

Form **990**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)

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

OMB No. 1545-0047

2007Open to Public
InspectionA For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☐ Amend-
ed return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.

C Name of organization

GRAHAM WINDHAM

Number and street (or P.O. box if mail is not delivered to street address)

33 IRVING PLACE

Room/suite

E Telephone number

212-529-6445

City or town, state or country, and ZIP + 4

NEW YORK, NY 10003F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ▶ **N/A**M Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ▶ **WWW.GRAHAM-WINDHAM.ORG**J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **60,113,370.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	2,324,868.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 2,324,868. noncash \$)	1e	2,324,868.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	57,072,263.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	165,176.		
	5	Dividends and interest from securities	5	296,049.		
	6 a	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				
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			136,701.			
	b	Less: cost or other basis and sales expenses	8a			
			136,733.			
	c	Gain or (loss) (attach schedule)	8b			
			-32.			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
			STMT 1			
	8d		-32.			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 816,907. of contributions reported on line 1b)	9a	118,313.		
	b	Less: direct expenses other than fundraising expenses	9b	118,313.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2	0.		
Revenue	10 a	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	59,858,324.		
	Expenses	13	Program services (from line 44, column (B))	13	54,417,420.	
		14	Management and general (from line 44, column (C))	14	4,403,968.	
		15	Fundraising (from line 44, column (D))	15	473,756.	
		16	Payments to affiliates (attach schedule)	16		
		17	Total expenses. Add lines 16 and 44, column (A)	17	59,295,144.	
		18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	563,180.	
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,450,163.	
20		Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	11,370,828.		

723001
12-27-07

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

Form 990 (2007)

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,132,909.	328,862.	634,318.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	23,333,073.	21,508,257.	1,727,007.
27 Pension plan contributions not included on lines 25a, b, and c	27	1,139,197.	1,018,522.	108,617.
28 Employee benefits not included on lines 25a - 27	28	3,869,054.	3,542,139.	299,580.
29 Payroll taxes	29	1,575,828.	1,384,941.	171,813.
30 Professional fundraising fees	30			
31 Accounting fees	31	92,300.		92,300.
32 Legal fees	32	344,548.	320,163.	24,385.
33 Supplies	33	944,654.	879,304.	53,298.
34 Telephone	34	253,508.	213,340.	35,588.
35 Postage and shipping	35	105,429.	42,850.	52,964.
36 Occupancy	36	1,915,194.	1,532,204.	337,004.
37 Equipment rental and maintenance	37	1,333,061.	1,216,332.	104,770.
38 Printing and publications	38	5,124.	3,534.	1,296.
39 Travel	39	344,474.	336,055.	7,072.
40 Conferences, conventions, and meetings	40	81,895.	52,928.	17,309.
41 Interest	41	18,395.	18,395.	
42 Depreciation, depletion, etc. (attach schedule)	42	905,467.	833,475.	66,970.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g	21,901,034.	21,186,119.	669,677.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	59,295,144.	54,417,420.	4,403,968.

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

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 7		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	WESTCHESTER RESIDENTIAL SERVICES - PROVIDES REHABILITATIVE PROGRAMS FOR CHILDREN WHO HAVE SIGNIFICANT EMOTIONAL AND EDUCATIONAL HANDICAPS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	13,682,299.
b	SEE STATEMENT 5	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	19,937,502.
c	MEDICAID - PROVISION OF MEDICAL, CLINICAL AND NURSE CARE FOR ALL CHILDREN IN THE ABOVE MENTIONED FOSTER CARE PROGRAMS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,067,029.
d	SEE STATEMENT 6	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,457,890.
e	Other program services (attach schedule) SEE STATEMENT 8	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,272,700.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	54,417,420.

Form 990 (2007)

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	4,407,750.	45	
	46 Savings and temporary cash investments	1,526.	46	5,195,267.
	47 a Accounts receivable 47a 8,910,929.			
	b Less: allowance for doubtful accounts 47b	6,882,523.	47c	8,910,929.
	48 a Pledges receivable 48a		48c	
	b Less: allowance for doubtful accounts 48b			
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable 51a		51c	
	b Less: allowance for doubtful accounts 51b			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	868,325.	53	1,103,715.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,661,301.	54a	9,294,486.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis 55a		55c		
b Less: accumulated depreciation 55b				
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a 14,217,450.				
b Less: accumulated depreciation 57b 9,241,459.	5,336,880.	57c	4,975,991.	
58 Other assets, including program-related investments (describe ▶))		58		
59 Total assets (must equal line 74). Add lines 45 through 58	27,158,305.	59	29,480,388.	
Liabilities	60 Accounts payable and accrued expenses	7,096,679.	60	8,508,107.
	61 Grants payable		61	
	62 Deferred revenue	4,625.	62	4,625.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9	1,356,000.	64b	1,284,000.
	65 Other liabilities (describe ▶ SEE STATEMENT 10)	7,250,838.	65	8,312,828.
66 Total liabilities. Add lines 60 through 65	15,708,142.	66	18,109,560.	
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	9,704,480.	67	9,469,458.
	68 Temporarily restricted	841,707.	68	1,074,774.
	69 Permanently restricted	903,976.	69	826,596.
	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 and column (B) must equal line 21)	11,450,163.	73	11,370,828.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	27,158,305.	74	29,480,388.

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
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.				
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. 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) 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, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	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>			
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		0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		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, 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	Number of employees employed in the pay period that includes March 12, 2007	90b		530
91 a	The books are in care of		GRAHAM WINDHAM	
	Located at		33 IRVING PLACE, NEW YORK, NY	
	Telephone no.		212-529-6445	
	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	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A	

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country N/A92 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE FEES					800,597.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					56,271,666.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	165,176.	
96 Dividends and interest from securities			14	296,049.	
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	-32.	
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))		0.		461,193.	57,072,263.
105 Total (add line 104, columns (B), (D), and (E))					57,533,456.

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

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

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

93A BOTH LINES (93A & 93G) ENABLE THE ORGANIZATION TO PROVIDE EARLY
 93G CHILDHOOD EDUCATION AND FAMILY 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
N/A	%			
	%			
	%			
	%			

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

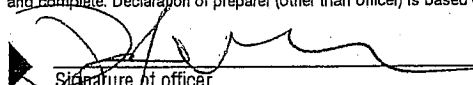
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

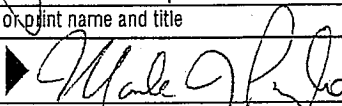
Yes	No

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.

Please Sign Here:  Date: 11.22.09

Signature of officer: POUL JENSEN, PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 1/15/09 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: O'CONNOR DAVIES MUNNS & DOBBINS, LLP
60 EAST 42ND STREET
NEW YORK, NY 10165

EIN: Phone no.: (212) 286-2600

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.)

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

OMB No. 1545-0047

2007

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	MEDICAL - PHYSICIAN 35.00	176,000.	10,120.	
BASIL WEBSTER 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF FINANCE 35.00	123,225.	7,085.	
PAUL DUNN 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF FAMILY P 35.00	117,885.	6,778.	
CONSTANCE KAISER 33 IRVING PLACE, NEW YORK, NY 10003	DEPUTY DIRECTOR OF W 35.00	108,430.	6,234.	
MIRVAT ATTAL 33 IRVING PLACE, NEW YORK, NY 10003	DIRECTOR OF IT 35.00	107,718.	6,194.	

Total number of other employees paid

over \$50,000 ▶

104

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 & CONSULTANTS	208,429.
KAREN WEISS 513 ADELE ROAD COURT, ENGLEWOOD, NJ 07631	LABORATORY SERVICES	123,875.
WCA TECHONOLOGIES 8W 38TH STREET SUITE 1104, NEW YORK, NY 10008	CONSULTANTS	109,103.
OLIVER M. CRESPO, PH.D. 185 E. 85TH STREET SUITE #3, NEW YORK, NY 10028	PSYCHOLOGIST	72,400.
MARTIN IRWIN 7805 CLEARWATER CIRCLE, MANLIUS, NY 13104	PSYCHIATRIST	69,064.

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		

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.)	1		X
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		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)? SEE PART V-A, FORM 990	2d	X	
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	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		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 and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.		

Schedule A (Form 990 or 990-EZ) 2007

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,897,466.	1,596,414.	1,066,413.	1,448,999.	6,009,292.
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	50,789,938.	45,680,562.	43,788,339.	41,385,187.	181,644,026.
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	534,881.	383,464.	308,418.	231,692.	1,458,455.
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	53,222,285.	47,660,440.	45,163,170.	43,065,878.	189,111,773.
24 Line 23 minus line 17	2,432,347.	1,979,878.	1,374,831.	1,680,691.	7,467,747.
25 Enter 1% of line 23	532,223.	476,604.	451,632.	430,659.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 149,355.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 251,935.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,467,747.
d Add: Amounts from column (e) for lines: 18 1,458,455. 19					26d 1,710,390.
22					26e 5,757,357.
e Public support (line 26c minus line 26d total)					26f 77.0963%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines: 15	16				
17	20	21			
d Add: Line 27a total	and line 27b total				27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	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	
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.)		
34 a 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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(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.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators; their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

2007

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 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

GRAHAM WINDHAM

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	\$ 820,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TIGER FOUNDATION 101 PARK AVENUE NEW YORK, NY 10178	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE PHILANTHROPIC INITIATIVE 180 FEDERAL STREET - FLOOR 8 BOSTON, MA 02110	\$ 90,000.	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.)
			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.)

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
BOND MARKET INDEX FUND - ENDOWMENT ACCOUNT	2,338.	2,383.	0.	-45.
BOND MARKET INDEX FUND - LOCKBOX ACCOUNT	15,742.	15,716.	0.	26.
L-3 COMMUNICATION - DONATED STOCKS	99,517.	99,507.	0.	10.
L-3 COMMUNICATION	1,007.	1,007.	0.	0.
EXXON MOBILE	497.	510.	0.	-13.
BOND MARKET INDEX FUND - RAINY DAY ACCOUNT	7,349.	7,349.	0.	0.
GOLDMAN SACHS	10,251.	10,261.	0.	-10.
TO FORM 990, PART I, LINE 8	136,701.	136,733.	0.	-32.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
	935,220.	816,907.	118,313.	118,313.	0.
TO FM 990, PART I, LINE 9	935,220.	816,907.	118,313.	118,313.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON MARKETABLE SECURITIES	-642,515.
TOTAL TO FORM 990, PART I, LINE 20	-642,515.

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES LICENSES & PERMIT	165,351.	50,957.	114,244.	150.
PROVISIONS/CLOTHINGA LOWANCE/RECREATION	2,264,988.	2,264,988.	0.	0.
MEDICAL SUPPLIES	2,945,819.	2,945,819.	0.	0.
INSURANCE	515,885.	464,928.	46,542.	4,415.
PASS THRU PAMENTS	13,717,176.	13,717,176.	0.	0.
PURCHASED SERVICES & CONSULTANTS	1,975,313.	1,530,505.	435,161.	9,647.
PROPERTY TAXES	100,912.	93,893.	6,163.	856.
ADMINISTRATIVE EXPENSES	215,590.	117,853.	67,567.	30,170.
TOTAL TO FM 990, LN 43	21,901,034.	21,186,119.	669,677.	45,238.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

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 TO EXCEED 60 DAYS) AND SUPERVISION OF CHILDREN WITH SELECTED FOSTER FAMILIES.

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

GRANTSEXPENSES

TO FORM 990, PART III, LINE B

19,937,502.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE FOUR

EARLY CHILDHOOD SERVICES INCLUDE THE FOLLOWING PROGRAMS:
 DAY CARE CENTERS - PROVISION OF CHILD CARE FOR TWO TO TWELVE
 YEAR-OLDS DURING DAY TIME.
 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 AND
 LICENSED DAY CARE HOMES.
 EARLY HEAD START FAMILY CHILD CARE PROGRAMS - PROVIDES
 SUPERVISED AND LICENSED DAY CARE SERVICES, 5 DAYS A WEEK FOR
 CHILDREN UP TO 3 YEARS OLD.
 PRESCHOOL - PROVISION OF SPECIAL EDUCATION FOR 3 TO 5 YEAR
 OLDS WITH LEARNING DISABILITIES.
 LITERACY - SUPPORT EDUCATION AND LITERACY FOR ALL GRAHAM
 WINDHAM PROGRAMS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		12,457,890.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

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	OTHER PROGRAM SERVICES	STATEMENT	8
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
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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 SCHOOLS AND UNITED WAY AFTER-SCHOOL PROGRAMS - THESE PROGRAMS PROVIDE COMPREHENSIVE SUPPORT SERVICES TO THE STUDENTS OF PS 195, MS 55, AND MS 201 AND THEIR FAMILIES DURING DAYS, EVENINGS AND WEEKENDS THROUGHOUT THE YEAR.

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

0. 4,272,700.

TOTAL TO FORM 990, PART III, LINE E

4,272,700.

FORM 990	MORTGAGES PAYABLE	STATEMENT	9
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DESCRIPTION	BALANCE DUE
CITIBANK - SHORT TERM	72,000.
CITIBANK - LONG TERM	1,212,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

1,284,000.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO GOVERNMENTS	6,993,103.	8,055,093.
DUE TO GREENSBURGH SCHOOL	244,329.	244,329.
SECURITY DEPOSITS	13,406.	13,406.

TOTAL TO FORM 990, PART IV, LINE 65

7,250,838. 8,312,828.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	11
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
VANGUARD DOM., INTL. STOCK & BOND MARKET INDEX FUNDS	FMV			9,294,486.	9,294,486.
TO FORM 990, LINE 54A, COL B				9,294,486.	9,294,486.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
POUL JENSEN 33 IRVING PLACE NEW YORK, NY 10003	PRESIDENT & CEO 35.00	235,712.	13,553.	0.
FRANCIS X. SPAIN 33 IRVING PLACE NEW YORK, NY 10003	SR. VICE PRESIDENT / CFO 35.00	210,635.	12,111.	0.
GERALD LEVENTHAL 33 IRVING PLACE NEW YORK, NY 10003	VICE PRESIDENT 35.00	160,500.	9,229.	0.
SANDRA APRIL 33 IRVING PLACE NEW YORK, NY 10003	VICE PRESIDENT 35.00	160,500.	9,229.	0.
CHARMANE WONG 33 IRVING PLACE NEW YORK, NY 10003	VICE PRESIDENT 35.00	153,481.	8,825.	0.
SUZY PONGNON 33 IRVING PLACE NEW YORK, NY 10003	VICE PRESIDENT 35.00	150,481.	8,653.	0.
GEORGIA WALL 33 IRVING PLACE NEW YORK, NY 10003	CHAIRMAN 1.00	0.	0.	0.
JOHN CECIL 33 IRVING PLACE NEW YORK, NY 10003	SR. VICE CHAIR 1.00	0.	0.	0.
SALLY E. DURDAN 33 IRVING PLACE NEW YORK, NY 10003	VICE CHAIR 1.00	0.	0.	0.
PAMELA C. MINETTI 33 IRVING PLACE NEW YORK, NY 10003	VICE CHAIR 1.00	0.	0.	0.
SALIM RAMJI 33 IRVING PLACE NEW YORK, NY 10003	VICE CHAIR 1.00	0.	0.	0.

MARK RUFEB
33 IRVING PLACE
NEW YORK, NY 10003

VICE CHAIR

1.00

0.

0.

0.

ANDY SAPERSTEIN
33 IRVING PLACE
NEW YORK, NY 10003

VICE CHAIR

1.00

0.

0.

0.

ROBERT V. FERRARI
33 IRVING PLACE
NEW YORK, NY 10003

SECRETARY

1.00

0.

0.

0.

MELISSA M. THOMSON
33 IRVING PLACE
NEW YORK, NY 10003

ASST SECRETARY

1.00

0.

0.

0.

KENNETH BRYANT
33 IRVING PLACE
NEW YORK, NY 10003

TREASURER

1.00

0.

0.

0.

JOHN SARGENT
33 IRVING PLACE
NEW YORK, NY 10003

ASST TREASURER

1.00

0.

0.

0.

HENRY CARNAGE
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

1.00

0.

0.

0.

JAMES R. CRAIGIE
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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ERIC GERSTER
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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MICHAEL GOLDEN
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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SHAMIKA LEE
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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JENNIFER MACKESY
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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ANDREW MAKK
33 IRVING PLACE
NEW YORK, NY 10003

MEMBER

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BARBARA MARCUS 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
RITA MCCLAUGHLIN 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
HEATHER MCVEIGH 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
CARMEN PAOLERCIO 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
MARGARET PRESTON 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
HARRIET SAVAGE 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
KEITH WINN 33 IRVING PLACE NEW YORK, NY 10003	MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,071,309.</u>	<u>61,600.</u>	<u>0.</u>

Form **4562-FY**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2007Attachment
Sequence No. 67

GRAHAM WINDHAM

FORM 990 PAGE 2

13-2926426

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	905,467.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	905,467.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

716271
04-29-08

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562-FY (2007)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	GRAHAM WINDHAM	13-2926426
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 IRVING PLACE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003	

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

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

- The books are in the care of ► GRAHAM WINDHAM
Telephone No. ► 212-529-6445 FAX No. ► 212-253-5829
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
► ☒ tax year beginning JUL 1, 2007, and ending JUN 30, 2008

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)