

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASTOR SERVICES FOR CHILDREN & FAMILIES		D Employer identification number 14-1397918
	Doing business as		E Telephone number 845-871-1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6339 MILL STREET, PO BOX 5005		
	City or town, state or province, country, and ZIP or foreign postal code RHINEBECK, NY 12572		G Gross receipts \$ 57,104,791.
F Name and address of principal officer: YVETTE BAIRAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number 0928	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ASTORSERVICES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1952 M State of legal domicile: NY

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASTOR'S MISSION IS TO PROVIDE BEHAVIORAL AND EDUCATIONAL SERVICES IN A CARING ENVIRONMENT WHERE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	838
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,980,293.	1,948,851.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,273,153.	54,807,584.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,153.	26,048.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	347,609.	322,308.
		57,624,208.	57,104,791.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,943,101.	44,596,066.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	458,581.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,839,243.	12,250,460.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,782,344.	56,846,526.
19 Revenue less expenses. Subtract line 18 from line 12	-1,158,136.	258,265.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,186,008.	26,383,633.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,296,147.	14,235,507.
		11,889,861.	12,148,126.

Part II Signature Block			
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.			
Sign Here	Signature of officer		Date
	NANCY SANTIAGO, CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MAGDALENA CZERNIAWSKI	MAGDALENA CZERNIAWSKI	05/14/25
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	CBIZ ADVISORS, LLC	87-3707167	P00535099
	Firm's address	Phone no.	
	685 THIRD AVENUE NEW YORK, NY 10017	212-503-8800	