# Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public

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

Inspection

A	For the 2	007 calendar year, or tax year beginning ${ t JUL}$ $1$ , $2007$ and ending ${ t JUN}$ $30$ , $2$	008
В	Check if	Please C Name of organization D Em	ployer identification number
_ '	applicable	USS RS SPENCE-CHAPIN SERVICES TO FAMILIES	
	Address change	print or AND CHILDREN 1	3-1834590
	Name change	type See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone number
	Initial return	Specific 410 EAST 92ND STREET 2	12-369-0300
	Termin- ation		ounting method Cash X Accrual
	Amende return	NEW YORK, NY 10128-6804	Other (specify)
	Applicat pending	The state in a contain a contain and the contain and the contain and the contain a con	to section 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ)  H(a) Is this a group return f	or affiliates? Yes X No
G	Website:	►N/A H(b) If "Yes," enter number	of affiliates▶_ N/A
J	Organiza	tion type (check only one) ▶ 🗶 501(c) ( 3 ) ◀ (msert no ) 🔲 4947(a)(1) or 💹 527 H(c) Are all affiliates include	ed? N/A Yes No
K	Check he	re If the organization is not a 509(a)(3) supporting organization and its gross (if "No," attach a list.)  (if "No," attach a list.)  (if "No," attach a list.)	n filed by an or-
1	receipts a	re normally <b>not</b> more than \$25,000. A return is not required, but if the organization ganization covered by	a group ruling? Yes X No
	chooses t	to file a return, be sure to file a complete return.	ber N/A
		M Check ▶ ☐ If the o	rganization is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 <b>28</b> , 165 , 379 . Sch. B (Form 990, 990	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	
	1 1	Contributions, gifts, grants, and similar amounts received:	
	a	Contributions to donor advised funds	
	b	Direct public support (not included on line 1a)  1b 2,502,033.	,
	C	Indirect public support (not included on line 1a)	
	d	Government contributions (grants) (not included on line 1a) 16 244,048.	
	e	Total (add lines 1a through 1d) (cash \$	1e 2,746,081.
	2	Program service revenue including government-fees and contracts (from Part VIII, line 93)	2 1,478,296.
	3	Membership dues and assessments	3_
	4	Interest on savings and temporary cash investments	4 11,427.
	5	Dividends and interest from securities 1. 1.1AY 1.8 2009	5 1,318,606.
	6 a	Gross rents 6a 6a	
	b-	Less: rental expenses-	
ø	С	Net rental income or (loss). Subtract line 6b from line 6a	6c
Š	7	Other investment income (describe ROYALTIES ON MINERAL INTERESTS )	7 2,260,474.
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other	
<b>E</b>		than inventory 19,566,283. 8a	
	b	Less: cost or other basis and sales expenses 19,742,846. 8b	
26	C	Gain or (loss) (attach schedule) <176,563. >8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8d <176,563.>
<u> </u>	9	Special events and activities (attach schedule). If any amount is from gaming, check here 📂 📖	
	a	Gross revenue (not including \$ of contributions reported on line 1b) 9a 108,667.	
ANNED	b	Less: direct expenses other than fundraising expenses 9b 48,067.	
0	C	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c 60,600.
=	10 a	Gross sales of inventory, less returns and allowances 10a 675, 256.	
=	b	Less: cost of goods sold 10b 661,423.	
<b>=</b>	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 4	10c 13,833.
Л	11	Other revenue (from Part VII, line 103)	11 289.
3	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 7,713,043.
<u> </u>	13	Program services (from line 44, column (B))	13 7,000,440.
Expenses 100/2	14	Management and general (from line 44, column (C))	14 966,056.
per	15	Fundraising (from line 44, column (D))	15 730,271.
Щ	16	Payments to affiliates (attach schedule)	16
	17	Total expenses. Add lines 16 and 44, column (A)	17 8,696,767.
v.	18	Excess or (deficit) for the year. Subtract line 17 from line 12	<u>18 &lt; 983,724.</u> >
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 59,449,434.
ZV	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 5	20 <1,388,539.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21 57,077,171.

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

Form 990 (2007)

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Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0	22a				
22b Other grants and allocations (attach schedule	$\overline{}$				
(cash \$ 0 • noncash \$ 0					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule) STATEMENT 7	23	355,741.	355,741.		
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	332,980.	143,181.	<u> 189,799.</u>	0.
b Compensation of former officers, directors, key		:			
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included			J	j	
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salanes and wages of employees not		2 054 017	2 260 172	200 526	206 200
included on lines 25a, b, and c	26	3,854,917.	3,260,173.	298,536.	296,208.
27 Pension plan contributions not included on		215 021	155 174	37,762.	22,995.
lines 25a, b, and c	27	215,931.	155,174.	31,102.	
28 Employee benefits not included on lines 25a 27	28	462,067.	421,757.	9,586.	30,724.
29 Payroll taxes	29	295,722.	246,071.	29,912.	19,739
30 Professional fundraising fees	30	53,007.	240/0/11	20,012.	53,007.
31 Accounting fees	31	21,000.	14,247.	5,342.	1,411.
32-Legal fees	32	- 99.,373.	66,444.	32,788.	141.
33 Supplies	33	89,441.	69,272.	11,316.	8,853.
34 Telephone	34	55,980.	45,906.	6,884.	3,190.
35 Postage and shipping	35	91,470.	54,439.	3,190.	33,841.
36 Occupancy	36	416,154.	335,884.	50,535.	29,735.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	126,665.	53,645.	29.	72,991.
39 Travel	39	173,469.	168,131.	550.	4,788.
40 Conferences, conventions, and meetings	40	44,232.	35,841.	2,635.	5,756.
41 Interest	41	381,178.	294,528.	63,417.	23,233.
42 Depreciation, depletion, etc. (attach schedule)	42	694,078.	538,639.	114,755.	40,684.
43 Other expenses not covered above (rtemize):	1		ł		
å	43a				
b	43b				
<u></u>	43c				
d	43d 43e				<del></del>
e		<del></del>			
g_SEE STATEMENT 6	43f 43g	933,362.	741,367.	109,020.	82,975.
44 Total functional expenses. Add lines 22a through	734	233,304.	, 41, 507 6	102,020	02,713
43g. (Organizations completing columns (B)-(D),	[	[	[	ĺ	
carry these totals to lines 13-15)	44	8,696,767.	7,000,440.	966,056.	730,271.
Joint Costs. Check ▶ ☐ If you are following				2 2 2 7 2 2 4 1	<u> </u>
Are any joint costs from a combined educational campa			orted in (B) Program service	es? ►	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	-				N/A;
(iii) the amount allocated to Management and general \$	_		iv) the amount allocated to		N/A
723011 12-27-07					Form <b>990</b> (2007)

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#### 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.

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 8	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	WE PROVIDED ADOPTION COUNSELING FOR OVER 160 WOMEN FACING AN UNPLANNED PREGNANCY AND PLACED 66 CHILDREN, MANY WITH SPECIAL NEEDS, WITH ADOPTIVE HOMES. (SEE FOOTNOTE 1)	
	SPECIAL NEEDS, WITH ADOPTIVE HOMES. (SEE POOTNOTE 1)	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ WE FOUND ADOPTIVE HOMES FOR 96 ORPHANED AND VULNERABLE	3,461,767.
_	CHILDREN FROM OVERSEAS AND IN SEVERAL LOCATIONS SUPPORTED "GRANNY" PROGRAMS TO PROVIDE EXTRA CARE FOR THE CHILDREN	
	LEFT BEHIND. (SEE FOOTNOTE 2)	
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► WE HOSTED ADOPTION EDUCATION AND CHILD DEVELOPMENT	2,501,822.
	WORKSHOPS, AND WE OFFERED FOUR REGULARLY-SCHEDULED SUPPORT GROUPS FOR BIRTH AND ADOPTIVE PARENTS, ATTENDED BY OVER 634	
	PEOPLE. WE PROVIDED POST ADOPTION SERVICES FOR 518 ADOPTEES AND BIRTH PARENTS.	
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,036,851.
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,000,440.
		Form <b>990</b> (2007)

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Pa	rt IV	Balance Sheets (See the instructions.)				
Note		ere required, attached schedules and amounts within the designed be for end-of-year amounts only.	cription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		641,782.		1,309,187.
	46	Savings and temporary cash investments			46_	
	47 a	Accounts receivable	115,752.	219,683.	47c	115,752.
			0.504.010			
	48 a	Pledges receivable Less allowance for doubtful accounts  48a  48b	2,784,310.	3,971,049.	48c	2,784,310.
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trus	stees, and			
		key employees .			50a	
	ь	Receivables from other disqualified persons (as defined unit	der section			
ets		4958(f)(1)) and persons described in section 4958(c)(3)(B)	<u> </u>		50b	
Assets	l .	Other notes and loans receivable 51a				
	b			77 071	51c	E7 40E
	52	Inventories for sale or use	}	77,271. 131,700.	52 53	57,425. 331,056.
	53 54 a	Prepaid expenses and deferred charges Investments - publicly-traded securities	Cost FMV	131,700.	54a	331,030.
	Б	Investments - other securities STMT 10	Cost X FMV	50,875,207.	54b	48,429,144.
	-	Investments - land, buildings, and		30,0,0,20,0	040	20/123/2111
	** -	equipment: basis 55a				
	ь	Less: accumulated depreciation 55b			55c	
	56	Investments - other .			56_	
	57 a		16,105,355.			
	1		1,146,455.	14,256,832.	57c	<u>14,958,900.</u>
	58	Other assets, including program-related investments	,			
		(describe >	) <del> </del>	70,173,524.	58 59	67,985,774.
	-59 60	Total assets (must equal line 74) Add lines 45 through 58 Accounts payable and accrued expenses		849,090.	60	1,198,603.
	61	Grants payable	•	040,000.	61	1,170,003.
	62	Deferred revenue	•		62	·· ··
ities	63	Loans from officers, directors, trustees, and key employees	<u> </u>	-	63	
oiit		a Tax-exempt bond liabilities	STMT 9	9,875,000.	64a	9,710,000.
Liabil	l t	Mortgages and other notes payable .			64b	
	65	Other liabilities (describe	)		65	
	66_	Total liabilities. Add lines 60 through 65		10,724,090.	66	10,908,603.
	Orga	anizations that follow SFAS 117, check here X and	complete lines			
es	67	67 through 69 and lines 73 and 74. Unrestricted		51,759,809.	67	48,153,710.
auc	68	Temporarily restricted	• •	6,484,695.	68	7,718,231.
Bala	69	Permanently restricted		1,204,930.	69	1,205,230.
pu		anizations that do not follow SFAS 117, check here	and			
Ę		complete lines 70 through 74				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	. [		70	
sset	71	Paid-in or capital surplus, or land, building, and equipment	T T		71	
ť As	72	Retained earnings, endowment, accumulated income, or of			72	
Š	73	Total net assets or fund balances. Add lines 67 through 69 or line		FO 440 404		EB 088 181
	74	(Column (A) must equal line 19 and column (B) must equal line 21		59,449,434.	73	57,077,171.
	74	Total liabilities and net assets/fund balances. Add lines 66	Janu / J	70,173,524.	74	67,985,774.

Forr			<u>34590                                    </u>	Page 5
Pa	art IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	tur	n (See the	
	Instructions )  Total revenue, gains, and other support per audited financial statements	a	7,033,	994.
a		-	1,055,	<i>J J</i> <del>± •</del>
b	Amounts included on line a but not on Part I, line 12.  Net unrealized gains on investments  b1 <1388539.			
1		_		
2				
3	Recoveries of prior year grants			
4	Other (specify): SEE STATEMENT 11 b4 709,490.	.	-670	0.4.0
	Add lines b1 through b4	Ь	<u>&lt;679,</u>	
C	Subtract line b from line a	С	<u>7,713,</u>	043.
đ	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b			
2	Other (specify)d2			
	Add lines d1 and d2	d		<u>       0                             </u>
е	Total revenue (Part I, line 12). Add lines c and d	е	7,713,	<u>043.</u>
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per F	₹et		
a	Total expenses and losses per audited financial statements	а	8,712,	<u>179.</u>
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			
3				
4	Other (specify): SEE STATEMENT 12 b4 709,490.			
	Add lines b1 through b4	ь	709,	490.
C	Subtract line b from line a	С	8,002,	689.
d	Amounts included on Part I, line 17, but not on line a:			
1	investment expenses not included on Part I, line 6b			
2	504 079			
_	Add lines d1 and d2	d	694.	078.
	· · · · · · · · · · · · · · · · · · ·	_		

Total expenses (Part I, line 17) Add lines c and d 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 )

MS. MARTHA KUNKIS VICE PRESIDENT C/O SPENCE-CHAPIN 410 E 92TH ST.	se nd nces
NEW YORK, NY 10128       7.00       0.       0.         MS. MARTHA KUNKIS       VICE PRESIDENT         C/O SPENCE-CHAPIN       410 E 92TH ST.       3.00       0.       0.         NEW YORK, NY 10128       3.00       0.       0.	
MS. MARTHA KUNKIS VICE PRESIDENT C/O SPENCE-CHAPIN 410 E 92TH ST. NEW YORK, NY 10128 3.00 0. 0.	
C/O SPENCE-CHAPIN 410 E 92TH ST. NEW YORK, NY 10128 3.00 0. 0.	0.
NEW YORK, NY 10128 3.00 0. 0.	
MS. MAUD WELLES VICE PRESIDENT	0.
C/O SPENCE-CHAPIN 410 E 92TH ST.	
NEW YORK, NY 10128 3.00 0. 0.	<u>0.</u>
MR. MICHAEL WISE TREASURER	
C/O SPENCE-CHAPIN 410 E 92TH ST.	
NEW YORK, NY 10128 3.00 0. 0.	0.
MS. MARY ELLEN GEISSER SECRETARY	
C/O SPENCE-CHAPIN 410 E 92TH ST.	
NEW YORK, NY 10128 3.00 0. 0.	0.
MS. KATHARINE LEGG EXECUTIVE DIRECTOR	
C/O SPENCE-CHAPIN 410 E 92TH ST.	
NEW YORK, NY 10128 45.00 175,000. 19,396.	<u>0.</u>
MS. EMILY SACHS CHIEF FINANCIAL OFFICER	
C/O SPENCE-CHAPIN 410 E 92TH ST.	
NEW YORK, NY 10128 45.00 128,570. 10,014.	0.
5 200 (0	

Form **990** (2007)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees 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)  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 II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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 (E) Expens	No
To a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board  meetings  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)  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 the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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  (C) Compensation (D) Contributions to (E) Expens	
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)  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 II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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 (C) Compensation (D) Contributions to (E) Expens	v
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)  75b  Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  Does the organization have a written conflict of interest policy?  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 (E) Expens	v
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)  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 II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (lif 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 (E) Expens	v
the individuals and explains the relationship(s)  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 the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (lif 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 (C) Compensation (D) Contributions to (E) Expens	37
listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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 (C) Compensation (D) Contributions to (E) Expens	<u>x</u> _
Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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 (C) Compensation (D) Contributions to (E) Expens	
organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?  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 (C) Compensation (D) Contributions to (E) Expens	
Does the organization have a written conflict of interest policy?  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 (C) Compensation (D) Contributions to (E) Expens	X
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 (C) Compensation (D) Contributions to (E) Expens	
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 (C) Compensation (D) Contributions to (E) Expens	
(C) Compensation (D) Contributions to (E) Expens	ıg
(C) Compensation (D) Contributions to (E) Expens	
(A) Name and address (B) Loans and Advances (If not paid, plans & deferred compensation plans NONE  (B) Loans and Advances (If not paid, plans & deferred compensation plans other allowan	nd
NONE compensation plans of the anoward	1003
	—
	_
Part VI Other Information (See the instructions.)	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed	
• • •	<u>X</u>
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	<u>X</u>
	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b	
	<u>x</u>
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?	X
b If "Yes," enter the name of the organization N/A	<del></del> -
and check whether it is exempt or nonexempt	
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)  81 a Enter direct and indirect political expenditures.	v
b Did the organization file Form 1120-POL for this year? 81b Form 990 (20	<u>X</u> 007)

## SPENCE-CHAPIN SERVICES TO FAMILIES

	1990 (2007) AND CHILDREN 13-18	<u>34590</u>	NZ P	age /
	rt VI Other Information (continued)	<del></del>	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial	<i>'</i>		
	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	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	ŀ		ł
	tax deductible?	84b		<u> </u>
85 a		85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<u> </u>
	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.			1
C	· · · · · · · · · · · · · · · · · · ·			
d	· · · · · · · · · · · · · · · · · · ·			l
е	· · · · · · · · · · · · · · · · · · ·			
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? N/A	. 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12			
b	· · · · · · · · · · · · · · · · · · ·			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	if "Yes," complete Part IX	88a_		X
b	At any time during the year, did the organization, directly or indirectly, lown a controlled entity within the meaning of	_	_	
	section 512(b)(13)? If "Yes," complete Part XI	<b>▶</b> 88b		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>	<u>•</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>•</u>		
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>.                                    </u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<u> </u>	_X_
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f_		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	١,		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		_X_
90 a	List the states with which a copy of this return is filed ▶NY			
b			<u> </u>	87
91 a	The books are in care of ▶ EMILY SACHS Telephone no. ▶ 212-			-
	Located at ► 410 EAST 92ND STREET, NEW YORK, NY ZIP+4 ►	- <u>1012</u>		1.80
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country   N/A	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			<u> </u>
	<del></del>	Form	990	(2007)

SPENCE-CHAPIN SERVICES TO FAMILIES Form 990 (2007) 13-1834590 AND CHILDREN Part VI Other Information (continued) Yes 91c 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 N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 Part VII Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (C) Exclusion code (A) (B) (D) indicated. Related or exempt Business Amount Amount function income code 93 Program service revenue: 1,478,296. PROGRAM SERVICE FEES a f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 14 11,427. Interest on savings and temporary cash investments 14 1,318,606 Dividends and interest from securities 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 15 2,260,474 Other investment income 100 Gain or (loss) from sales of assets <176,563. other than inventory 07 60,600. 101 Net income or (loss) from special events 05 13,833 Gross profit or (loss) from sales of inventory Other revenue: 01 289 OTHER INCOME е 0. 3,488,666. 1,478,296. 104 Subtotal (add columns (B), (D), and (E)) 4,966,962. 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). 93A REVENUE IN CONNECTION WITH ADOPTION SERVICES Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (E) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of End-of-year assets Nature of activities Total income ownership interest % N/A % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) X No (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes

723163 12-27-07

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

X No

Form **990** (2007)

Yes

Forn	m 990 (2007) AND CHILDE	EN		13-183	3 <u>4590</u> F	Page 9
Pa	art XI Information Regarding Tran	sfers To and From	Controlled Entitie	S. Complete only if the organi	zation is a	
	controlling organization as defined in	section 512(b)(13).	N/A			
			·		Yes	No
106	Did the reporting organization make any trans	fers to a controlled entity	as defined in section 5	12(b)(13) of the Code? If "Yes	,,"	
	complete the schedule below for each control					1
	(A)		(B)	(C)	(D)	
	Name, address, of each	ch	Employer	Description of	Amount	of
	controlled entity		Identification Number	transfer	transfe	er
$\neg$			No.		†	
а						
			.			
b			1			
С			-			
	Totals		<u></u>	<del></del>		<del></del>
					Yes	No No
107	7 Did the reporting organization receive any tra	nsfers <b>from</b> a controlled e	entity as defined in sect	ion 512(b)(13) of the Code? If	"Yes,"	
	complete the schedule below for each control	led entity	<del></del>			
	(A)		(B)	(C)	(D)	_
	Name, address, of each	ch .	Emplóyer Identification	Description of	Amount	
	controlled entity		Number	transfer	transfe	#r
		- <i></i>	.			
а						
		<u> </u>				
			.			
b			.		1	
		<u> </u>			<del> </del>	
С			,  -	_		
			<u> </u>			
	Totals		<u> </u>			T
					Yes	No
108	B Did the organization have a binding written co	intract in effect on August	t 17, 2006, covering the	interest, rents, royalties, and		
	annuities described in question 107 above?		·	<del></del>		ــــــــــــــــــــــــــــــــــــــ
	Under penalties of perjury, I declare that I have examin and complete "Declaration of preparer (other than offic	ed this return, including accompai er) is based on all information of w	nying schedules and statement hich preparer has any knowled	s, and to the best of my knowledge and ge	belief, it is true, col	лтест,
Dia	ease \ Quantities (\)				_	
Sign	Carrana J. Light			5-13-09	7	
	- Ungranded of Cities in C	<b></b>	, • • • •	Date		
Her	KATHALIDE S.	LEGA, EXECU	tive Director			
	Type or print name and title	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	16			
Paid	Preparer's	1)		self-	N or PTIN (See Ger	n inst X)
_	signature Vivi	Jallom	- J-5-09	employed  L		
•	A I I NIV   YOU S II	reglisi & co.	, LLP	EIN ►		
USE	self-employed), address, and 515 MADISON					
	ZIP + 4 NEW YORK, N	10022		Phone no. ► 212-		
					Form 990	(2007)

#### SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SPENCE-CHAPIN SERVICES TO FAMILIES

Employer identification number

AND CHILDREN 13 1834590

Part I Compensation of the Five Highest Paid Emp		Officers, Direc	ctors, and	Trustees	
(See page 1 of the instructions. List each one. If there are none, en	(b) Title and average hours	<del> </del>	(d) Contributions	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	per week devoted to position	(c) Compensation	employee benefi plans & deferred compensation	t loopount and other	
	DIRECTOR				
410 EAST 92ND ST., NEW YORK, NY 10128	45.00	120,479.	14,377	•	
SABRA LARKIN-ELLIOTT	DIRECTOR				
410 EAST 92ND ST., NEW YORK, NY 10128	45.00	100,120.	15,934	•	
	DIRECTOR				
410 EAST 92ND ST., NEW YORK, NY 10128	45.00	92,821.	12,345		
RITA TADDONIO	DIRECTOR				
410 EAST 92ND ST., NEW YORK, NY 10128	45.00	78,833.	12,639		
LOUISE SCHNAIER	DIRECTOR				
410 EAST 92ND ST., NEW YORK, NY 10128	45.00	85,242.	11,750	•	
Total number of other employees paid					
over \$50,000	0				
Part II-A Compensation of the Five Highest Paid Inde	pendent Contracto	rs for Professi	onal Service	es	
(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 that	ın \$50,000	(b) Type of s	ervice	(c) Compensation	
N POWER NY		PECHNOLOGY			
150 WEST 30TH STREET, NEW YORK, NY 10		CONSULTANT		94,736.	
ANDREA & ASSOCIATES					
112 EAST 23RD STREET, NEW YORK, NY 10	010 b	PUBLIC REL	ATIONS	75,573.	
KFERSTEN BARTOLOTTA					
C/O SPENCE CHAPIN 410 EAST 90TH ST., NEW YORK, NYCONSULTANT					
-AMY SHAW				55,568.	
C/O SPENCE CHAPIN 410 EAST 90TH ST.,	NEW YORK, NY	CONSULTANT		47,005.	
Total number of others receiving over					
\$50,000 for professional services	0	( 01) 0			
Part II-B Compensation of the Five Highest Paid Inde	•		ervices		
(List each contractor who performed services other than professio		uals or			
firms. If there are none, enter "None." See page 2 of the instruction	s.)				
(a) Name and address of each independent contractor paid more than		(b) Type of s	ervice	(c) Compensation	
VANGUARD CONSTRUCTION & DEVELOPMENT C	O. INC	GENERAL			
307 WEST 38TH STREET, NEW YORK, NY 10		CONTRACTOR	S	642,984.	
EVENSONBEST LLC		OFFICE PAR	TITIONS		
641 AVENUE OF THE AMERICAS, NEW YORK,	NY 10011	FURNITURE,	& EO	407,034.	
EXCELSIOR PRINTING					
60 ROBERTS DRIVE, NORTH ADAMS, MA 012	47 b	PRINTING S	ERVICES	68,095.	
UNITED UNLIMITED					
44-10 30TH AVE, ASTORIA, NY 11103		CLEANING S	UPPLIES	54,763.	
TEMPORARY ALTERNATIVES		TEMPORARY			
295 MADISON AVENUE , NEW YORK, NY 10		SERVICES		40,222.	
Total number of other contractors receiving over	<del></del>				
\$50,000 for other services	0				

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

### SPENCE-CHAPIN SERVICES TO FAMILIES

S	Schedule A (Form 990 or 990-EZ) 2007 AND CHILDREN	<u> 13-183</u>	<u> 459</u>	0	Page 2
	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 line i of Part VI-B.)				x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		<del>-'-</del>		<u> </u>
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2		any such			
	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	ļ
	e Transfer of any part of its income or assets?		2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how				
	the organization determines that recipients qualify to receive payments.)		3a		X
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		3b	X	<u> </u>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,		'	ĺ	İ
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3c	<u> </u>	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f		1		
	and 4g		4a		X
	b Did the organization make any taxable distributions under section 4966?	N/A	4b	<u> </u>	<u> </u>
	c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	_4c		<u> </u>
	d Enter the total number of donor advised funds owned at the end of the tax year	<b>&gt;</b>		N/	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>&gt;</b>		<u>N/</u>	<u>A</u>
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on	ı			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts				0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	<b>&gt;</b>			0.

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instructio	ns.)			
certify 5 6 7 8 9 10	y that til	he organization is not a private foundation because it is: (f A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental in A medical research organization operated in conjunction and state  An organization operated for the benefit of a college or (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	urches. Section 170(b)(1 V.)  n. Section 170(b)(1)(A)(init. Section 170(b)(	1)(A)(I). III). I)(V). In 170(b)(1)(A)(III). Enter 1 rated by a governmental I	unit. Section	170(b)(1)(A)(	ıv).	
12		An organization that normally receives: (1) more than 3 receipts from activities related to its charitable, etc., fun its support from gross investment income and unrelate by the organization after June 30, 1975. See section 50	nctions - subject to certai ed business taxable incor	n exceptions, and (2) no me (less section 511 tax)	o more than 33 1/3% of ) from businesses acquired			
13		An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sup.  Type I Type II	oporting organization: Type III-Fu	nctionally Integrated		Type III		
		Provide the following information at  (a)  Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization the sup organization		(e) Amount of support	
					Yes	No		
					-			
Total 14		An organization organized and operated to test for pub	lio anfah, Conton 500(a)	V(A) (See page 8 of the in	otruotione \	<u> </u>		

13-1834590

rai	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to the	e cash method of acco	ounting.
begin	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1.929.823.	6.239.253.	2.069.401.	1,756,490.	11,994,967.
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	2,458,167.	2,622,952.	2,589,208.	2,000,866.	9,671,193.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		1,948,803.			
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	6,269,140.	10811008.			
24	Line 23 minus line 17	3,810,973.	8,188,056.	3,398,033.	2,985,690.	18,382,752.
25	Enter 1% of line 23	62,691.	108,110.	59,872.	49,866.	
26	Organizations described on lines 10	O or 11: a Enter 2% of	amount in column (e), lin	e 24	<b>▶</b> 26a	367,655.
-b	Prepare a list for your records to sho				nmental	
_	unit or publicly supported organization					
	Do not file this list with your return.				<b>▶</b> 26b	4,024,668.
	Total support for section 509(a)(1) to				▶ 26c	18,382,752.
	Add: Amounts from column (e) for la		87,785. 19		- 1200	10/001//011
u	Add. Amounts from column (e) for it	22	26b	4,024,66	8. ► 26d	10,412,453.
	Dublic and the SCs man be S			4,024,00	26e	7,970,299.
е.	Public support (line 26c minus line 2	•	. !!= . 00 - (d != - t \)			43.3575%
	Public support percentage (line 26				▶   26f	
27	Organizations described on line 12					
	records to show the name of, and to		ach year from, each "disq	ualified person." Do not fi	le this list with your retu	rn. Enter the sum of
		N/A				
	(2006)	(2005)	•	004)	(2003)	
b	For any amount included in line 17 th					
	and amount received for each year, t				·	
	described in lines 5 through 11b, as					amount received and
	the larger amount described in (1) or	r (2), enter the sum of the	ese differences (the exces	s amounts) for each year	: N/A	
	(2006)	(2005)	(2	004)	(2003)	
C	Add: Amounts from column (e) for li	nes: 15		16		
		20		21	<b>▶</b> 27c	N/A
d	Add: Line 27a total		d line 27b total		▶ 27d	N/A
e	Public support (line 27c total minus				<b>▶</b> 27e	N/A
f	Total support for section 509(a)(2) to		23, column (e)	►   27f	N/A	
Q	Public support percentage (line 27)				<b>▶</b> 27g	N/A %
•	Investment income percentage (lin	· -			≥ 27h	N/A %
	Inusual Grants: For an organization de					
S	how, for each year, the name of the co	ontributor, the date and a	mount of the grant, and a	brief description of the n	ature of the grant. <b>Do not</b>	file this list with your
r	eturn. Do not include these grants in l	line 15.	ONE	•		ile A (Form 990 or 990-EZ) 2007
72313	1 12-27-07	N	OME		Schedu	ine > (L∩ttit 880 Ot 880-ET) 5001

1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		,	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		1	
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		1	
	to all parts of the general community it serves?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	-	L
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	-	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	_		
a	Students' rights or privileges?	33a_		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		_
f	Use of facilities?	33f		
g	Athletic programs?	33g		
- h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<del>  -</del>	<b> </b>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	-	ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.			
35	Tipes the organization certus that it has complied with the applicable fedultements of Sections 4 U.I. Intolling 4 U.S. Di Bey, Pfoc. 75-5U.		1	1

:he	ck <b>a</b> if the organization belong	an eligible organization that filed Form 5768) us to an affiliated group. Check b	If you chec	ked "a" and "limited contro	ol' provisions apply.
<i>3110</i>	Limits on	Lobbying Expenditures ures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
				N/A	
6	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		
7	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		
8	Total lobbying expenditures (add lines 36	6 and 37)	38		
9	Other exempt purpose expenditures		39		
)	Total exempt purpose expenditures (add	lines 38 and 39)	40		
ı	Lobbying nontaxable amount. Enter the a	amount from the following 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	41		
	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			
2	Grassroots nontaxable amount (enter 25	•	42		
3	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36				
1	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38	44		
	Caution: If them is an amount on oit	her line 43 or line 44, you must file Form 4720.			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	( <b>b</b> ) 2006	(c) 2005	(d) 2004	(e) Total
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 14 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:

- 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
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

if "Yes" to any of the abov	e, also attach a statement	giving a detailed descri	iption of the lobbying activities.
-----------------------------	----------------------------	--------------------------	------------------------------------

Yes	No	Amount
	<u> </u>	
	<del> </del> -	<u> </u>
		<u> </u>
	<u> </u>	0.
L		

	Exempt Organiz	zations (See page 14 of the instri	uctions.)				
51	Did the reporting organization d	irectly or indirectly engage in any of t	he following with any other	organization described in section			
	501(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to po	litical organizations?	_		
а	Transfers from the reporting or	ganization to a noncharitable exempt	organization of:			Yes	No_
	(i) Cash	•			51a(i)		X
	(ii) Other assets				a(ii)		X
ь	Other transactions:						
•		ets with a noncharitable exempt organ	nization		b(i)		<u>x</u> _
		noncharitable exempt organization	iizanon		b(ii)		X
	(iii) Rental of facilities, equipme				b(iii)		<u>X</u>
	• •				b(iv)		<u>X</u> _
	(iv) Reimbursement arrangeme	ents			b(v)	-	X
	(v) Loans or loan guarantees						
	• •	membership or fundraising solicitati			b(vi)		X
C	- · · · · · · · · · · · · · · · · · · ·	mailing lists, other assets, or paid er		the state of the state of the	C		
đ		•		llways show the fair market value of the			
	- ·	given by the reporting organization.	•			-/-	
	-1	nent, show in column (d) the value of	the goods, other assets, or		<u>_</u>	1/A	
(a)		Name of noncharitable exe	mat arganization	(d) Description of transfers, transactions, and	charing arr	nnanm	onto
Line	no. Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	Sharing arra	anyem	CIIIS
			<u>.</u>				
							-
	Is the organization directly or in Code (other than section 501(c If "Yes," complete the following	)(3)) or in section 527?	ne or more tax-exempt org	anizations described in section 501(c) of the	Yes	X	] No
	(a Name of or	) ganization	(b) Type of organization	(c) Description of relations	hip		
	<del> </del>						

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#### FOOTNOTES

STATEMENT

#### FOOTNOTE #1:

IN OUR DOMESTIC ADOPTION PROGRAM, WE PROVIDED COUNSELING SERVICES FOR OVER 160 WOMEN AND PLACED 66 CHILDREN IN ADOPTIVE HOMES. MANY OF THESE CHILDREN HAVE SPECIAL MEDICAL AND DEVELOPMENTAL NEEDS.

INTERIM BOARDING HOME CARE AND MEDICAL SUPERVISION WAS PROVIDED FOR 88 CHILDREN IN THIS PROGRAM.

#### FOOTNOTE #2:

WE FOUND ADOPTIVE HOMES FOR 96 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, CHILDREN, AND PROFESSIONALS SERVING 600 PEOPLE.

OUR AFTERCARE PROGRAM OFFERED POST- ADOPTION AND REUNION SERVICES TO 518 ADOPTEES, BIRTH PARENTS AND THEIR FAMILIES.

FORM 990 GAIN (LO	SS) FRO	OM PUBLIC	LY T	RADED	SECURITI	ES	STATEME	ENT 2
DESCRIPTION		GROSS SALES PR			ST OR R BASIS	EXPENSE OF SALE		GAIN (LOSS)
VARIOUS SECURITIES	_	19,566,2	83.	19,7	12,846.	0.	<17	6,563
TO FORM 990, PART I, LIN	E 8	19,566,2	83.	19,7	42,846.	0.	<17	76,563
FORM 990	SPECIA	AL EVENTS	AND	ACTI	VITIES		STATEME	ENT 3
DESCRIPTION OF EVENT	GR( RECI		NTRI		GROSS REVENUE	DIREC EXPENS		INCOME (LOSS)
THEATRE BENEFITS	108	3,667.			108,667	48,06	7. 6	0,600
TO FM 990, PART I, LINE	9 108	3,667.			108,667	48,06	7. 6	0,600

FORM	1 990	NCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 4
INCO	ME		
2.		675,25	675,256
5.	GROSS PROFIT (LINE 3 I	NE 13)	13,833
COSI	OF GOODS SOLD		
7. 8. 9.	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIES	OF YEAR	23
	OTHER COSTS ADD LINES 6 THROUGH 10		661,423
	INVENTORY AT END OF YE COST OF GOODS SOLD (L)	AR	661,423

FORM 990 OTHER C	CHANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
UNREALIZED LOSS ON INVE	<1,388,53	39.>			
TOTAL TO FORM 990, PART	I, LINE 20			<1,388,53	 39.> 
FORM 990	ОТНЕ	REXPENSES		STATEMENT	6
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	1G
SUBSCRIPTIONS AND	7,620.	5,927.	809.	20	34.
PUBLICATIONS MEMBERSHIP DUES	20,534.	17,996.	1,044.		
INSURANCE	216,668.	165,001.	35,305.		
ADVERTISING/MEDIA	133,681.	126,648.	3,613.		
GENERAL EXPENSES	64,439.	41,384.	13,587.	_	
DIRECT ASSISTANCE	5,515.	,	•	5,51	
CASE CONSULTANT	179,479.	179,479.			
ADVISORY SERVICES	208,976.	112,127.	51,017.	45,83	32.
SECRETARIAL	57,760.	54,115.	3,645.		
PEDIATRIC	40.40=	40.40=			
SPECIALISTS	18,197.	18,197.			
PAYROLL COMPUTER SERVICES	20,493.	20,493.		-	
TOTAL TO FM 990, LN 43	933,362.	741,367.	109,020.	82,97	75.
					<del></del>
FORM 990	SPECIFIC ASSIST	TANCE TO INDIV	'IDUALS	STATEMENT	
DESCRIPTION				AMOUNT	
DIRECT ASSISTANCE			•	355,74	11.
TOTAL TO FORM 990, PART	r II, LINE 23		•	355,74	11.
			:	<del></del>	_

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8 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 BONI	STATEMENT	9		
PURPOSE OF ISSUE				
TO FINANCE THE ACQUSITION OF NEW	OFFICE SPACE			
USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT O ISSUE OUTSTANDI	
NO	12/01/36	0.	9,710,0	00.
TOTAL INCLUDED ON FORM 990, PART	T IV, LINE 64A		9,710,0	00.
FORM 990 OTHE	ER SECURITIES		STATEMENT	10
SECURITY DESCRIPTION		COST/FMV	OTHER SECURITIE	S
INVESTMENTS		FMV	48,429,1	44.
TO FORM 990, LINE 54B, COL B			48,429,1	44.
FORM 990 OTHER REVENUE	NOT INCLUDED ON F	ORM 990	STATEMENT	11
DESCRIPTION			AMOUNT	
THRIFT SHOP INVENTORY COST NETTE 990 SPECIAL EVENTS NETTED COST NETTE 990			661,4 48,0	
TOTAL TO FORM 990, PART IV-A			709,4	90.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT COST NETTED AGAINST GROSS REVENUE INVENTORY COST FOR THRIFT SHOP NETTED AGAINST GROSS REVENUE	48,067. 661,423.
TOTAL TO FORM 990, PART IV-B	709,490.

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FULLY	DEPREC	06/30/08					-	. -	-	-		1		-			-	-		-	· 						10,577,714 83		20 000 00	1	ł		J	П	١	- }	1	1	1	П	1	l	П	900 00	-	Ţ	1	1	.].	-	ļ.					259 800 72	10,916.25			
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DEPREC	07/01/07	06/30/08			12 500 00	1,020 52	00 00	424 00	2000	3 5	28.00	181563	25.5	3 50	5 5	12.	12.50	38 326 57	1 005 00	185158	188 562 50	12 500 00	1 749 74	62.50	784 447 87	5	1	1	1 022 96	259 45	2 190 81	1,743.58	139 55	12 00	83 11	2 554 02	1 70B 85	28.74	90	†.	-		2 065 62				79.70	25.00	3 2	480 00	480 00	364 32	22157	30.5	130/	15 158 55			104 00	1833
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	Apr-08							52.08										1	1	1	١	- 1	- 1	- 1	22 638 01		1																			1	28 81	200	8 43	40 00	40 00	32 03	22 16			181 96			887	
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	Feb-08							80.03										3 193 88	83 75	54.35	15 713 54	104167	145.81	521	22 036 91	-																				1			L		Ц	32 03				207 29			8.67	
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ACTUAL	COST	0/06/30/0			200 00	4062	7	25,000,00	000	13 80	200	72.62	30 00	4140	8		3	1,533.06	40 20	74.08	7,542.48	8000	88 89	2 2	10 577 714 83				88	4.87	39 70	32 65	2,48	3	3	45.68	305	5 5	215	2	2,75	8	90.00	8	228	3 2		1	8	2 40	240		1			270 718 97				
ADDITIONS																																																					1,329 44	784 22	5	3 039 76				10000
COST	07/01/07							2000				72 625 00	30 000 00	41.404.00	0000	2000	20000	533 062 71	40,200 00	74,062 50	542,499 99	200,000,000	69 899 71	2,300,00	10 577 714 81			Ì	20 000 00	4 875 00	39 703 00	32 957 00	2 462 85	1,650,00	1 666 70	43 683 00	20,210,00	15 247 00	2 150 50	2 000 00	2 750 00	900 000	20,000,00	900 00	2788 /8	200	97.07	0.0	20,589	2,400 00	2 400 00	1,921 60	1	Ť		287 678 21		T	22000	_
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	NOIL			82nd	Seiden & Schein - 1st downpyrnt for 92nd St	Атпретог	A A	denutare	Done-boo	Ration Ages	Network Financial - Printing of Official Street	dministration	Windels Mary Lane & Mittendorf - brayons	Tide Ing Pre	e Closer	alence	Goldman Copeland - engineering consulting			lerwritters					OTAL S (ACCOUNT # 713-70/ 913-70)			LEASEHOLD IMPROVEMENTS T/S # 1.	VAITER CD	AWNING (ACME AWNING)	BANNER CO	BANNER CO	RATE CARP	(INT.L DESI	INT DESI	AANNER CO	WINEAN C	ANNERCO	SANNER CO	1473 STRGE CONTAIN (MJ WELDING)	N (M) WELD	BANNER CC	BANNER CC	BANNER CC	Moone, Kervin ( Perteng - Upstains and Baser)	Carps (NY	ondibon.	OLUM	onditioning	14733	Sparred C	d Rug		1		# 715/91S)		TIS ANNE	eating Corp	onling Corp
	DESCRIPTION			Land & Bullding 410 E 92nd	Scheln - 18t c	Bank - LOC	NATIONAL BOX	PIC.	Monthald & W	ventur Svc.	nencial - PT	CIV IDA-A	tary Lane & I	Tech of NY	monder - Tib	City IDA - B.	opeland - e	Scholn	had	Roceavelt & Cross Underwriters	Medison Condominism	Į Į		003	ACCOUNT 8		FOOT	LO IMPROV	ECT DUMBY	ACME AWN	3 RENOV (L	3 RENOV (I	VG (CORPO	INETS ETC	INETS ETC	GRENOV	TANGET .	A PENOV	RENOV (	GE CONTAIL	GE CONTAIL	G RENOV (L	G RENOV (I	G RENOV	GWIN PART	and & Imphilip	Although Air C	continue man	aling & Air C	scial Painting	odel Balance	Broadway Carpet Install Rug	anting	Amex - 8xed ceiling 8xtures	YI HILLIAN OR	TOTALS (ACCOUNT # 715/915)	8007	LO IMPROV	lumbing & H.	hmbing & H.
				Land & Bt.	Selden &	Agied then	The Dark	Herrie Per	Hawdelles	Mondy	Network F	New York	Windels	Roval Abe	Robert Sci	New York	Goldman C	Seiden & Scholn	Royal Abstrac	Roosevelt	Medison C	Coaing Coa	18ga 1988	NYC IDA 1968	TOTALS		THRIFT	LEASEHO	ATLAS EL	AWNING	1473 BLD	1473 BLD	CARPETII	EXT.	X	1473 810	14/3 000	ATT BLD	1473 810	1473 STRU	1473 STR	1473 BLDA	1473 BLD(	1473 BLD	Missione, R.	Destroy	Coffee H	Saction	Cottom He	Ferra Ass.	Ferra Ass.	Broadway	Cottom Heating	Ames - Bx	Y9. Y9	TOTALS	THRIFT SHOPS	LEASEHO	Sentary P.	Santary P.
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	DESCRIPTION		Dell Account/N 5784835305 - 5 Computer, Dil 1	a Gofmantil - 1/3 of ABC application	ection/IN 35512955 - 2 Laser Printer 10	odmologies-ABC Upgrade 0		Della contactions	۱	ı	Dell-5 computers & flat panel montors 0	١	ı	۱	١	١	Mmention 4700 commutees	MIND Projector Put Down Screen	mether Equipments	State States	Cont. Coords & Surs	act - Backing for phone parters	Control of the Contro	Burn out II Equipment		90	oll Dimension			I - computer hardwares		Deli - Inptop			case (Mitestone)		4	Amen - Computer Equip						Logar	Arres (CLVV) - Laptop							Udil - storeo speaker system		COW Others - Microsoft Office 2007 (for Rits)					2 children	

H IGARY/Spence-Chapin/2008/YEAR 2008 Fixed Assets

Page 5 of 6

Updated 4/7/200

Fixed Assets and Depreciation Estimate FY2008

FULLY	DEPREC	06/30/06	316 319 53				100 0000	38.00	300	2000		•		00 000	3000	6,773 00		77,742 86		273,864 21		351,607.07					
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	DESCRIPTION					AUTOMOBILE DEPRECIATION		TOYOTA CAMRY 1989 - NJ (\$ rec'd it selling) 06/30/00	1995 Nissen Aldma GXE LI	Chrysler Minison 1998 - NJ	1001	4006 Mandy Deserve Abachattan	1904 Misson Allian M	201 00100000000000000000000000000000000	TOTAL (ACCOUNT 817/928)			"RileTotAll The French of the	The state of the s	RIPETOTAL CLISHOPS & 8.21		100 AND TOTAL TOTA	The state of the s				

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Page 6 of 6

Updated 4/7/2009

For	n 8868 (Rev. 4-2008)			Page	: 2
• 1	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	юх		<b>▶</b> X	
	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		n 8868.		
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Pá	art II Additional (Not Automatic) 3-Month Extension of Time. You must file original and	d one	сору		
<b>T.</b>	Name of Exempt Organization	Em	ployer ider	ntification numbe	r
prin	e or SPENCE-CHAPIN SERVICES TO FAMILIES				
-	AND CHILDREN		<u> 13-183</u>	4590	
File b	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use on	ıly	
due o	late for 410 EAST 92ND STREET				
return	City, town or post office, state, and ZiP code For a foreign address, see instructions.				
	NEW YORK, NY 10128-6804				
	ck type of return to be filed (File a separate application for each return)				_
	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A		orm 5227	Form 887	0
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	L	orm 6069		
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly fil	ed Form 8	868.	
• T	he books are in the care of ▶ EMILY SACHS				_
	elephone No. ► 212-369-0300 FAX No ►				_
	the organization does not have an office or place of business in the United States, check this box			· • □	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo	r the whole	e group, check this	s
<u>b</u> ox	, <del>[</del>			-	
4	request an additional 3-month extension of time until MAY 15, 2009				_
5	For calendar year, or other tax year beginning	JUN	<u> 30, </u>	2008	
6	If this tax year is for less than 12 months, check reason Initial return		Change in	accounting period	t
7	State in detail why you need the extension				
	CERTAIN FINANCIAL INFORMATION NECESSARY TO FILE A COMP				_
	ACCURATE RETURN IS NOT SUBJECT TO FINAL DETERMINATION	AT	THIS	TIME.	_
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	8a	\$		_
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		ļ		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	ļ			
	previously with Form 8868.	8b	\$		_
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			N̄/A	-
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A	_
linder	Signature and Verification	haat a	f mu knowlo	dae and hallof	
onuel It is tri	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ie, correct, and complete and that I am authorized to prepare this form.				
	ure Intern Jallometille CPA	Date		1-12-09	

Form 8868 (Rev. 4-2008)

### Form **8868**

(Rev. April 2008)

Department of the Treasury

Κ.,

# Application for Extension of Time To File an Exempt Organization Return > File a separate application for each return

OMB No. 1545-1709

Internal Rev	enue Service		► FIL	e a separate <u>applica</u>	ation for each return		1		
• If you a	are filing for an Ad	lditional (Not	Automatic) 3-Mo	nth Extension, cor	I and check this box nplete only Part II (o 3-month extension o			. 8868.	<b>▶</b> X
Part I	Automat	ic 3-Montl	n Extension of	Time. Only subm	nit original (no copies	needed)			
A corpora		le Form 990-1	and requesting a	automatic 6-monti	h extension - check th	nis box and con	nplete		<b>&gt;</b>
	corporations (inclu ome tax returns.	ding 1120-C	filers), partnerships	s, REMICs, and trus	ts must use Form 70	04 to request ar	n extensio	n of time	
noted bel- (not autor you must	ow (6 months for a matic) 3-month ext submit the fully c	a corporation tension or (2) ompleted and	required to file For you file Forms 990	m 990-T) However -BL, 6069, or 8870, art II) of Form 8868.	u want a 3-month aut , you cannot file Forn group returns, or a c For more details on	n 8868 electroni composite or co	ically if (1) nsolidated	you want the Form 990-T	e additional
Type or	Name of Exemp	ot Organizatio	n				Employ	er identificat	tion number
print	SPENCE-C	CHAPIN	SERVICES '	ro familie	S				
	AND CHIL	DREN					13-	183459	0
File by the due date for filing your return See	Number, street, 410 EAST			box, see instruction	ns.				
Instructions	City, town or po		e, and ZIP code. F 10128-6804	or a foreign addres 1	s, see instructions.				
Check typ	e of return to be	filed(file a se	eparate application	for each return):					
X Form		`	Form 990-T (corp	·	est)	Form 47 Form 52 Form 60 Form 88	27 169		
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=	one No ▶ <u>212</u>			<del></del>	AX No 🕨				,
	-		•		States, check this b		<b>.</b>		
					tion Number (GEN) _				
ox ▶ ∟	. If it is for part	of the group	, check this box	· and attach a	a list with the names	and Elins of all f	nembers	tne extension	n will cover.
is for		15 , 20 ( s return for: or		xempt organization	te Form 990-T) extensions return for the organization of the organization of the form of t	zation named al		extension	
2 If this	s tax year is for les	s than 12 mo	onths, check reaso	n Initial ret	urn Ein	al return	Cha	nge in accou	inting period
	application is for fundable credits			720, or 6069, enter	the tentative tax, les	s any	3a \$		
				y refundable credit	s and estimated				
				nt allowed as a cre		- 1	3b \$		
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	nstructions.	· · · · · · · · · · · · · · · · · · ·			_ <del>-</del>		3c \$		N/A
aution. If	you are going to r	nake an elect	ronic fund withdra	wal with this Form	8868, see Form 8453	3-EO and Form 8	8879-EO f	or payment in	nstructions
HA For	Privacy Act and	Paperwork F	Reduction Act No	tice, see Instruction	ons.			Form <b>8868</b>	(Rev. 4-2008)