XIII. Scholarly research Yes No Part V Endocrimation is collections: Other Yes No Part V Endocrimation is collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Point Station include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Point years back (e) four years back (d) Three years back (e) four years back (f) Three years back (f) Three years back (h) four	Fai	•								continu	ed)	
a Public exhibition d Lean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following tha	t make si	ignificant	use of its			
b Scholarly research e Other c Preview advection for future generations Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization assets treasures, or other similar assets Part W Escrew and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an anount on Form 990, Part X, line 21. Is to be organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization angent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization angent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 21. Image: Part Yes' on Form 990, Part X, line 10. Image: Part		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maritained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or 7 reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot in organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Data reganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Additions of account and the organization has been provided on Part XIII 6 Charther organization include an amount on Form 990, Part X, line 10. 7 Char	а	Public exhibition	C									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donalitions of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Encover an accuration for m980, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? c Beginning balance c Beginning balance d Additions during the year tel tel decomposition of the organization answered "Yes" on Form 980, Part X, line 21, for escrow or custodial accurate the labitity? Part W Endowment Funds. Complete if the organization nativered "Yes" on Form 990, Part X, line 21, for escrow or custodial on the labitity? endowment funds. Complete if the organization nativered "Yes" on Form 990, Part X, line 21, for escrow or custodial accurate the labitity? Endowment Funds. Complete if the organization nativered "Yes" on Form 990, Part X, line 21, for escrow or custodial cont liabitity? Endowment Funds. Complete if the organization nativered "Yes" on Form 990, Part X, line 21, for escrew or custodial on the lines. End of year balance for thirtwe schemasks for attributions for attributions and losses for attribution and losses for the resolubarbat	b	Scholarly research	e	• 🗌 (Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part IV Escrow and Oustodial Arrangements. Complete if the organization assets not included on Form 990, Part X, line 21. Yes No Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No b if 'Yes,'' explain the arrangement in Part XIII and complete the following table: It Amount It c Beginning balance It It Amount It I	с	Preservation for future generations										
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Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete infermediary for contributions or other infermediary for contributions or other assets not included on form 990, Part X III and complete the following table: Image: Complete infermediary for contributions or other assets not included on form 990, Part X III and the infermediary for custodial account tability? No b Contributions during the year Image: Complete infermediary for escrow or custodial account tability? Ves No D If "Yes" - repoint the arrangement in Part XIII. Image: Complete infermediary for escrow or custodial account tability? Ves No D If "Yes" - repoint the arrangement in Part XII. Image: Complete infermediary for escrow or custodial account tability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a B	5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or othe	er similar	assets		_		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id Amount 1d Id Id Amount 1d Id Id Amount 1d Id Amount 1d Id Id Amount 1d Id Id Amount 1d Id Id Amount 1d Id Id Id												No
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Editions during the year 1d d Distributions during the year 1d d Distributions during the year 1t d Distributions during the year 1t d Distributions during the year 1t e Distributions 1th Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (e) Four years back ie) and programs a Onthibutions		reported an amount on Form 990, Pa	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a									_		
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d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (a) Current year end balance (line 1g, column (a) held as: (a) Constructive wears end balance (line 1g, column (a) held as: (a) Easted organization (a) Current year % 9 Permanent endowment % % % (b) Preventages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (a) ((i) Healted organiz										Amount		
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Comparisation Part XIII. Check here if the explanation has been provided on Part XIII. Image: Comparisation Part XIII. Image: Comparisat	С	Beginning balance						. <u>1c</u>				
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Christian (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Administrative expenses (c) Four year end balance (f) (f)	е	Distributions during the year						. <u>1e</u>				
b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years (c) Two years back (e) Two years back e Other expenditures for facilities (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years <t< th=""><th>f</th><th>Ending balance</th><th></th><th></th><th></th><th></th><th></th><th>. 1f</th><th></th><th>_</th><th></th><th></th></t<>	f	Ending balance						. 1 f		_		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two stars back (d) Three years back (e) Four years back e Other expenditures for facilities (c) Two stars back (d) Three years back (e) Four years g End of year balance (c) Two stars back (d) Three years back (d) Three years back g End of year balance (c) Two stars back (d) Three years back (f) Two years g <	2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for e	scrow or cu	ustodial acco	unt liabil	ity?		Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance												
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Administrative expenses Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contret contret contributions Image: Contre	Par	t V Endowment Funds. Complete i										
b Contributions			(a) Current year	(b) Pi	rior year	(c) I wo yea	rs back	(d) Three	years back	(e) Four y	ears b	ack
c Net investment earnings, gains, and losses												
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% b Permanent endowment% c Term endowment% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation 1a Land 117, 993. 117, 993. 1a Land 16, 210, 104. 10, 559, 310. 5, 650, 794. b Buildings 16, 2210, 104. 10, 559, 310. 5, 650, 79	f	Administrative expenses										
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	g	End of year balance										
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value (a) Cost or other depreciation (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value (d) So (0, 1	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Cost or 0. (d) Book value (d) Cost or 0. (d) Book value (d) Cost or 0. (d) Cost or 0.	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Charetific and there in the provide the provide there in th	с	Term endowment	%									
organization by: Yes No (i) Unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b 3d(i) 3b 3b 3d(i) 3b 3b 3b 3d(i) 3b 3b 3b 3d(i) 3b 3c		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administe	red for th	e		_		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 117,993. 117,993. 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.		organization by:								Y	′es 📘	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 117,993. 117,993. 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.										3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other	b									Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land117,993.117,993.b Buildings16,210,104.10,559,310.5,650,794.c Leasehold improvements4,921,485.4,202,604.718,881.d Equipment2,955,345.2,807,164.148,181.e Other499,423.51,989.447,434.	4			wment fu	ınds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 117,993. 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.	Par											
basis (investment) basis (other) depreciation 1a Land 117,993. 117,993. b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.		Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990), Part X,	line 10.				
b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.		Description of property			• •					(d) Book	value	
b Buildings 16,210,104. 10,559,310. 5,650,794. c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.	1a	Land			11	7,993.				117	,99	3.
c Leasehold improvements 4,921,485. 4,202,604. 718,881. d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.							10,	559,3	10.			
d Equipment 2,955,345. 2,807,164. 148,181. e Other 499,423. 51,989. 447,434.												
e Other												
				X. colum								

Schedule D (Form 990) 2022

Schedule	D (Form 990) 2022			CES	FOR	CHILD	REN	& FAMILIES	14-1397918	Page 3
Part VI	I Investments -	Other Secu	rities.							
	Complete if the or	ganization answ	ered "Yes"	on For	m 990, F	Part IV, line	11b. S	See Form 990, Part X, line 12.		
(a) Descr	iption of security or cate	gory (including nam	e of security)	(b) Book	value	(c) Method of valuation: Cost	or end-of-year market v	alue
(1) Financ	cial derivatives									
(2) Closel	ly held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col.	(b) must equal Form 99	0, Part X, col. (B)	line 12.)							
Part VI	II Investments -	Program Re	elated.							
	Complete if the or	ganization answ	ered "Yes"	on For	m 990, F	Part IV, line	11c. S	See Form 990, Part X, line 13.		
	(a) Description o	f investment		(b) Book	value	(c) Method of valuation: Cost	or end-of-year market v	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	(b) must equal Form 99	0. Part X. col. (B)	line 13.)							
Part IX			,							
	Complete if the or	ganization answ	ered "Yes"	on For	m 990, F	Part IV, line	11d. S	See Form 990, Part X, line 15.		
			(a)	Descri	ption				(b) Book va	alue
(1) B	ENEFICIAL I	NTEREST	IN TH	E CH	IILDR	ENS FO	DUNI	DATION OF ASTOR	500	,000.
(2) S	ECURITY DEF									,257.
	UE FROM SUE	SIDIARY								,038.
	THER CURREN		5							,398.
	PERATING LE			USE	ASSE	т			2,288	
(6)			-							-
(7)										
(8)										
(9)										
	lumn (b) must equal F	orm 990 Part X	col (B) line	- 15)					3,187	.764.
Part X	Other Liabilitie	es.	, ooi. (<i>D)</i> iii t	5 10./						
	Complete if the or	ganization answ	ered "Yes"	on For	m 990, F	Part IV, line	11e o	r 11f. See Form 990, Part X, li	ine 25.	
1.		Description of lia							(b) Book va	alue
	ederal income taxes									
	UE TO FUNDI	NG AGENC	LIES						250	,102.
	PERATING LE			ES					2,283	
(4)										,
(5)										
(6)										
(7)										
(8)										
<u>(9)</u>			,	05.					2,533	988
	., , ,		,	,				reasization's financial statem		,
 Liabili 	ly for uncertain tax po	sitions. In Part 2	, iii, provide	the tex	xt of the	iootnote to	the o	rganization's financial statem	ents that reports the	

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

X

	ASTOR SERVICES FOR CHILDREN				1397918 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1					
1				1	56,615,827.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	3 (_					
b	Donated services and use of facilities		1,037,473.	_					
С	Recoveries of prior year grants	_							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d	2e	-1,008,381.						
3	Subtract line 2e from line 1			3	57,624,208.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_					
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	57,624,208.				
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
Iu			ith Expenses per r	heiur	n.				
i u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		iun Expenses per r						
1			· ·		60,262,839.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1					
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		· ·	1					
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1					
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	1,037,473.	1					
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	60,262,839.				
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,037,473.	1	60,262,839.				
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,037,473.	1					
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,037,473.	1 2e	60,262,839.				
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,037,473.	1 2e	60,262,839.				
1 2 3 4 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,037,473.	1 2e	60,262,839.				
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,037,473.	1 2e	60,262,839. 1,480,495. 58,782,344. 0.				
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> 18.)	2a 2b 2c 2d 4a 4b	1,037,473.	1 2e 3	60,262,839. 1,480,495. 58,782,344.				
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	1,037,473.	1 2e 3	60,262,839. 1,480,495. 58,782,344. 0.				

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASTOR	BELIEVES	IΤ	HAS	NO	UNCERTAIN	INCOME	TAX	POSITIONS	AS	OF	JUNE	30,	
-------	----------	----	-----	----	-----------	--------	-----	-----------	----	----	------	-----	--

2023 AND 2022 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC")

TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND

CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ENTITIES' REVENUE	952,693.
CONSOLIDATING ELIMINATIONS	-2,998,547.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,045,854.

Schedule D (Forn	n 990) 2022	<u>I</u> nform	ASTOR	SERV	ICES	FOR	CHILDREN	1 &	FAMILIES	14-1397918 Page 5
	ppiementai	morma	ation (co	ontinued)						
RELATED E	ENTITYS'	EXPE	NSES							3,441,569.
CONSOLIDA	TING EL	IMINA	TIONS	5						-2,998,547.
TOTAL TO	SCHEDULI	ΕD,	PART	XII,	LINE	2D				443,022.

SCI	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-		
Denar	tment of the Treasury	Attach to Form 990.		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization			identificatio		mber		
		ASTOR SERVICES FOR CHILDREN & FAMILIES	14-1	139791	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
	_	ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	spending account Personal services (such as maid, chauffer	ir, chet)					
	16							
a	-	on line 1a are checked, did the organization follow a written policy regarding payment or		41				
•	•			1b				
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	vy, of the following the organization used to establish the compensation of the organization's						
5	,	ctor. Check all that apply. Do not check any boxes for methods used by a related organization						
		tion of the CEO/Executive Director, but explain in Part III.	51110					
	X Compensation							
		ompensation consultant Compensation survey or study						
	X Form 990 of o		ommittee					
			Ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
		eive payment from a supplemental nonqualified retirement plan?				x		
		eive payment from an equity-based compensation arrangement?				x		
•		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r							
а	0			5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n							
а	•			6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
	-			8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section		<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2022		

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		compensation incentive reportable		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DENIZE DA SILVA- SIEGEL	(i)	342,395.	0.	2,456.	17,538.	39,230.	401,619.	0.	
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ADALIS MILLAN-COLON	(i)	286,860.	0.	483.	17,463.	39,230.	344,036.	0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SWATHI MOYLAN	(i)	297,501.	0.	612.	4,805.	29,559.	332,477.	0.	
ASSOCIATE MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) YVETTE BAIRAN	(i)	300,924.	0.	7,363.	17,303.	0.	325,590.	0.	
EXEC DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MEENU HOTCHANDI	(i)	259,777.	0.	3,968.	15,232.	11,778.	290,755.	0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) LAUREN AUGELLO	(i)	275,204.	0.	586.	2,383.	0.	278,173.	0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) TODD KARLIN	(i)	186,166.	0.	5,380.	15,326.	29,150.	236,022.	0.	
СРО	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) NANCY M. SANTIAGO	(i)	200,772.	0.	752.	8,592.	11,250.	221,366.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

SCHEDULE J, PART II:

YVETTE BAIRAN AND TODD KARLIN RECEIVED AUTO ALLOWANCE AND IT IS

REPORTED IN COLUMN B(III).

Transactions With Interested Persons

OMB No. 1545-0047

Open To Public

Inspection

(Form 990)

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

-				
	ASTOR	SERVICES	FOR	(

CHILDREN & FAMILIES 14-1397918

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

			110 200 01 200, 01 1 0111 000 LZ, 1 art V, 1110 -	100.		
1	(a) Nome of discussified person	(b) Relationship between disqualified	(a) Description of transportion	(c) Description of transaction		rected?
	(a) Name of disqualified person	person and organization	(C) Description of transaction		Yes	No
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			\$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion	\$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization		(d) Loan to from the		(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No		
Total		•	•	•	\$	z		-		-				

Part III

III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

						&	FAMILIES	14-1397918	Page 2
Part IV	Business Transaction	ons Involv	ving Interested	J Pers	ons.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHARLES R. DANIELS, III	BOARD MEMBER	126,145.	CHARLES R.		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHARLES R. DANIELS, III

(D) DESCRIPTION OF TRANSACTION: CHARLES R. DANIELS, BOARD MEMBER, IS THE

OWNER OF AN INSURANCE FIRM. HE RECEIVES COMMISSION INCOME FROM VARIOUS

INSURANCE COMPANIES PROVIDING COVERANGE TO ASTOR.

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Employer identification number

14-1397918

20

Name of the organization

SCHEDULE M

(Form 990)

ASTOR SERVICES FOR CHILDREN & FAMILIES

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			3
4	Art Works of ort		Items contributed					
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	x		92,011.	E'MT7			
5	Clothing and household goods	Δ		92,011.	F M V			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
_0	for which the organization completed Form 828	-	•					
		0,1 0,1 0, 0	onee / terthethedg				/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28 that it			110
004	must hold for at least 3 years from the date of th							
	exempt purposes for the entire holding period?			·		30a		х
Ь	If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance po	olicy that re	ouires the review (of any ponstandard contribut	ions?	31		Х
31						31		
JZa	Does the organization hire or use third parties o		0			200		х
	contributions?					32a		<u></u>
	If "Yes," describe in Part II.	1			lined			
33	If the organization didn't report an amount in co	numn (C) för	a type of property	r for which column (a) is chec	keu,			

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

Schedule M (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES 14-1397918 Page Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
this part for any additional information.

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



ASTOR SERVICES FOR CHILDREN & FAMILIES

FAMILIES | 14-1397918

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

CHILDREN AND THEIR FAMILIES FIND STRENGTH, HEALING, HOPE AND TRUST.

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

CARE MANAGEMENT; THE PROVISION OF SUPPORT AND LINKAGES TO

PROGRAMS/SERVICES IN THE HOME, SCHOOL, AND COMMUNITY. THESE INCLUDE

INDIVIDUALIZED PROGRAMS TO PREVENT RESIDENTIAL PLACEMENT AND INNOVATIVE

CROSS-SYSTEMS INTEGRATION TO SERVE CHILDREN WHO ARE AT HIGH RISK

ENHANCED SCHOOLS: SCHOOLS AND DAY TREATMENT PROGRAMS IN A VARIETY OF

EDUCATIONAL SETTINGS WITH ANY COMBINATION OF EDUCATION, BEHAVIORAL AND

CLINICAL SUPPORT INCLUDING DIRECT CLINICAL CARE AND CLASSROOM

CONSULTATIVE ARRANGEMENTS

OTHER CLINICAL PROGRAMS: ASTOR PROVIDES A SERIES OF SPECIALIZED

SERVICES NOT LISTED IN ITS MAIN SERVICE LINES, INCLUDING: IMMEDIATE

HOME AND SCHOOL RESPONSE IN TIMES OF CRISIS; PARTIAL HOSPITALIZATION

FOR ADOLESCENTS NEEDING THE HIGHEST LEVEL OF CLINICAL SUPPORT; AND

SPECIALIZED SERVICES FOR CHILDREN AT RISK OF MORE RESTRICTIVE

PLACEMENTS INCLUDING FUNCTIONAL FAMILY THERAPY, JUVENILE JUSTICE

PREVENTION, CHILDREN AND FAMILY TREATMENT ASN SUPPOSRT AND HOME AND

COMMUNITY BASED SERVICES, COVID-19 MENTAL HEALTH SUPPORT, AND A 24-HOUR

STABILIZATION CENTER.

EXPENSES \$ 17,263,033. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,632,536.

Name of the organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

CATHOLIC CHARITIES ALLIANCE IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

CATHOLIC CHARITIES ALLIANCE, THE SOLE MEMBER OF THE ORGANIZATION, MAY ELECT

ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS ARE RESERVED AND REQUIRE THE VOTE OF THE MAJORITY OF

1) ELECTION OF DIRECTORS OF THE CORPORATION;

2) ELECTION OF THE CHAIR OF THE BOARD OF THE CORPORATION;

3) ANY AMENDMENT TO THE CERTIFICATE OF INCORPORATION, BY-LAWS OR MISSION STATEMENT OF THE CORPORATION;

4) APPROVAL OF ANY MAJOR CAPITAL PROJECT INVOLVING THE SALE, ASSIGNMENT, LEASE, PLEDGE, TRANSFER OR OTHER ENCUMBRANCE OF SUBSTANCTIAL FIXED ASSETS OF THE CORPORATION;

5) APPROVAL OF ANY DEBT INCURRENCE SECURED BY THE PROPERTY, REVENUES, OR OTHER ASSETS OF THE CORPORATION;

6) APPROVAL OF ANY UNSECURED DEBT INCURRENCE IN AN AMOUNT GREATER THAN THREE MILLION DOLLARS (\$3,000,000);

⁷⁾ APPROVAL OF ANY UNSECURED DEBT INCURRENE IN AN AMOUNT GREATER THAN 5% OF 232212 10-28-22 Schedule O (Form 990) 2022

Name of the organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

THE CORPORATION'S OPERATING BUDGET;

8) APPROVAL OF ANY TRANSACTION THAT REQUIRES APPROVAL IN ACCORDANCE WITH

THE MEMBER'S BY-LAWS; AND

9) APPROVAL OF THE ESTABLISHMENT OF A NEW RELATED ENTITY OF THE

CORPORATION.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT. A REVIEW IS DONE OF THE FORM 990 BY THE AUDIT COMMITTEE AND THEN SEND TO THE BOARD FOR COMMENT AND APPROVAL PRIOR TO FILING WITH THE IRS.

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

ALL DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

STATEMENT ANNUALLY AT THE OCTOBER BOARD MEETING. THE FORM REQUIRES

DISCLOSURE OF ALL CONFLICTS.

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

EACH YEAR THE CFO PERFORMS A REVIEW OF EXECUTIVE COMPENSATION BY GOING TO GUIDESTAR AND PULLING 990 COMPENSATION INFORMATION FOR EXECUTIVE DIRECTORS OF COMPARABLE NON PROFITS IN THE REGION. THAT INFORMATION IS PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD WHO REVIEWS THAT INFORMATION. THEY DO A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR AND SET THE SALARY. THE SALARY IS REPORTED TO THE EXECUTIVE BOARD OPERATIONS COMMITTEE AND THE FULL BOARD. LAST YEAR A CONSULTANT (BURKE GROUP) WAS RETAINED TO PERFORM A SALARY ANALYSIS OF ALL STAFF COMPOSING THE EXECUTIVE CABINET. THAT

INFORMATION IS ALSO BE SHARED WITH THE COMPENSATION COMMITTEE.

Name of the organization

ASTOR SERVICES FOR CHILDREN & FAMILIES

14-1397918

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

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

ASTOR SERVICES FOR CHILDREN & FAMILIES

Employer identification number 14 - 1397918

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CATHOLIC CHARITIES ALLIANCE							
1011 FIRST AVENUE	7				THE ARCHDIOCESE		
NEW YORK, NY 10022	RELIGIOUS ORGANIZATION	NEW YORK	501(C)(3)	LINE 1	OF NY		х
THE CHILDRENS FOUNDATION OF ASTOR -	RAISE AND PROVIDE FUNDS				ASTOR SERVICES		
22-3056183, 6339 MILL STREET, PO BOX 5005,	FOR ASTOR SERVICES FOR				FOR CHILDREN &		
RHINEBECK, NY 12572	CHILDREN & LEARNING CENTER	NEW YORK	501(C)(3)	LINE 7	FAMILIES	х	
	-						
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES

14-1397918 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-	()		(-)					Τ.		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	eral or	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	part	aging tner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes		
				,						1		
												l i
	-											1
	-											l i
												ļ
												l
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	4											l i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	(i) ction (b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

Schedule R (Form 990) 2022 ASTOR SERVICES FOR CHILDREN & FAMILIES

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
S	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CHILDRENS FOUNDATION OF ASTOR	С	2,500,000.	FMV
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

ASTOR SERVICES FOR CHILDREN & FAMILIES Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		10		(f)	(g)		h)	(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partners 501(c orgs	all	Share of	Share of		ropor-	Code V-LIBI	(J) General (
of entity	Fininary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c	s sec. (3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs		income	assets		uons?	of Schedule K-1	partner	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUTIL 1003)	Yes No	<u>)</u>
												+
					_			-				
								-	\vdash			+

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on								
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/01/	2022 and Ending (mm/dd/yyyy) 06/30/	2023					
Check if Applicable:	Name of Organization: ASTOR SERVICES	FOR CHILDREN	& FAMILIES	Employer Identification Number (EIN): 14-1397918					
Name Change	Mailing Address: 6339 MILL STRE			NY Registration Number: 03-45-06					
Final Filing	City / State / ZIP: RHINEBECK , NY	Telephone: 845 871-1000							
Reg ID Pending									
Check your organization's registration category: 7A only X EPTL only DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .									
2. Certification									
See instructions for certifi two signatories.	cation requirements. Improper	r certification is a violation	of law that may be subject	to penalties. The certification requires					
	enalties of perjury that we revie e true, correct and complete in								
President or Authorized	Officer:		EXEC. DIR.	CEO					
	Signature		Print Name NANCY SANT						
Chief Financial Officer or			CFO						
	Signature		Print Name	e and Title Date					
3. Annual Reporting	Exemption								
		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both					
				ed Char500. No fee, schedules, or					
				e exemption, you must file applicable					
schedules and attachmer	nts and pay applicable fees.								
exceed \$2		•		overnment agencies, etc. did not raising counsel (FRC) to solicit					
	filing exemption: Gross receipt fiscal year.	s did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time					
4. Schedules and A	ttachments								
See the following page									
for a checklist of	Yes X No 4a. Did y	our organization use a prot	essional fund raiser, fund r	aising counsel or commercial co-venturer					
schedules and	for fund r	raising activity in NY State?	? If yes, complete Schedule	e 4a.					
attachments to									
complete your filing.	Yes X No 4b. Did t	he organization receive gov	vernment grants? If yes, co	mplete Schedule 4b.					
5. Fee									
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:						
next page to calculate yo	e e			Make a single check or money order					
fee(s). Indicate fee(s) you				payable to:					
are submitting here:	\$	\$ <u>750.</u>	\$ <u>750.</u>	"Department of Law"					

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

ASTOR SERVICES FOR CHILDREN & FAMILIES

CHAR500	
Annual Filing Checklist	

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

\$0, if you checked the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$25, if you did not check the 7A exemption in Part 3a

\$0, if you checked the EPTL exemption in Part 3b

\$1500, if the NET WORTH is \$50,000,000 or more

Send your CHAR500, all schedules and attachments, and total fee to:

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

 ${f X}$ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$25, if the NET WORTH is less than \$50,000

Check the schedules you must submit with your CHAR500 as describe If you answered "yes" in Part 4a, submit Schedule 4a: Professiona If you answered "yes" in Part 4b, submit Schedule 4b: Governme	al Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
disclosure and will not be available for public review.	hedule of Contributors). Schedule B of public charities is exempt from d. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the ses only.
If you are a 7A only or DUAL filer, submit the applicable independent Co Review Report if you received total revenue and support greater the Audit Report if you received total revenue and support greater that If the fiscal year begins before that date, an Audit Report is require No Review Report or Audit Report is required because total rever We are a DUAL filer and checked box 3a, no Review Report or Audit	han \$250,000 and up to \$1,000,000 an \$1,000,000 and the fiscal year begins on or after July 1, 2021. red if total revenue and support is greater than \$750,000 nue and support is less than \$250,000
Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon
	registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 22
- IRS Form 000 RE coloulate the d
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

New York, NY 10005 Need Assistance?

NYS Office of the Attorney General

Charities Bureau Registration Section

Send Your Filing

28 Liberty Street

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov