

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN. D Employer identification number: 13-1834590. E Telephone number: 212-369-0300. F Accounting method: Accrual.

G Website: N/A. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 22,790,319.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income (describe ROYALTIES ON MINERAL INTERESTS); 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss) (combine line 8c, columns (A) and (B)); 9 Special events and activities (attach schedule); 9a Gross revenue (not including \$ 0 of contributions reported on line 1a); 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events (subtract line 9b from line 9a); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a); 11 Other revenue (from Part VII, line 103); 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11); 13 Program services (from line 44, column (B)); 14 Management and general (from line 44, column (C)); 15 Fundraising (from line 44, column (D)); 16 Payments to affiliates (attach schedule); 17 Total expenses (add lines 16 and 44, column (A)); 18 Excess or (deficit) for the year (subtract line 17 from line 12); 19 Net assets or fund balances at beginning of year (from line 73, column (A)); 20 Other changes in net assets or fund balances (attach explanation); 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20).

SCANNED MAR 08 2007 Revenue

RECEIVED FEB 23 2007 OGDEN, UT IRS-OSC

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN	Employer identification number 13-1834590
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6 EAST 94TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128	

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

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

- The books are in the care of ▶ **EMILY SACHS**
 Telephone No ▶ **212-360-0203** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **February 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page 2

**Part II Statement of
Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22				
23 Specific assistance to individuals (attach schedule) 23	285,056.	285,056.	Statement 6	
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc 25	265,239.	114,053.	111,400.	39,786.
26 Other salaries and wages 26	3,490,353.	2,975,524.	285,843.	228,986.
27 Pension plan contributions 27	165,522.	116,068.	38,414.	11,040.
28 Other employee benefits 28	404,008.	359,158.	21,641.	23,209.
29 Payroll taxes 29	269,839.	224,152.	26,790.	18,897.
30 Professional fundraising fees 30	52,417.			52,417.
31 Accounting fees 31	16,922.	12,890.	2,755.	1,277.
32 Legal fees 32	76,362.	49,587.	26,455.	320.
33 Supplies 33	70,324.	54,627.	9,438.	6,259.
34 Telephone 34	36,514.	29,718.	4,644.	2,152.
35 Postage and shipping 35	68,144.	39,639.	1,885.	26,620.
36 Occupancy 36	315,419.	244,080.	48,595.	22,744.
37 Equipment rental and maintenance 37				
38 Printing and publications 38	105,250.	54,526.	108.	50,616.
39 Travel 39	151,157.	150,294.	303.	560.
40 Conferences, conventions, and meetings 40	34,451.	28,087.	3,372.	2,992.
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	127,614.	96,403.	21,328.	9,883.
43 Other expenses not covered above (itemize)				
a SUBSCRIPTIONS AND	43a			
b PUBLICATIONS	43b	9,933.	6,243.	2,170.
c MEMBERSHIP DUES	43c	12,617.	10,007.	1,345.
d INSURANCE	43d	188,859.	143,860.	30,749.
e ADVERTISING/MEDIA	43e	114,077.	111,897.	618.
f GENERAL EXPENSES	43f	56,584.	30,225.	17,264.
g PROFESSIONAL FEES	43g	212,093.	165,565.	18,101.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	6,528,754.	5,301,659.	673,218.	553,877.

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

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

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

Form 990 (2005)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page **3**

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

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

What is the organization's primary exempt purpose? ▶ <u>See Statement 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a WE PROVIDED ADOPTION COUNSELING FOR OVER 200 WOMEN FACING AN UNPLANNED PREGNANCY AND PLACED 75 CHILDREN, MANY WITH SPECIAL NEEDS, WITH ADOPTIVE HOMES. (SEE FOOTNOTE 1) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,693,541.
b WE FOUND ADOPTIVE HOMES FOR 112 ORPHANED AND VULNERABLE CHILDREN FROM OVERSEAS AND IN SEVERAL LOCATIONS SUPPORTED "GRANNY" PROGRAMS TO PROVIDE EXTRA CARE FOR THE CHILDREN LEFT BEHIND. (SEE FOOTNOTE 2) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,792,097.
c WE PROVIDED ADOPTION EDUCATION AND CHILD DEVELOPMENT PROGRAMS FOR THE GENERAL PUBLIC, ADOPTIVE FAMILIES AND CHILDREN, AND PROFESSIONALS. (SEE FOOTNOTE 3) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	816,021.
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,301,659.

Form **990** (2005)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
Assets	45 Cash - non-interest-bearing	258,526.	45	883,668.		
	46 Savings and temporary cash investments		46			
	47 a Accounts receivable	171,447.				
	b Less allowance for doubtful accounts					
			172,456.	47c	171,447.	
	48 a Pledges receivable	3,852,049.				
	b Less allowance for doubtful accounts					
				48c	3,852,049.	
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees			50		
	51 a Other notes and loans receivable					
	b Less allowance for doubtful accounts					
				51c		
	52 Inventories for sale or use		72,305.	52	71,272.	
	53 Prepaid expenses and deferred charges		57,544.	53	64,074.	
54 Investments - securities	Stmt 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	30,870,405.	54	30,881,244.		
55 a Investments - land, buildings, and equipment basis						
b Less accumulated depreciation						
			55c			
56 Investments - other			56			
57 a Land, buildings, and equipment, basis	13,057,008.					
b Less accumulated depreciation	1,891,417.					
		550,115.	57c	11,165,591.		
58 Other assets (describe _____)			58			
59 Total assets (must equal line 74) Add lines 45 through 58		31,981,351.	59	47,089,345.		
Liabilities	60 Accounts payable and accrued expenses	717,222.	60	760,304.		
	61 Grants payable		61			
	62 Deferred revenue		62			
	63 Loans from officers, directors, trustees, and key employees		63			
	64 a Tax-exempt bond liabilities	Stmt 8		64a	9,875,000.	
	b Mortgages and other notes payable			64b		
	65 Other liabilities (describe _____)			65		
66 Total liabilities. Add lines 60 through 65)		717,222.	66	10,635,304.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted	29,061,150.	67	29,277,901.		
	68 Temporarily restricted	1,013,667.	68	5,986,828.		
	69 Permanently restricted	1,189,312.	69	1,189,312.		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds		70			
	71 Paid-in or capital surplus, or land, building, and equipment fund		71			
	72 Retained earnings, endowment, accumulated income, or other funds		72			
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		31,264,129.	73	36,454,041.		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		31,981,351.	74	47,089,345.		

Form 990 (2005)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page 5

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	12510063.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	1,362,513.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>See Statement 10</u>	b4	791,397.	
	Add lines b1 through b4			b 2,153,910.
c	Subtract line b from line a			c 10356153.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2			d 0.
e	Total revenue (Part I, line 12) Add lines c and d			e 10356153.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	7,320,151.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>See Statement 11</u>	b4	791,397.	
	Add lines b1 through b4			b 791,397.
c	Subtract line b from line a			c 6,528,754.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2			d 0.
e	Total expenses (Part I, line 17) Add lines c and d			e 6,528,754.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DR. MARY H WHITE C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	PRESIDENT 7.00	0.	0.	0.
MS. CARLIE GARONZIK C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	VICE PRESIDENT 3.00	0.	0.	0.
MS. MAUD WELLES C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	VICE PRESIDENT 6.00	0.	0.	0.
MR. MICHAEL WISE C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	TREASURER 3.00	0.	0.	0.
MS. LYNN C FRANKLIN C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	SECRETARY 1.00	0.	0.	0.
MS. KATHARINE LEGG C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	EXECUTIVE DIRECTOR 45.00	156,023.	12,242.	0.
MS. EMILY SACHS C/O SPENCE-CHAPIN 6 E 94TH STREET NEW YORK, NY 10128	CHIEF FINANCIAL OFFICER 45.00	109,216.	0.	0.

Form 990 (2005)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page 6

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)* Yes No

<p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>24</u></p> <p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p> <p>d Does the organization have a written conflict of interest policy?</p>	75b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	75c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	75d	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)* Yes No

<p>76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> <p>77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.</p> <p>78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A</p> <p>79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> <p>80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ▶ <u>N/A</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> <p>81 a Enter direct or indirect political expenditures (See line 81 instructions.) 81a <u>0.</u></p> <p>b Did the organization file Form 1120-POL for this year?</p>	76	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	77	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	78a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	78b	<input type="checkbox"/>	<input type="checkbox"/>
	79	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	80a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	81a	<input type="checkbox"/>	<input type="checkbox"/>
	81b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590

Page 7

Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations a Gross income from members or shareholders	87a		N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
90 a List the states with which a copy of this return is filed <u>NY</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		92
91 a The books are in care of <u>EMILY SACHS</u> Telephone no. <u>212-360-0203</u> Located at <u>6 E 94TH STREET, NEW YORK, NY</u> ZIP + 4 <u>10128</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>			N/A

Form 990 (2005)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Form 990 (2005)

13-1834590 Page **8**

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a PROGRAM SERVICE FEES					1,559,955.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	606,638.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	1,342,165.	
100 Gain or (loss) from sales of assets other than inventory			18	336,154.	
101 Net income or (loss) from special events			07	122,845.	
102 Gross profit or (loss) from sales of inventory			05	148,755.	
103 Other revenue:					
a Other Income			01	388.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,556,945.	1,559,955.
105 Total (add line 104, columns (B), (D), and (E))					4,116,900.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	REVENUE IN CONNECTION WITH ADOPTION SERVICES

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: Katharine S. Lebl Date: 2/13/07 Type or print name and title: KATHARINE S. LEBL, EXEC. D.I.R.

Preparer's Use Only

Preparer's signature: Anthony Sattoro Date: 2-13-07 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Pustorino, Puglisi & Co., LLP
515 Madison Avenue
New York, NY 10022

EIN: _____ Phone no.: (212) 832-1110

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN** Employer identification number **13 1834590**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>LINDA WRIGHT</u> 6 EAST 94TH STREET, NEW YORK, NY 1012	DIRECTOR 35.00	105,327.	8,264.	
<u>SABRA LARKIN-ELLIOTT</u> 6 EAST 94TH STREET, NEW YORK, NY 1012	DIRECTOR 35.00	91,811.	7,204.	
<u>SUSAN WATSON</u> 6 EAST 94TH STREET, NEW YORK, NY 1012	DIRECTOR 35.00	83,372.	6,224.	
<u>GRETCHEN VIEDERMAN</u> 6 EAST 94TH STREET, NEW YORK, NY 1012	DIRECTOR 35.00	78,806.	6,689.	
<u>LOUISE SCHNAIER</u> 6 EAST 94TH STREET, NEW YORK, NY 1012	DIRECTOR 35.00	76,451.		
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

SPENCE-CHAPIN SERVICES TO FAMILIES

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**SPENCE-CHAPIN SERVICES TO FAMILIES
AND CHILDREN**

Schedule A (Form 990 or 990-EZ) 2005

13-1834590 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,069,401.	1,756,490.	1,217,838.	1,062,488.	6,106,217.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,589,208.	2,000,866.	1,949,464.	1,541,706.	8,081,244.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,328,632.	1,229,200.	1,224,929.	1,462,025.	5,244,786.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	5,987,241.	4,986,556.	4,392,231.	4,066,219.	19,432,247.
24 Line 23 minus line 17	3,398,033.	2,985,690.	2,442,767.	2,524,513.	11,351,003.
25 Enter 1% of line 23	59,872.	49,866.	43,922.	40,662.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 227,020.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 354,179.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,351,003.
d Add: Amounts from column (e) for lines: 18 <u>5,244,786.</u> 19 _____					
22 _____ 26b <u>354,179.</u>					26d 5,598,965.
e Public support (line 26c minus line 26d total)					26e 5,752,038.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.6743%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

SPENCE-CHAPIN SERVICES TO FAMILIES

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

SPENCE-CHAPIN SERVICES TO FAMILIES

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

SPENCE-CHAPIN SERVICES TO FAMILIES

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All cells are empty.

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

Yes No (X) No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All cells are empty.

Schedule A

Identification of Excess Contributions
Included on Part IV-A, Line 26b

2005

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	508,219.	281,199.
	300,000.	72,980.
Total Excess Contributions to Schedule A, Line 26b		354,179.

Footnotes

Statement 1

FOOTNOTE #1:

IN OUR DOMESTIC ADOPTION PROGRAM, WE PROVIDED COUNSELING SERVICES FOR OVER 200 WOMEN AND PLACED 75 CHILDREN IN ADOPTIVE HOMES. MANY OF THESE CHILDREN HAVE SPECIAL MEDICAL AND DEVELOPMENTAL NEEDS.

INTERIM BOARDING HOME CARE AND MEDICAL SUPERVISION WAS PROVIDED FOR 98 CHILDREN IN THIS PROGRAM

FOOTNOTE #2:

WE FOUND ADOPTIVE HOME FOR 112 CHILDREN FROM ASIA, LATIN AMERICA, AND EASTERN EUROPE, PROVIDING EACH ADOPTIVE FAMILY WITH EXTENSIVE PREPARATION FOR BRINGING A CHILD OF A DIFFERENT CULTURE AND OFTEN UNKNOWN MEDICAL HISTORY INTO THEIR HOME. WE PROVIDE AID TO FOREIGN ORPHANAGES INCLUDING A PIONEERING "GRANNY" PROGRAM WHICH ENGAGES LOCAL WOMEN TO PROVIDE EXTRA, ONE-ON-ONE CARE AND ATTENTION TO CHILDREN STILL INSTITUTIONALIZED.

FOOTNOTE #3:

WE PROVIDED ADOPTION EDUCATION AND CHILD DEVELOPMENT PROGRAMS FOR THE GENERAL PUBLIC, ADOPTIVE FAMILIES AND CHILDREN, AND PROFESSIONALS.

LAST YEAR OUR AFTERCARE PROGRAM OFFERED POST-ADOPTION AND REUNION COUNSELING TO 511 ADOPTEES, BIRTH PARENTS, AND THEIR FAMILIES.

Form 990 Gain (Loss) From Publicly Traded Securities Statement 2

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
Various Securities	11,978,923.	11,642,769.	0.	336,154.
To Form 990, Part I, line 8	11,978,923.	11,642,769.	0.	336,154.

Form 990 Special Events and Activities Statement 3

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Theatre Benefits	208,771.		208,771.	85,926.	122,845.
To Fm 990, Part I, line 9	208,771.		208,771.	85,926.	122,845.

Form 990 Other Changes in Net Assets or Fund Balances Statement 5

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	1,362,513.
Total to Form 990, Part I, line 20	1,362,513.

Form 990 Specific Assistance to Individuals Statement 6

Description	Amount
DIRECT ASSISTANCE	285,056.
Total to Form 990, Part II, line 23	285,056.

Form 990 Statement of Organization's Primary Exempt Purpose Statement 7
Part III

Explanation

TO BUILD AND MAINTAIN PERMANENT FAMILIES BY ASSISTING PEOPLE WITH DOMESTIC AND FOREIGN ADOPTIONS AND PROVIDING INTENSIVE SOCIAL SERVICES TO FAMILIES.

Form 990 Tax-Exempt Bond Liabilities Outstanding Statement 8

Purpose of Issue

TO FINANCE THE AQUISITION OF NEW OFFICE SPACE

Use by Third Party	Bond Retirement Date	Unexpended Bond Proceeds	Amount of Issue Outstanding
NO	12/01/36	0.	9,875,000.

Total included on Form 990, Part IV, Line 64a 9,875,000.

Form 990 Other Securities Statement 9

Security Description	Cost/FMV	Other Securities
INVESTMENTS	FMV	30,881,244.
To Form 990, line 54, Col B		<u>30,881,244.</u>

Form 990 Other Revenue Not Included on Form 990 Statement 10

Description	Amount
Thrift shop inventory cost netted against revenue on form 990	705,471.
Special events direct cost	85,926.
Total to Form 990, Part IV-A	<u>791,397.</u>

Form 990	Other Expenses Not Included on Form 990	Statement 11
Description	Amount	
Special events direct cost netted against gross revenue	85,926.	
Inventory cost for Thrift Shop netted against gross revenue	705,471.	
Total to Form 990, Part IV-B	791,397.	

Fixed Assets and Depreciation Schedule FY2006

AC #	DESCRIPTION	ADQUIS DATE	COST 07/01/05	ADDITIONS	ACTUAL COST 06/30/06	RATE OF DEPR	ACCUM DEPREC 07/01/05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	DEPREC 07/01/05 06/30/06	CUMULATIVE DEPREC 06/30/06	FULLY DEPREC 06/30/06
111	LAND AND BUILDING #4																					
	LAND # 4 EAST 94TH STR		25,080.00		25,080.00																	
	BUILDING 6 EAST 94TH STREET		554,994.00		554,994.00	2%	448,984.12	924.32	924.32	924.32	924.32	924.32	924.32	924.32	924.32	924.32	924.32	924.32	924.32	11,091.88	460,076.00	
	IMPROV AIR COND (ARISTA)	08/05/03	751.75		751.75	15 YRS	593.45	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	50.12	643.57	
	CARPET TERR ROOM (CORP CARPET SYS)	08/31/09	527.00		527.00	5 YRS	527.00														527.00	527.00
	CARPET TERR ROOM (CORP CARPET SYS)	10/12/99	527.00		527.00	5 YRS	527.00														527.00	527.00
	TOTALS (ACCOUNTS # 711811)		581,479.75		581,479.75		459,631.60	928.50	928.50	928.50	928.50	928.50	928.50	928.50	928.50	928.50	928.50	928.50	928.50	11,142.00	461,773.60	1,064.00
																						580,425.75
112	LAND & BUILDING # 5																					
	LAND 6 EAST 94TH STREET		57,000.00		57,000.00																	
	BUILDING 6 EAST 94TH STREET		333,370.00		333,370.00	2%	321,988.67	551.61	551.61	551.61	551.61	551.61	551.61	551.61	551.61	551.61	551.61	551.61	551.61	6,613.32	328,807.99	
	AIR COND IMPROV (ARISTA)	09/03/98	595.00		595.00	15 YRS	469.66	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	39.67	509.33	
	Indovent Elevator/Inv #284110 - Labor, Matens	09/03/03	2,200.00		2,200.00	5 YRS	770.00	36.67	36.67	36.67	36.67	36.67	36.67	36.67	36.67	36.67	36.67	36.67	36.67	440.00	1,210.00	
	TOTALS (ACCOUNT # 712812)		393,165.00		393,165.00		323,228.33	591.58	591.58	591.58	591.58	591.58	591.58	591.58	591.58	591.58	591.58	591.58	591.58	7,089.99	330,327.32	393,165.00
113-70	Lead & Building #10 E 92nd																					
	Seldin & Schein - Condominium 92nd Street	04/25/06	500,000.00		500,000.00	40 YRS																
	Allied Irish Bank - Corporate Operations	06/19/06	40,820.92		40,820.92	40 YRS																
	The Bank of New York - NY/CIDA S-P 06	06/19/06	2,600.00		2,600.00	40 YRS																
	Dorsey & Whitney - Bank of NY Atoms	06/19/06	3,000.00		3,000.00	40 YRS																
	Harris Beach P.L.C. - Underwriter's Counsel Fee	09/19/06	25,000.00		25,000.00	40 YRS																
	Hawkins, Dunning & Wood - Board Counsel Fee	09/19/06	80,000.00		80,000.00	40 YRS																
	Madoff's Investor Svc. - Rating Agency Fee	09/19/06	13,900.00		13,900.00	40 YRS																
	Network Franchise - Printing or Office Suppl	09/19/06	5,000.00		5,000.00	40 YRS																
	New York City IDA - Administration Fee	09/19/06	72,625.00		72,625.00	40 YRS																
	Worldis Marx, Lane & Minnerdorf - #102920-0880219106	09/19/06	30,000.00		30,000.00	40 YRS																
	Royal Abstract of NY - Title Ins Prem Fee	06/21/06	41,404.00		41,404.00	40 YRS																
	Robert Schroeder - Title Clear	06/21/06	500.00		500.00	40 YRS																
	New York City IDA - Balance	06/29/06	500.00		500.00	40 YRS																
	Goldman Copeland Assoc. - Project# 06027	06/29/06	500.00		500.00	40 YRS																
	Seldin & Schein	06/29/06	1,533,062.71		1,533,062.71	40 YRS																
	Royal Abstract	06/29/06	40,200.00		40,200.00	40 YRS																
	Roosevelt & Cross Underwriters	06/29/06	74,062.50		74,062.50	40 YRS																
	Madison Condominium	06/29/06	7,542,499.99		7,542,499.99	40 YRS																
	TOTALS (ACCOUNT # 713-70) #13-70)		10,005,225.12		10,005,225.12																	
																						10,005,225.12
114	ADDITIONS & IMPROVEMENTS																					
	IMPROV 1ST FL & B ROOM (PMARINO)	09/01/03	15,338.00		15,338.00	10 YRS																
	IMPROV 1ST FL & B ROOM (PMARINO)	10/20/03	54,618.43		54,618.43	10 YRS																
	IMPROV 1ST FL & B ROOM (PMARINO)	10/31/03	28,625.00		28,625.00	10 YRS																
	IMPROV 1ST FL & B ROOM (PMARINO)	11/20/03	2,563.00		2,563.00	10 YRS																
	PAINTING 1ST FL (ELECTRICAL)	12/10/03	12,740.00		12,740.00	10 YRS																
	FIRST FL RENOV (PETER MARINO)	07/29/04	28,613.80		28,613.80	10 YRS																
	ROOF REPLACEMENT BLDG ALGEBER	03/20/05	15,655.00		15,655.00	12 YRS																
	PAINTING 2ND/3RD/4TH/5TH FL (PARRINO)	07/10/05	2,000.00		2,000.00	5 YRS																
	PAINTING 2ND/3RD/4TH/5TH FLOOR (PARRINO)	07/10/05	4,650.00		4,650.00	5 YRS																
	NETWORK OFFICES/2ND/3RD/4TH FLOOR (CONNECTECH)	03/24/06	15,802.00		15,802.00	5 YRS																
	NETWORK INSTALLATION (CONNECTECH)	03/24/06	15,802.00		15,802.00	5 YRS																
	NETWORK CABLEING (TKM COMMUNICATION)	02/10/06	10,952.67		10,952.67	5 YRS																
	NETWORK CABLEING (TKM COMMUNICATION)	02/10/06	11,825.67		11,825.67	5 YRS																
	NETWORK CABLEING (TKM COMMUNICATION)	02/10/06	929.15		929.15	5 YRS																
	NETWORK CABLEING (TKM COMMUNICATION)	04/29/06	929.14		929.14	5 YRS																
	DONOR WALL (DOUG MARTIN)	09/17/99	4,075.00		4,075.00	5 YRS																
	FIBER GLASS INSULATION (BAC ENVIRONMENT)	05/23/00	13,000.00		13,000.00	5 YRS																
	Commercial Cooling Service	06/27/00	2,800.00		2,800.00	5 YRS																
	Commercial Cooling Service	06/30/00	13,520.00		13,520.00	5 YRS																
	TOTALS (ACCOUNT # 713-70) #13-70)		10,005,225.12		10,005,225.12																	
																						10,005,225.12

Fixed Assets and Depreciation Schedule FY2006

Table with columns: A/C #, DESCRIPTION, ADDITIONS, ACTUAL COST, RATE OF DEPR, ACQUIR DEPREC, Jul-05, Aug-05, Sep-05, Oct-05, Nov-05, Dec-05, Jan-06, Feb-06, Mar-06, Apr-06, May-06, Jun-06, DEPREC 07/01/05 06/30/06, CUMULATIVE DEPREC 06/30/06, FULLY DEPREC 06/30/06

Fixed Assets and Depreciation Schedule FY2006

AC #	DESCRIPTION	ADQUIS DATE	COST	ADDITIONS	ACTUAL COST	RATE OF DEPR	ACQU DEPREC	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	DEPREC 07/01/05	CUMULATIVE DEPREC	FULLY DEPREC
	Peter Gioffi Renovation Reimbursable	10/31/05	126.67		126.67	5 YRS	4.22	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	25.33	28.56	
	William Wilco Assoc. Building Renovation	06/22/05	4,000.00		4,000.00	5 YRS	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	16.67	800.00	216.67	
	Madonna Design	06/29/05	5,250.00		5,250.00	5 YRS	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	900.00	875.00	
	Reed Goldman Copeland Assoc	06/29/05	6,662.50		6,662.50	5 YRS	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	101.04	1,212.50	1,313.54	
	Peter Gioffi Renovation	06/29/05	136.30		136.30	5 YRS	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	2.27	27.26	28.53	
	TOTAL (ACCOUNT # 7181918)		74,057.48		74,057.48		4,169.49	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	1,234.96	14,819.50	18,989.99	74,087.48
	18-70 ADD. & IMPROV. 410 E. 32nd																					
	Madonna Designs - 12 hrs @250	01/11/06	3,000.00		3,000.00	5 YRS															300.00	300.00
	Reed Madonna Design	06/29/06	5,250.00		5,250.00	5 YRS															350.00	350.00
	Reed Goldman Copeland Assoc	06/29/06	675.00		675.00	5 YRS															45.00	45.00
	Reed Bromley Calder Arch	06/29/06	15,000.00		15,000.00	5 YRS															250.00	250.00
	TOTAL (ACCOUNT # 716-70916-70)		23,925.00		23,925.00																650.00	650.00
	23,925.00																					23,925.00
	311 FURNITURE & EQUIPMENT A.B.6																					
	TOSHIBA TEL SYSTEMIC BUSINESS)	07/19/94	37,910.00		37,910.00	10 YRS															3,791.00	37,910.00
	INYNEX TEL SYSTEM CONNECTION	07/31/94	2,695.42		2,695.42	10 YRS															269.54	2,695.42
	ADDITIONAL TEL TRU NK LINE(CENTRAL)	08/31/94	700.00		700.00	10 YRS															70.00	700.00
	LINE CONNECTIONS (INYNEX)	09/27/94	527.40		527.40	10 YRS															52.74	527.40
	ISTA CARDS-HEAD SET(CENTRAL BUSS)	10/21/94	1,435.00		1,435.00	10 YRS															143.50	1,435.00
	CANON LASER FAX CFX-14000(BERT-HOLLIS)	08/14/98	949.00		949.00	5 YRS															94.90	949.00
	FIREPROOF DRAWER FILE CABINET (STAI1105/98)	2/12/06	2,127.06		2,127.06	5 YRS															212.71	2,127.06
	4-DRAWER LATERAL FIREPROOF FILE (ST40406/98)	2/25/83	2,255.83		2,255.83	5 YRS															225.58	2,255.83
	1 RE-UPHOLSTERED RECEPTION CHAIRS	06/30/98	815.00		815.00	5 YRS															81.50	815.00
	2 FIREPROOF CABINET (STAPLES)	06/29/98	459.86		459.86	5 YRS															45.99	459.86
	LASER FAX MACH (BERT-HOLLIS BUSI)	07/23/98	895.00		895.00	5 YRS															89.50	895.00
	AIRCONDITIONER (MAE MADISON HARWA0723/98)	500.00		500.00	5 YRS																50.00	500.00
	Y2K UPGRADE TEL SYSTEM (CBS WHITGD17/99/99)	1,750.00		1,750.00	5 YRS																175.00	1,750.00
	WORK STATION (NATIONAL BUSINESS PUR11/30/99)	623.00		623.00	5 YRS																62.30	623.00
	CHECK SIGNER (AMERICAN CHECK WRIT11/7/99)	3,825.00		3,825.00	5 YRS																382.50	3,825.00
	PHOTO COPY MACH (STATEWIDE PHOTO C12/14/99)	9,200.00		9,200.00	5 YRS																920.00	9,200.00
	PHOTO COPY MACH (STATEWIDE PHOTO C03/23/00)	8,695.00		8,695.00	5 YRS																869.50	8,695.00
	CANON CFX-14000 LASER(BERT-HOLLIS BU04/16/00)	895.00		895.00	5 YRS																89.50	895.00
	CANON CFX-14000 LASER(BERT-HOLLIS BU08/19/99)	895.00		895.00	5 YRS																89.50	895.00
	LATERAL FILE CABINET(STAPLES CREDIT R06/14/00)	1,132.98		1,132.98	5 YRS																113.30	1,132.98
	Copy Machine (Cart Business Systems)	06/30/00	8,299.50		8,299.50	5 YRS															829.95	8,299.50
	EPSON PHOTO FC 3000Z IN 08/1600	08/21/00	961.49		961.49	5 YRS															96.15	961.49
	Copy Machine (Cart Business Systems)MIN	06/09/00	8,099.00		8,099.00	5 YRS															809.90	8,099.00
	HSBC (Safe)	11/15/00	524.00		524.00	5 YRS															52.40	524.00
	Steel File Cabinets (National Bus Furn Inc.)	IN 01/16/01	2,079.00		2,079.00	5 YRS															207.90	2,079.00
	PC Connection sales Corporation IN 3118009403/01/01	691.86		691.86	5 YRS																69.19	691.86
	Back Up Security System - (ADT) IN 86523735/02/22/01	1,317.61		1,317.61	5 YRS																131.76	1,317.61
	Sharp FO -4700 Fax Machine(Cart Business s/02/28/01)	850.00		850.00	5 YRS																85.00	850.00
	4 FILE CABINETS(STAPLES CREDIT PLAN) 07/16/01	1,140.00		1,140.00	5 YRS																114.00	1,140.00
	Copy Model#7065 (CartBusinessSystem)	17,430.00		17,430.00	5 YRS																1,743.00	17,430.00
	Shelving System (Modern Office System, Inc. VIL04/16/02)	17,550.00		17,550.00	5 YRS																1,755.00	17,550.00
	Folding Machine (American Express) LK473745/06/25/02	622.66		622.66	5 YRS																62.27	622.66
	Canon CFX-14500 Fax Machine (Cart Business)09/20/02	635.00		635.00	5 YRS																63.50	635.00
	Commence Coping - Start-up A/C Equipment 05/05/03	935.00		935.00	5 YRS																93.50	935.00
	Shades-Shelf Unit & Additional Shelf for Shop	05/03/03	895.30		895.30	5 YRS															89.53	895.30
	National Business Furniture - 3 Card Cabine	06/27/03	2,369.20		2,369.20	5 YRS															236.92	2,369.20
	Shades Credit Plan - Brother Fax Machine	10/11/03	999.99		999.99	5 YRS															99.99	999.99
	Febra-Chan Carpet & Upholstery Chamaik Co	11/14/03	950.00		950.00	5 YRS															95.00	950.00
	Jazz Incorporated - Cost for covering Chairs	03/20/03	4,212.50		4,212.50	5 YRS															421.25	4,212.50
	Global Computer Supplies	03/01/03	960.34		960.34	5 YRS															96.03	960.34
	CBS Whiscom Mtel Phone System 40% down	12/26/04	48,784.00		48,784.00	5 YRS															4,878.40	48,784.00

Fixed Assets and Depreciation Schedule FY2006

A/C #	DESCRIPTION	ACQUIS DATE	COST 07/01/05	ADDITIONS	ACTUAL COST 06/30/06	RATE OF DEPR	ACCUM DEPREC 07/01/05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	DEPREC 07/01/05	CUMULATIVE DEPREC 06/30/06	FULLY DEPREC 06/30/06
	ICBS Whizcom Mtel Phone System 20% down	10/22/06	24,382.00		24,382.00	5 YRS									406.53	406.53	406.53	406.53	406.53	2,032.67	2,032.67	
	ICBS Whizcom Mtel Phone System 30% down	10/15/06	36,588.00		36,588.00	5 YRS									609.80	609.80	609.80	609.80	609.80	2,439.20	2,439.20	
	TOTAL (ACCOUNT # 8119231)		158,835.34	109,764.00	268,599.34		137,888.86	1,278.82	1,119.60	1,119.60	1,119.60	964.61	1,797.68	1,786.15	2,158.03	2,656.43	2,647.97	2,639.26	2,629.10	21,948.85	159,937.81	97,482.18
	FURNITURE & EQUIP. LL																					171,117.16
	IMITA A1810P COPPER/JIN 3207BA	10/22/06	5,392.00		5,392.00	5 YRS		89.87	89.87	89.87					91.85	91.85	91.85	91.85	91.85	359.47	5,982.00	
	TDJ TECHNOLOGIES - TELEPHONE SYSTEM	10/10/06	5,510.96		5,510.96	5 YRS	2,753.48	91.85	91.85	91.85	91.85	91.85	91.85	91.85	91.85	91.85	91.85	91.85	91.85	1,023.18	3,657.67	
	Verizon - Moving Charge	04/27/05	1,171.42		1,171.42	5 YRS	58.57	19.52	19.52	19.52	19.52	19.52	19.52	19.52	19.52	19.52	19.52	19.52	19.52	234.28	292.85	
	TOTAL (ACCOUNT # 8129222)		12,074.38		12,074.38		7,846.56	201.24	201.24	201.24	201.24	111.37	111.37	111.37	111.37	111.37	111.37	111.37	111.37	1,895.94	9,542.82	12,074.38
	THRIFT SHOES																					
	FURNITURE & EQUIP. THRIFT SHOP																					
	1473 TEL SYST (LUCENT TECHNOLOGIES)	09/18/98	3,762.46		3,762.46	5 YRS															3,762.46	3,762.46
	DISPLAY COUNTER (WESTSIDE CAMERA)	10/09/98	546.00		546.00	5 YRS															546.00	546.00
	1473 TEL SYST (LUCENT TECH)	11/28/98	3,762.45		3,762.45	5 YRS															3,762.45	3,762.45
	1473 Cash Register (Monroe Sales)	02/12/02	517.58		517.58	5 YRS	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	103.52	457.21	
	Security Shop Cameras 2Monitors	5/04/17/02	3,187.48		3,187.48	5 YRS	2,018.75	53.12	53.12	53.12	53.12	53.12	53.12	53.12	53.12	53.12	53.12	53.12	53.12	637.50	2,656.25	
	THRIFT SHOP SECURITY SYSTEM (LIVINGSTON)	05/29/02	175.00		175.00	5 YRS	107.82	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	35.00	142.92	
	T-J 1 070704 Terminal purchase	07/31/04	523.00		523.00	5 YRS	104.60	6.72	6.72	6.72	6.72	6.72	6.72	6.72	6.72	6.72	6.72	6.72	6.72	104.60	209.20	
	Computer	05/29/06	600.00		600.00	5 YRS															10.00	10.00
	TOTAL (ACCOUNT # 8139114)		12,473.97	600.00	13,073.97		10,655.87	73.38	73.38	73.38	73.38	73.38	73.38	73.38	73.38	73.38	73.38	73.38	73.38	890.61	11,546.48	8,070.91
	FURNITURE AND EQUIPMENT IN OFFICE																					
	Amex/JIN 02760440327204 - 4 port Toshiba st	02/26/04	2,345.00		2,345.00	5 YRS	586.25	39.08	39.08	39.08	39.08	39.08	39.08	39.08	39.08	39.08	39.08	39.08	39.08	469.00	1,855.25	
	Precision-New Phone Line	07/01/04	759.00		759.00	5 YRS	151.80	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	12.65	151.80	303.60	
	TOTAL (ACCOUNT # 8159233)		3,104.00		3,104.00		738.05	51.73	51.73	51.73	51.73	51.73	51.73	51.73	51.73	51.73	51.73	51.73	51.73	620.80	1,358.85	3,104.00
	COMPUTER EQUIPMENT																					
	CLIENT SERVER APPLICATION (OPENET)	09/14/99	9,500.00		9,500.00	5 YRS															9,500.00	9,500.00
	COMPUTER UPGRADE (UANTEX)	07/02/00	1,009.00		1,009.00	5 YRS															1,009.00	1,009.00
	NETWORK COMPUTERS (THE LLOYD GROUP)	11/23/98	33,710.25		33,710.25	5 YRS															33,710.25	33,710.25
	4060 HP LASER PRINTER (PRECISION COMPUTER)	07/02/99	1,184.00		1,184.00	5 YRS															1,184.00	1,184.00
	PENTIUM 350MHZ COMPUTER (PRECISION COMPUTER)	07/02/99	1,134.00		1,134.00	5 YRS															1,134.00	1,134.00
	NETWORK COMPUTERS (THE LLOYD GROUP)	02/24/99	34,360.25		34,360.25	5 YRS															34,360.25	34,360.25
	NETWORK SOL SERVER (OPENET)	03/25/99	8,000.00		8,000.00	5 YRS															8,000.00	8,000.00
	NETWORK COMPUTERS (THE LLOYD GROUP)	03/25/99	12,940.50		12,940.50	5 YRS															12,940.50	12,940.50
	NETWORK COMPUTERS (THE LLOYD GROUP)	04/06/99	16,219.50		16,219.50	5 YRS															16,219.50	16,219.50
	CHILD-CARE MODULE (OPENET)	04/28/99	3,000.00		3,000.00	5 YRS															3,000.00	3,000.00
	3- USER LICENSE	05/26/99	1,358.00		1,358.00	5 YRS															1,358.00	1,358.00
	DATABASE PROJECT (OPENET)	05/07/99	717.00		717.00	5 YRS															717.00	717.00
	HP LASERJET (PRECISION COMPUTER)	07/09/99	5,500.00		5,500.00	5 YRS															5,500.00	5,500.00
	DATABASE PROJECT (OPENET)	07/14/99	3,087.00		3,087.00	5 YRS															3,087.00	3,087.00
	PENTIUM II 400 (PRECISION COMPUTER)	07/27/99	6,094.00		6,094.00	5 YRS															6,094.00	6,094.00
	PENTIUM II 400 (PRECISION COMPUTER)	08/21/99	4,319.00		4,319.00	5 YRS															4,319.00	4,319.00
	PENTIUM II 400 (PRECISION COMPUTER)	09/30/99	3,042.00		3,042.00	5 YRS															3,042.00	3,042.00
	PENTIUM II 400 (PRECISION COMPUTER)	10/26/99	3,054.00		3,054.00	5 YRS															3,054.00	3,054.00
	PENTIUM II 450 (PRECISION COMPUTER)	11/30/99	1,104.00		1,104.00	5 YRS															1,104.00	1,104.00
	ADOBE PHOTOSHOP	11/30/99	649.00		649.00	5 YRS															649.00	649.00
	ADOPT TRACKING APPLICATION (OPENET)	11/30/99	10,000.00		10,000.00	5 YRS															10,000.00	10,000.00
	PENTIUM II 466 (PRECISION COMPUTER)	12/31/99	1,923.00		1,923.00	5 YRS															1,923.00	1,923.00
	PENTIUM II 466 (PRECISION COMPUTER)	01/23/00	899.00		899.00	5 YRS															899.00	899.00
	PENTIUM II 466 (PRECISION COMPUTER)	10/13/00	929.00		929.00	5 YRS															929.00	929.00

Fixed Assets and Depreciation Schedule FY 2006

ACC #	DESCRIPTION	ACQUIS DATE	COST 07/01/05	ADDITIONS	ACTUAL COST 06/30/06	RATE OF DEPR	ACCUM DEPREC 07/01/05	JUL-05	AUG-05	SEP-05	OCT-05	NOV-05	DEC-05	JAN-06	FEB-06	MAR-06	APR-06	MAY-06	JUN-06	DEPREC 07/01/05 06/30/06	CUMULATIVE DEPREC 06/30/06	FULLY DEPREC 06/30/06
	Dell-5 Dimension 4700 computers	04/23/05	2,495.00		2,495.00	5YRS	124.75	41.58	41.58	41.58	41.58	41.58	41.58	41.58	41.58	41.58	41.58	41.58	41.58	499.00	623.75	
	Dell-2300MP Projector, Pull Down Screen	06/29/05	1,196.00		1,196.00	5YRS	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	19.93	259.13
	Dell Business-Computer Equipments	07/31/05	25,291.00		25,291.00	5YRS	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	421.52	5,058.20	5,058.20	
	Dell Commercial Credit - W/SLIM	02/28/06	3,942.00		3,942.00	5YRS	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	65.70	328.50	328.50	
	Dell Commercial Credit - Goods & Svcs	03/31/06	1,246.00		1,246.00	5YRS	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	20.77	83.07	83.07	
	CDW Direct - Backup for phone system	03/31/06	1,112.64		1,112.64	5YRS	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	18.54	74.18	74.18	
	Dell commercial	05/31/06	1,572.00		1,572.00	5YRS	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	26.20	52.40	52.40	
	TOTAL (ACCOUNT # 816028)		354,219.65	33,183.64	387,403.29		265,130.57	3,221.33	3,206.52	3,191.07	3,116.60	3,047.17	2,988.02	2,988.01	2,955.47	2,920.21	2,883.12	2,909.33	2,806.04	38,232.87	301,353.44	198,649.81
			12,064.79																			188,733.48
			5572.958																			
	BIT / AUTOMOBILE DEPRECIATION																					
	FORD TAURUS 1989 - LONG ISLAND	06/30/00	4,000.00		4,000.00	5YRS	4,000.00															4,000.00
	TOYOTA CAMRY 1999 - NJ	06/30/00	3,500.00		3,500.00	5YRS	3,500.00															3,500.00
	PONTIAC BONNEVILLE 1989 - NJ (Loss Sold)	06/30/00	3,942.00		3,942.00	5YRS	2,975.42															2,975.42
	1995 Nissan Altima GXE - LI	03/12/01	4,200.00		4,200.00	5YRS	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	70.00	560.00	560.00	
	Mercury Cougar, 1990 Manhattan Office	01/01/02	3,850.00		3,850.00	5YRS	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	64.17	770.00	3,386.67	
	Chevy Nova 1988 - BP Loss-Sold for \$300	10/10/02	6,635.00		6,635.00	5YRS	315.00															315.00
	Chrysler Minivan, 1996 - NJ	06/30/03	2,430.00		2,430.00	5YRS	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	486.00	567.00	
	1991 Lexus-Manhattan Office	05/16/05	2,430.00		2,430.00	5YRS	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	81.00	486.00	567.00	
	TOTAL (ACCOUNT 817/928)		24,815.00		24,815.00		19,732.06	285.25	285.25	285.25	285.25	285.25	285.25	285.25	285.25	285.25	215.25	215.25	215.25	3,143.00	22,875.09	11,700.00
																						12,915.00
	SUBTOTAL (TISHOPS 1 & 2)		2,000,665.69	10,197,280.33	12,197,946.02		1,625,414.96	10,274.92	10,183.89	10,135.84	9,835.01	9,476.29	10,259.36	10,324.02	10,740.34	11,066.89	11,966.48	11,965.88	11,939.57	128,264.58	1,653,679.14	588,292.77
	SUBTOTAL (TISHOPS 3 & 4)		281,650.68	4,921.60	286,572.28		206,786.95	2,583.82	2,635.85	2,655.84	2,617.70	2,544.29	2,544.29	2,544.29	2,544.29	2,544.29	2,544.29	2,544.29	2,544.29	30,950.96	237,737.81	8,870.91
	GRAND TOTAL		2,282,316.37	10,202,201.83	12,484,518.20		1,732,201.91	12,855.74	12,839.74	12,791.68	12,552.71	12,083.97	12,802.66	12,868.31	13,284.63	13,611.19	14,510.78	14,510.28	14,493.86	159,215.54	1,891,417.05	997,663.68