

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)

▶ 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 **JULY 1**, 2005, and ending **JUNE 30**, 20 **06**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
GRAHAM WINDHAM
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
33 IRVING PLACE **7TH FL**
 City or town, state or country, and ZIP + 4
NEW YORK, NY 10003-2385

D Employer identification number
13-2926426

E Telephone number
(212) 529-6445

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶

G Website: ▶ **www.graham-windham.org**

J Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **47,830,466**

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,596,414		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>1,596,414</u> noncash \$)	1d	1,596,414		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	45,680,563		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	103,503		
	5	Dividends and interest from securities	5	282,856		
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	1,457,385	8a	
	b	Less: cost or other basis and sales expenses	1,294,737	8b		
	c	Gain or (loss) (attach schedule)	162,648	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) See Statement #1	8d	162,648		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a	Gross revenue (not including \$ <u>942,284</u> of contributions reported on line 1a)	9a	227,051		
	b	Less: direct expenses other than fundraising expenses	9b	227,051		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0		
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	47,825,984			
Net Assets	13	Program services (from line 44, column (B))	13	43,143,947		
	14	Management and general (from line 44, column (C))	14	3,559,215		
	15	Fundraising (from line 44, column (D))	15	501,990		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	47,205,152		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	620,832			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,596,401			
20	Other changes in net assets or fund balances (attach explanation) Statement #2	20	45,073			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	10,262,306			

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	762,972	164,779	598,193
26	Other salaries and wages	26	17,812,566	16,173,448	1,421,549
27	Pension plan contributions	27	800,205	730,054	59,686
28	Other employee benefits	28	2,812,787	2,489,815	291,054
29	Payroll taxes	29	1,371,244	1,210,309	145,031
30	Professional fundraising fees	30			
31	Accounting fees	31	80,546		80,546
32	Legal fees	32			
33	Supplies	33	962,416	879,148	74,935
34	Telephone	34	196,791	174,232	21,204
35	Postage and shipping	35	122,641	96,764	20,982
36	Occupancy	36	1,531,003	1,266,367	250,643
37	Equipment rental and maintenance	37	1,090,016	977,909	104,128
38	Printing and publications	38	6,069	2,521	2,995
39	Travel	39	212,209	205,535	6,190
40	Conferences, conventions, and meetings	40	83,209	65,700	15,425
41	Interest	41	111,586	111,558	28
42	Depreciation, depletion, etc. (attach schedule)	42	990,287	900,807	85,751
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g	See statement # 3	43g	18,259,199	17,695,001	380,875
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	47,205,152	43,143,947	3,559,215
					183,323
					501,990

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ► See statement # 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a WESTCHESTER RESIDENTIAL SERVICES

SEE STATEMENT # 4

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

11,260,586

b FAMILY PERMANENCY PLANNING

SEE STATEMENT # 4

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

14,469,345

c MEDICAID

SEE STATEMENT # 4

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

3,277,871

d EARLY CHILDHOOD

SEE STATEMENT # 4

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

11,288,678

e Other program services (attach schedule)

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

2,847,467

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

43,143,947

Form 990 (2005)

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	2,761,307	45	4,555,101
	46 Savings and temporary cash investments	1,753,447	46	1,515
	47a Accounts receivable	5,048,630		
	b Less: allowance for doubtful accounts	24,130	47c	5,024,500
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	550,025	53	838,323
	54 Investments—securities (attach schedule) #5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,551,687	54	8,486,412
	55a Investments—land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	13,123,439	57a		
b Less: accumulated depreciation (attach schedule)	7,398,567	57b		
58 Other assets (describe ▶)	5,815,395	57c	5,724,872	
59 Total assets (must equal line 74). Add lines 45 through 58.	22,621,403	59	24,630,723	
Liabilities	60 Accounts payable and accrued expenses	6,000,661	60	6,767,921
	61 Grants payable		61	
	62 Deferred revenue	4,625	62	4,625
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) Stmt. #6	1,500,000	64b	1,428,000
65 Other liabilities (describe ▶ See Statement #7)	5,519,716	65	6,167,871	
66 Total liabilities. Add lines 60 through 65	13,025,002	66	14,368,417	
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	8,102,283	67	8,791,995
	68 Temporarily restricted	738,835	68	672,354
	69 Permanently restricted	755,283	69	797,957
	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)	9,596,401	73	10,262,306
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	22,621,403	74	24,630,723

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	47,871,057
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	45,073
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	45,073
c	Subtract line b from line a	c	47,825,984
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	
e	Total revenue (Part I, line 12). Add lines c and d	e	47,825,984

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

a	Total expenses and losses per audited financial statements	a	47,205,152
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):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	47,205,152
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	47,205,152

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT # 8 FOR DIRECTORS' LIST	INDICATED IN LIST	0	0	0
POUL JENSEN 33 IRVING PLACE, NEW YORK, NY 10003	President/CEO-35H	222,022	12,766	0
FRANK X. SPAIN 33 IRVING PLACE, NEW YORK, NY 10003	Sr. V. President-35H	190,066	12,829	0
GERALD LEVENTHAL 33 IRVING PLACE, NEW YORK, NY 10003	Vice President-35H	154,360	10,419	0
CHARMANE WONG 33 IRVING PLACE, NEW YORK, NY 10003	Vice President-35H	150,361	10,149	0

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85a		
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.		N/A
85b		
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) orgs. Enter: 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) orgs. 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 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	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed ▶ NEW YORK		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (212) 529-6445 Located at ▶ 33 IRVING PLACE - NEW YORK ZIP + 4 ▶ 10003-2385		
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
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	91c	<input checked="" type="checkbox"/>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

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

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	PROGRAM SERVICE FEES					731,711
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					44,948,852
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	103,503	
96	Dividends and interest from securities			14	282,856	
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					
100	Gain or (loss) from sales of assets other than inventory			18	162,648	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				549,007	
105	Total (add line 104, columns (B), (D), and (E))					46,229,570

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	BOTH LINES ENABLE THE ORGANIZATION TO PROVIDE EARLY CHILDHOOD EDUCATION AND FAMILY
93G	PERMANENCY PLANNING, RESIDENTIAL TREATMENT, MEDICAL, PREVENTIVE AND MENTAL HEALTH SERVICES TO NEEDY CHILDREN AND THEIR FAMILIES.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ 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		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's SSN or PTIN (See Gen. inst. W)
		Phone no. ()		

GRAHAM WINDHAM

13-2926426

FORM 990 REALIZED GAIN (LOSS) FROM SALE OF SECURITIES

STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,457,385	1,294,737	0	162,648
FORM 990 PART 1 LINE 8A	<u>1,457,385</u>	<u>1,294,737</u>	<u>0</u>	<u>162,648</u>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 2

DESCRIPTION	AMOUNT
TOTAL REALIZED AND UNREALIZED GAIN (LOSS)	207,721
LESS REALIZED GAIN (LOSS)	(167,130)
UNREALIZED GAIN ON MARKETABLE SECURITIES	
TOTAL TO FORM 990, PART 1, LINE 20	<u>40,591</u>

FORM 990

OTHER EXPENSES

STATEMENT 3

	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROVISIONS/ CLOTHING/ ALLOWANCE/RECREATION HEALTH SERVICES/	1,794,798	1,794,798	0	0
MEDICAL SUPPLIES	2,223,167	2,223,167	0	0
INSURANCE	555,791	499,145	50,782	5,864
PASS THRU PAYMENTS	11,893,923	11,893,923		
PURCHASED SERVICES & CONSULTANTS	1,236,521	1,046,764	160,059	29,698
DUES LICENSES & PERMIT	62,155	32,375	29,780	0
PROPERTY TAXES	137,162	110,902	24,866	1,394
ADMINISTRATIVE EXPENSES	355,682	93,927	115,388	146,367
TOTAL TO FORM 990, LINE 43	<u>18,259,199</u>	<u>17,695,001</u>	<u>380,875</u>	<u>183,323</u>

FORM 990

OTHER PROGRAM EXPENSES

STATEMENT 4

DESCRIPTION**FORM 990, PART III****ORGANIZATION'S PRIMARY EXEMPT PURPOSE:**

TO MEET THE NEEDS OF ECONOMICALLY DEPRIVED, ABUSED, NEGLECTED, HOMELESS AND EMOTIONALLY DISTURBED CHILDREN AND TO SUPPORT, PRESERVE AND STRENGTHEN FAMILIES WITH CHILDREN AT RISK.

FORM 990, PART III, A

WESTCHESTER RESIDENTIAL SERVICES - PROVIDES REHABILITATIVE PROGRAMS FOR CHILDREN WHO HAVE SIGNIFICANT EMOTIONAL AND EDUCATIONAL HANDICAPS. THE PROGRAMS ALSO INCLUDE SUBSTANCE ABUSE SERVICES.

FORM 990, PART III, B

FAMILY PERMANENCY PLANNING SERVICES - INCLUDE THE FOLLOWING PROGRAMS:

FOSTER BOARDING HOMES - PLACEMENT AND SUPERVISION OF CHILDREN WITH SELECTED FOSTER FAMILIES.

THERAPEUTIC BOARDING HOMES - PLACEMENT AND SUPERVISION OF CHILDREN WITH SPECIALLY TRAINED FOSTER FAMILIES AND ENHANCED SERVICES.

EMERGENCY FOSTER BOARDING HOMES - EMERGENCY PLACEMENT (NOT EXCEED 60 DAYS) AND SUPERVISION OF CHILDREN WITH SELECTED FOSTER FAMILIES.

INDEPENDENT LIVING - ENHANCED SERVICES FOR FOSTER CARE CHILDREN AGE 14-21 TO PREPARE THEM FOR INDEPENDENT LIVING AFTER FOSTER CARE.

FORM 990, PART III, C

MEDICAID - PROVISION OF MEDICAL, CLINICAL AND NURSING CARE FOR ALL CHILDREN IN THE ABOVE MENTIONED FOSTER CARE PROGRAM.

FORM 990, PART III, D

EARLY CHILDHOOD SERVICES INCLUDE THE FOLLOWING PROGRAMS :

DAY CARE CENTERS - PROVISION OF CHILD CARE FOR TWO TO TWELVE YEAR-OLDS DURING DAYTIME.

THE AGENCY OPERATES THREE CENTERS; WILLIAMSBURG CHILD CARE CENTER IN BROOKLYN, FINEST AND HARLEM CHILD CARE CENTERS IN MANHATTAN .

FAMILY CHILD CARE NETWORK - PROVISION OF SUPERVISED, LICENSED DAY CARE HOMES.

EARLY HEAD START FAMILY CHILD CARE PROGRAM - PROVIDES SUPERVISED, LICENSED DAY CARE 5 DAYS A WEEK FOR CHILDREN UP TO 3 YEARS OF AGE.

PRESCHOOL - PROVISION OF SPECIAL EDUCATION FOR 3 TO 5 YEAR-OLDS WITH LEARNING DISABILITIES.

LITERACY - SUPPORT EDUCATION AND LITERACY FOR ALL GRAHAM WINDHAM PROGRAMS.

FORM 990, PART III, E

FAMILY PRESERVATION SERVICES INCLUDE THE FOLLOWING PROGRAMS:

MANHATTAN CENTER - PROVIDES FAMILY AND INDIVIDUAL COUNSELING, TUTORING, RECREATION AND CULTURAL SERVICES FOR YOUNGSTERS AS WELL AS PARENTING EDUCATION AND SUPPORT FOR FAMILIES.

BEACON SCHOOL PROGRAM - PROVIDES COMPREHENSIVE SUPPORT TO STUDENTS OF PS 195.

PREVENTIVE SERVICES - DIVERSE FAMILY AND COMMUNITY SUPPORT PROGRAM DESIGNED TO PROVIDE COMPREHENSIVE COMMUNITY - BASED SERVICES.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 5
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DESCRIPTION	CERTIFICATE OF DEPOSIT	DOMESTIC STOCK INDEX FUND	INTERNATIONAL STOCK INDEX FUND	BOND MARKET INDEX FUND	TOTAL NON - GOV'T SECURITIES
	0	3,628,880	804,011	4,053,521	8,486,412
TOTAL 990, LINE 54 COL.B	0	3,628,880	804,011	4,053,521	8,486,412

FORM 990	MORTGAGE PAYABLE	STATEMENT 6
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MORTGAGE PAYABLE -SHORT TERM	72,000
MORTGAGE PAYABLE - LONG TERM	1,356,000
TOTAL TO FORM 990 - PART IV - LINE 64B	1,428,000

FORM 990	DUE TO OTHERS	STATEMENT 7
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DUE TO GOVERNMENTS	5,909,944
DUE TO GREENBURGH SCHOOL	257,927
TOTAL TO FORM 990 - LINE 65	6,167,871

GRAHAM WINDHAM

*33 Irving Place
New York, NY 10003
Tel: 212-529-6445
Fax: 212-253-5829
www.graham-windham.org*

BOARD OF DIRECTORS PROFILE
FY 2005-2006

<u>BOARD MEMBER</u>	<u>LENGTH OF SERVICE & POSITION ON BOARD</u>
BIGLARI, Hamid	7 years <i>2nd Vice Chair</i>
BRYANT, Kenneth	4 years <i>Treasurer</i>
CARNAGE, Henry J.	24 years <i>Member</i>
CECIL, John L.	20 years <i>Sr. Vice Chair</i>
CRAIGIE, JAMES	9 years <i>Member</i>
FERRARI, Robert V.	23 years <i>Secretary</i>
FISHER-WRIGHT, Phyllis	6 years <i>Member</i>
GOLDEN, Michael	17 years <i>Member</i>
HUNT, David	5 year <i>3rd Vice Chair</i>
LANDAU, Barbara	13 years <i>Member</i>
LEE, Shamika	2 years <i>Member</i>
MCLAUGHLIN, RITTA	2 years <i>Member</i>
MCVEIGH, Heather	12 years <i>Asst. Secretary</i>

MINETTI, Pamela C.	10 years <i>Member</i>
PAOLERCIO, Carmen	15 years <i>Member</i>
REYNOLDS, Sydney	19 years <i>Member</i>
RUTHERFURD, Tracy P.	8 years <i>Asst. Secretary</i>
SARGENT, John	17 years <i>Asst. Treasurer</i>
SAVAGE, Harriet	34 years <i>Member</i>
THOMSON, Melissa M.	8 years <i>Asst. Secretary</i>
WALL, Georgia	16 years <i>Chairman</i>
WINN, Keith	2 years <i>1st Vice Chair</i>

**Graham Windham Services to Families and Children
Accumulated Depreciation Year Ending 6/30/2006**

Description	Acc. Depreciation 6/30/2005	Additions FY 06	Deletions	Acc. Depreciation 6/30/2006
Bldg & Bldg Improvements	\$ 6,294,800	\$ 620,569	\$ (1,387,004)	\$ 5,528,366
Furniture & Equipments	634,258	183,846	(349,164)	468,941
Leasehold Improvements	1,259,977	185,872	(44,587)	1,401,262
Total	<u>\$ 8,189,035</u>	<u>\$ 990,287</u>	<u>\$ (1,780,755)</u>	<u>\$ 7,398,569</u>

GRAHAM WINDHAM
Summary of Investments sold - FY 2006

Investment Account	Name of Fund	Cost of Sale	Selling price	Realized Gain/Loss
Endowment Account	Bond Market Index Fund	\$2,199.84	\$2,127.93	(\$71.91)
	International Stocks Index Bond	12,461.44	25,700.00	13,238.56
Total Endowment	Stock Market Index Fund	10,026.49	16,300.00	6,273.51
		24,687.77	44,127.93	19,440.16
Lockbox Account	Bond Market Index Fund	17,111.26	16,582.72	(528.54)
	International Stocks Index Bond	91,211.89	175,500.00	84,288.11
Total Lock Box	Stock Market Index Fund	63,131.96	97,600.00	34,468.04
		171,455.11	289,682.72	118,227.61
Rainy Day Account	Bond Market Index Fund	351,352.02	328,879.16	(22,472.86)
	Stock Market Index Fund	95,242.91	142,696.00	47,453.09
Total Rainy Day		446,594.93	471,575.16	24,980.23
Grand Total		\$642,737.81	\$805,385.81	\$162,648.00

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

OMB No. 1545-0047

2005

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

Name of the organization

GRAHAM WINDHAM

Employer identification number

13 : 2926426

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
ROBERT NEAL 33 IRVING PLACE, NEW YORK, NY 10003	PSYCHIATRIST - 35H	142,385	9,611	0
BASIL WEBSTER 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF FINANCE	107,854	7,280	0
CONSTANCE KAISER 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF PERM. PLANNING	98,255	6,632	0
MARGARET DEWAR 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF CLINIC	91,222	6,157	0
GENOVEVA GONZALEZ 33 IRVING PLACE, NEW YORK, NY 10003	CONTROLLER	89,037	6,010	0
Total number of other employees paid over \$50,000 . . . ►				

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
CARRIERI & CARRIERI 200 OLD COUNTRY ROAD, MINEOLA, NY 11501	ATTORNEYS AT LAW AND CONSULTANTS	189,728
WCA TECHNOLOGIES 8W 38TH STREET SUITE 1104, NEW YORK, NY 10008	CONSULTANTS	123,514
MARTIN IRWIN 7805 CLEARWATER CIRCLE, MANLIUS, NY 13104	PSYCHIATRIST	118,276
KARN WIESS 513 ADELE ROAD COURT, ENGLEWOOD, NJ 07631	LABORATORY SERVICES	87,125
VEDDER PRICE, KAUFMAN 805 THIRD AVENUE, NEW YORK, NY 10022	ATTORNEYS AT LAWS	65,233
Total number of others receiving over \$50,000 for professional services ►	3	

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	N/A	0
Total number of other contractors receiving over \$50,000 for other services ►	0	

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.		
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	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990 Part V-A	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a 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	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a 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	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

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.)

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.)	1,066,413	1,448,999	1,501,916	922,854	4,940,182
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	43,788,339	41,385,187	41,534,480	41,075,393	167,783,399
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	308,418	231,692	228,411	390,689	1,159,210
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	45,163,170	43,065,878	43,264,807	42,388,936	173,882,791
24 Line 23 minus line 17	1,374,831	1,680,691	1,730,327	1,313,543	6,099,392
25 Enter 1% of line 23	451,631	430,659	432,648	423,889	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 121,988
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 262,048
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,099,392
d Add: Amounts from column (e) for lines: 18 1,159,210 19 22 26b 262,048					26d 1,421,258
e Public support (line 26c minus line 26d total)					26e 4,678,134
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 76.6983 %
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:	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
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:	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
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 from line 23, column (e)					27f
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. NONE					

Part V**Private School Questionnaire** (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
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	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A**Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☒ 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
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—		
If the amount on line 40 is—		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is—		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.) N/A

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

Part VI-B**Lobbying Activity by Nonelecting Public Charities**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

GRAHAM WINDHAM

Employer identification number

13 2926426

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GRAHAM WINDHAM

Employer identification number
13 2926426**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBINHOOD FOUNDATION 826 BROADWAY 7TH FLOOR NEW YORK, NY 10003	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITI GROUP FOUNDATION ROBINHOOD 850 THIRD AVENUE - 13TH FLOOR NEW YORK, NY 10022	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NEW YORK TIMES FOUNDATION 229 WEST 43RD STREET NEW YORK, NY 10036	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE WALBRIDGE FOUNDATION 26 FIREMEN'S MEMORIAL DRIVE POMONA, NY 10970	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	VERIZON 5030 BROADWAY 8TH FLOOR NEW YORK, NY 10034	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HOFMANN TRUST 345ARK AVENUE NEW YORK, NY 10154	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GRAHAM WINDHAM

Employer identification number
13 : 2926426**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	HYDE & WATSON FOUNDATION 437 SOUTHERN BLVD CHATHAM TOWNSHIP, NJ 07928	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COLUMBIA COMMUNITY SERVICES 2690 BROADWAY NEW YORK, NY 10027	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	STAPLES FOUNDATION 500 STAPLES DRIVE FRAMINGHAM, MA 01703	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SBLI 460 WEST 34TH STREET - SUITE 400 NEW YORK, NY 10001	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)